

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
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NAME OF PROVIDER OR SUPPLIER EPHRON FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 208 GILMER STREET BURLINGTON, NC 27217
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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 04/11/23 through 04/12/23.	C 000		
C 044	<p>10A NCAC 13G .0308 (c) Bedrooms</p> <p>10A NCAC 13G .0308 Bedrooms</p> <p>(c) A room where access is through a bathroom, kitchen or another bedroom shall not be approved for a resident's bedroom</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure 1 of 2 resident's room (room #2) access was not through a bathroom, kitchen or another bedroom.</p> <p>The findings are:</p> <p>Observation during the initial tour of the facility on 04/11/23 at 11:10am revealed:</p> <ul style="list-style-type: none"> -Three residents resided at the facility (two male residents and one female resident). -There were three bedrooms in the facility. -Two bedrooms were designated as resident rooms. -Access to bedrooms #1 and #2 was from the main hallway. -The female resident resided in Bedroom #1. -Bedroom #2 was designated as a staff bedroom. -In bedroom #2, there was a twin bed, a medication cart with residents' medications, resident records, the MARs and staff personal belongings. -Two male residents resided in bedroom #3. -The only way to gain access to bedroom #3 was to walk through the staff bedroom or to go through the main bathroom used by the female 	C 044		

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

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C 044	<p>Continued From page 1</p> <p>resident.</p> <ul style="list-style-type: none"> -There was a door to resident bedroom #3. -There was no lock on the door. <p>Interview with the medication aide/supervisor on 04/11/23 at 11:34am revealed:</p> <ul style="list-style-type: none"> -She started working at the facility in April 2021 (unable to recall the exact date) and slept in the bedroom #2. -The facility closed last year for 4 to 5 months, she left and when she returned, she continued to live in the same bedroom, #2. -The only way for the residents in bedroom #3 to get to and from their bedroom was through her bedroom. -There was a bathroom attached to bedroom #3, but the only access was through the main bathroom that was designated to a female resident. -At night, the door to the resident's bedroom #3 was closed not locked. -The residents did not come out of the bedroom until the morning and she was usually up before the residents got up. <p>Interview with one of the residents who resided in bedroom #3 on 04/11/23 at 3:31pm revealed:</p> <ul style="list-style-type: none"> -He moved into the facility sometime last year, he thought November or December 2022 (unable to recall the exact date). -When he moved into the facility, he was given bedroom #3 to reside in. -When he went to his room, he had to walk through the staff bedroom. -He did not lock the door between his bedroom and the staff bedroom at night. <p>Interview with the Administrator on 04/11/23 at 4:01pm revealed:</p> <ul style="list-style-type: none"> -The MA lived at the facility and slept in bedroom 	C 044		

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C 044	<p>Continued From page 2</p> <p>#2.</p> <p>-The construction department had been to the facility and was aware of the only access to resident bedroom #3 was through a staff bedroom.</p> <p>-He had a report from the construction department showing bedroom #2 had been approved for staff to live, but he was currently unable to access the report right now.</p> <p>Interview with the Administrator on 04/12/23 at 12:47pm revealed:</p> <p>-He found the construction report and he was incorrect; the construction department had not approved bedroom #2 as a staff bedroom.</p> <p>-He did not know what to do because staff lived onsite.</p> <p>-He planned to switch the staff in bedroom #2 with the residents in bedroom #3.</p> <p>Based on observation, record review and attempted interview with the second resident in bedroom #3, it was determined the resident was not interviewable.</p>	C 044		
C 131	<p>10A NCAC 13G .0403(a) Qualifications of Medication Staff</p> <p>10A NCAC 13G .0403 QUALIFICATIONS OF MEDICATION STAFF</p> <p>(a) Family care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement.</p>	C 131		

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C 131	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record reviews and interviews, the facility failed to ensure 2 of 2 sampled medication aides (Staff A and the Administrator) who administered medications to residents had taken and completed the medication aide 5, 10 or 15 hour training and passed the medication aide written exam.</p> <p>The findings are:</p> <p>1. Review of Staff A's, medication aide (MA)/Supervisor in Charge (SIC) personnel record revealed: -There was no specific date of hire for Staff A documented in the record. -There was documentation Staff A had completed the medication aide competency validation clinical skills checklist on 07/15/22. -There was no documentation Staff A had completed the 5, 10 or 15 hour MA training. -There was no documentation that Staff A had taken and passed the MA written exam.</p> <p>Review of three residents' February 2023 medication administration record (MAR) revealed Staff A documented the administration of medications for 28 days from 02/01/23 through 02/28/23.</p> <p>Review of three residents' March 2023 MAR revealed Staff A documented the administration of</p>	C 131		

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C 131	<p>Continued From page 4</p> <p>medications for 21 days from 03/01/23 through 03/31/23.</p> <p>Observation of Staff A administering medications on 04/11/23 at 4:33pm revealed Staff A was administering medications to a resident.</p> <p>Interview with two residents on 04/11/23 between 11:10am-5:10pm revealed: -Both residents stated Staff A administered their medications to the residents, but not every day. -When the Administrator was not at the facility, Staff A administered their medications.</p> <p>Interview with Staff A on 04/11/23 at 11:34am revealed: -The Administrator sometimes was not at the facility to administer medications. -When the Administrator was not at the facility, she administered medications to the residents. -When she administered a resident's medications, she documented her initials on the MAR. -Prior to working at the facility, she had not worked as a MA. -She had MA training last year, she thought "mid-summer", but was not sure.</p> <p>Second interview with Staff A on 04/11/23 at 4:45pm revealed: -Initially, she was hired at the facility in March or April 2022. -The facility closed last year, and she left the country and went to stay with her family for 4 to 5 months. -When she returned to the facility, the nurse did some medication training with her, but she was not sure if it was the 5, 10 or 15 hour MA training. -She had not taken the MA written examination because she was not sure that she was staying at</p>	C 131		

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C 131	<p>Continued From page 5</p> <p>the facility. -She was not aware she had to take the written MA examination within 60 days after completing the medication aide competency validation clinical skills checklist.</p> <p>Interview with the Administrator on 04/11/23 at 4:22pm revealed: -He was aware Staff A had not taken and passed the MA written examination. -He was responsible for ensuring staff had completed all trainings. -He had no explanation why Staff A had not taken the written MA examination. -Staff A should not be administering medications. -She tried to make it to the facility throughout the day to administer resident's medications. -He was not sure if Staff A had the 5, 10 or 15 hour MA training, he would have to check with the contracted nurse.</p> <p>Telephone interview with the facility's contracted nurse on 04/12/23 at 11:00am revealed: -She provided training to staff at the facility. -The last time she provided training was in July 2022 -She did not keep a record of the training provided and she did not keep copies of certificates given. -She gave all documents and paperwork to the Administrator. -She was unable to state the exact trainings she provided to Staff A in July 2022. -She did not recall if the training included 5, 10 or 15 hour MA training.</p> <p>2. Review of the Administrator's personnel record revealed: -There was documentation the Administrator had completed the medication aide competency</p>	C 131		

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C 131	<p>Continued From page 6</p> <p>validation clinical skills checklist and had 15 hours of medication aide (MA) training on 06/20/20. -There was no documentation the Administrator had taken and passed the MA written exam.</p> <p>Review of three residents' March 2023 MAR revealed Staff A documented the administration of medications for 10 days from 03/01/23 through 03/31/23.</p> <p>Review of three residents' April 2023 MAR revealed there documentation the Administrator administered medication daily from 04/01/23 through 04/10/23.</p> <p>Interview with two residents on 04/11/23 between 11:10am-5:10pm revealed the Administrator sometimes came to the facility and administered their medications, but not every day.</p> <p>Interview with Staff A on 04/11/23 at 11:34am revealed: -The Administrator sometimes administered medications to residents at the facility, but not daily. -When the Administrator administered medications to the residents, he was supposed to document his initials on the MAR.</p> <p>Interview with the Administrator on 04/11/23 at 4:22pm revealed: -He had taken and passed the written MA examination. -He was unable to recall when he took the test. -He was unable to locate the certificate to show he took the written MA exam. -He would go to the website and print off a copy of the certificate to show he had taken and passed the written MA exam.</p>	C 131		

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C 131	<p>Continued From page 7</p> <p>-He was responsible for ensuring all staff training was completed and in the staff records. -He was unable to explain why he could not find why his MA certification was not available.</p> <p>A request was made on 04/11/23 for documentation the Administrator had taken and passed the written MA exam, but not provided prior to the exit on 04/12/23.</p> <p>The facility failed to ensure 2 of 2 staff (Staff A and the Administrator) who administered medications to residents had taken and passed the MA written examination and Staff A who administered medications to the residents had completed 5, 10 or 15 hours of MA training. This failure was detrimental to the health, safety and welfare of the resident and constitutes a Type B Violation.</p> <p>The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 04/13/23.</p> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 27, 2023.</p>	C 131		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or moving into a family care home, the administrator, all other staff, and any persons living in the family care home shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205, which is hereby incorporated by reference, including subsequent amendments.</p>	C 140		

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C 140	<p>Continued From page 8</p> <p>(b) There shall be documentation on file in the family care home that the administrator, all other staff, and any persons living in the family care home are free of tuberculosis disease. Readopted Eff. July 1, 2021.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled staff (Staff A and the Administrator) were tested for tuberculosis (TB) disease in compliance with control measures adopted by the Commission of Public Health upon hire.</p> <p>The findings are:</p> <p>1. Review of Staff A's, medication aide (MA)/Supervisor in Charge (SIC) personnel record revealed: -There was no specific date of hire for Staff A documented in the record. -There was no documentation Staff A completed a TB skin test.</p> <p>Interview with Staff A on 04/11/23 at 11:34am revealed: -She had taken several TB skin tests in the past and had results which caused her skin to itch at the administration site. -She tested positive and was given a chest x-ray that was supposed to be good for several years. -She had not taken a TB skin test or chest x-ray since she started working at the facility. -She did not provide a chest x-ray result to the Administrator when she started working at the facility.</p> <p>Interview with the Administrator on 04/12/23 at 3:10pm revealed: -He was unable to find a TB skin test or chest</p>	C 140		

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C 140	<p>Continued From page 9</p> <p>x-ray for Staff A. -He did not recall obtaining either for Staff A. -He was responsible for ensuring staff had TB skin test, but had not found one for Staff A.</p> <p>2. Review of the Administrator's personnel record revealed: -There was a hire date of 07/20/22. -There was no documentation the Administrator completed a TB skin test.</p> <p>Interview with the Administrator on 04/12/23 at 3:10pm revealed: -He was unable to locate his TB skin test. -He was sure he had one, but was unable to recall when he had the TB skin test or if he had two TB skin tests. -He was the one responsible for ensuring staff had TB skin tests completed and TB skin test results available for review. -He was unable to explain why he could not find his TB skin test.</p>	C 140		
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled staff (Staff A) had no substantiated findings listed on the North Carolina Health Care Personnel Registry</p>	C 145		

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C 145	<p>Continued From page 10</p> <p>(HCPR) prior to hire.</p> <p>The findings are:</p> <p>Review of Staff A's, medication aide (MA)/supervisor personnel record revealed: -There was no documented date of hire. -There was no documentation a HCPR check was completed prior to hire.</p> <p>Interview with Staff A on 04/11/23 at 11:34am revealed: -She had worked at the facility since the spring of 2021. -The facility closed for 4 to 5 months in 2022, and she left the country. -When she returned to the facility, she was not aware if the Administrator completed a HCPR check on her.</p> <p>Interview with the Administrator on 04/12/23 at 3:10pm revealed: -The facility was closed for 4 to 5 months in 2022; he thought that he opened back up in July 2022. -When Staff A returned to the facility, he did not do a HCPR check because he thought the previous one from 2021 was still good.</p>	C 145		
C 147	<p>10A NCAC 13G .0406(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file;</p>	C 147		

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C 147	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 2 staff sampled (Staff A) had a criminal background check completed upon hire.</p> <p>The findings are:</p> <p>Review of Staff A, medication aide (MA)/supervisor personnel record revealed: -There was no hire date documented. -There was no documentation of a criminal background check completed.</p> <p>Observation on 04/11/23 from 11:10am-4:30pm revealed: -Staff A worked as the MA. -Staff A provided personal care, administered medications, cooked and served meals to the residents and lived with the residents seven days per week/24-hours per day.</p> <p>Interview with Staff A on 04/11/23 at 4:45pm revealed: -She had lived at the facility since July or August 2022 (unable to recall the exact date). -She provided personal care, administered medications, cooked and served meals to the residents, did laundry and cleaned the facility. -She did not know if a criminal background check had been completed. -She did not recall signing a release form to have her criminal background checked.</p> <p>Interview with the Administrator on 04/12/23 at 12:47pm revealed: -Staff A previously worked at the facility prior to him closing the facility for a few months in 2022. -When Staff A returned to live at the facility, he did not complete a criminal background check</p>	C 147		

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C 147	Continued From page 12 because he thought the previous criminal background check was good. -He had not obtained a criminal background check on Staff A since he re-opened the facility.	C 147		
C 270	<p>10A NCAC 13G .0904 (c)(7) Nutrition And Food Service</p> <p>10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure there was a matching therapeutic diet menu to use for guidance when preparing meals for 2 of 3 sampled residents (#1 and #3) for a resident ordered and American Diabetics Association (ADA) diet (#1) and a resident ordered a high protein portion diet (#3).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated 05/15/22 revealed: -Diagnoses diabetes mellitus type II. -There was no diet listed on the current FL2.</p> <p>Review of Resident #1's previous FL2 dated 04/08/22 revealed an order for an ADA diet.</p> <p>Observation of the kitchen on 04/11/23 at 2:26pm</p>	C 270		

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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 270	<p>Continued From page 13</p> <p>revealed:</p> <ul style="list-style-type: none"> -A list of resident therapeutic diets was posted on the wall for staff reference on the side of the refrigerator. -Therapeutic diet for Resident #1 on the diet list was for an ADA diet. -There was a regular menu identified and posted on the refrigerator door. -There was no therapeutic diet menu posted on the refrigerator. <p>Observation of Resident #1's meal on 04/11/23 from 12:06pm to 12:30pm revealed:</p> <ul style="list-style-type: none"> -The resident was served two soft shell tacos with 1 ounce of ground beef in a tomato sauce, cheese, lettuce and salsa, oatmeal cream pie for dessert and sweetened tea to drink with the meal. <p>Interview with Resident #1 on 04/11/23 at 2:48pm revealed:</p> <ul style="list-style-type: none"> -She was a diabetic, but did not know if she was ordered a special diet. -She was always served the same meal as other residents. -She did not recall getting sugar-free desserts and/or no sugar beverages. <p>Interview with the medication aide (MA)/supervisor on 04/11/23 at 1:05pm revealed:</p> <ul style="list-style-type: none"> -She was aware Resident #1 was a diabetic and on an ADA diet. -When she prepared Resident #1's meals, the resident got the same foods and beverages as other residents. -The facility had no other menus for her to follow other than the regular menu that was taped to the refrigerator door. <p>Interview with the Administrator on 04/12/23 at 3:40pm revealed:</p>	C 270		

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C 270	<p>Continued From page 14</p> <p>-He did not have therapeutic diet menus for diets that were not regular diets.</p> <p>-He was not aware that he had to obtain menus when a resident was not ordered a regular diet.</p> <p>-The MA/supervisor prepared meals from the regular menu.</p> <p>2. Review of Resident #3's current FL2 dated 12/05/22 revealed:</p> <p>-Diagnoses included metabolic encephalopathy, cerebral infraction and muscle weakness.</p> <p>-There was an order for a high protein portion diet.</p> <p>Observation of the kitchen on 04/11/23 at 2:26pm revealed:</p> <p>-A list of resident therapeutic diets was posted on the wall for staff reference on the side of the refrigerator.</p> <p>-Resident #3 was on the therapeutic diet list and was be served "large portions."</p> <p>-There was a regular menu identified and posted on the refrigerator door.</p> <p>-There was no therapeutic diet menu posted on the refrigerator.</p> <p>Observation of Resident #3's meal on 04/11/23 from 12:06pm to 12:30pm revealed:</p> <p>-The resident was served two soft shell tortillas with 1 ounce of ground beef in a tomato sauce, cheese, lettuce and salsa, oatmeal cream pie and tea.</p> <p>-The meat on the tortilla was less than 1 ounce.</p> <p>Interview with Resident #3 on 04/11/23 at 1:48pm revealed:</p> <p>-He was served the same meal as the other residents.</p> <p>-He did not know if he was ordered a special diet.</p>	C 270		

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C 270	<p>Continued From page 15</p> <p>Interview with the MA on 04/11/23 at 1:05pm revealed: -She was aware the diet list on the wall had Resident #3 on a large portion diet. -There were no menus for that diet. -She followed the regular menus for all diets, or she served what was available in the facility.</p> <p>Interview with the Administrator on 04/12/23 at 3:40pm revealed: -He created the diet list from the orders in the resident's record. -He did not realize Resident #3 was ordered a high protein diet. -He did not have matching menus for the diet ordered for Resident #3. -He did not realize he should have therapeutic diet menus to match therapeutic diet orders.</p>	C 270		
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 2 of 2 sampled residents with diet orders for an American Diabetes Association (ADA) diet (#1) and a high</p>	C 284		

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C 284	<p>Continued From page 16</p> <p>protein portion diet (#3).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated 05/15/22 revealed: -Diagnoses diabetes mellitus type II. -There was no diet listed on the current FL2.</p> <p>Review of Resident #1's previous FL2 dated 04/08/22 revealed an order for an ADA diet.</p> <p>Observation of the kitchen on 04/11/23 at 2:26pm revealed: -A list of resident therapeutic diets was posted on the wall for staff reference on the side of the refrigerator. -Therapeutic diet for Resident #1 was on the diet list and was be served an ADA diet.</p> <p>Observation of Resident #1's meal on 04/11/23 from 12:06pm to 12:30pm revealed: -The resident was served two soft shell tacos with 1 ounce of ground beef in a tomato sauce, cheese, lettuce and salsa. -The resident was given an oatmeal pie for dessert. -The resident was given sweetened tea to drink with the meal. -The resident ate 100% of the meal, including the beverage.</p> <p>Review of the nutrition instructions on the oatmeal cream pie box revealed there were 13 grams of sugar for each oatmeal pie.</p> <p>Interview with Resident #1 on 04/11/23 at 2:48pm revealed: -She was a diabetic but was not on a special diet. -She was served an oatmeal pie for lunch.</p>	C 284		

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C 284	<p>Continued From page 17</p> <p>-She was always served the same meal as other residents. -She did not recall getting sugar-free desserts and/or beverages.</p> <p>Interview with the medication aide (MA)/supervisor on 04/11/23 at 1:05pm revealed: -She was aware Resident #1 was a diabetic and on an ADA diet. -When she served the meals to the residents, Resident #1 got the same foods and beverages as other residents. -If the beverages had sugar, then Resident #1 got the same as other residents. -Resident #1 got the same desserts as other residents even sweetened desserts. -The facility had no sugar-free desserts.</p> <p>Interview with the Administrator on 04/12/23 at 3:40pm revealed: -Sometimes he purchased sugar-free cookies, fruit cups with no sugar added for Resident #1. -He was aware that currently there were no sugar-free items in the facility because it was not his day to go shopping.</p> <p>Interview with Resident #1's Primary Care Provider (PCP) on 04/12/23 at 2:18pm revealed: -Resident #1 was a diabetic and should be served a No Concentrated Sweets (NCS) diet. -He did not write the FL2 dated 04/08/22. -No one at the facility had contacted him regarding Resident #1's diet.</p> <p>2. Review of Resident #3's current FL2 dated 12/05/22 revealed: -Diagnoses included metabolic encephalopathy, cerebral infraction and muscle weakness. -There was an order for a hi protein portion diet.</p>	C 284		

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C 284	<p>Continued From page 18</p> <p>Observation of the kitchen on 04/11/23 at 2:26pm revealed: -A list of resident therapeutic diets was posted on the wall for staff reference on the side of the refrigerator. -Therapeutic diet for Resident #3 was on the diet list and was be served "large portions."</p> <p>Observation of Resident #3's meal on 04/11/23 from 12:06pm to 12:30pm revealed: -The resident was served two soft shell tortillas with 1 ounce of ground beef in a tomato sauce, cheese, lettuce and salsa, an oatmeal cream pie and sweetened tea. -The meat on the tortilla was less than 1 ounce. -The ate 100% of the meal.</p> <p>Interview with Resident #3 on 04/11/23 at 1:48pm revealed: -He was served the same meal as the other residents. -He did not know if he was ordered a special diet.</p> <p>Interview with the MA on 04/11/23 at 1:05pm revealed: -She did not see residents diet orders and the FL2. -The Administrator created the diet list on the wall and he was responsible for making sure she was aware of diet orders. -The diet list on the wall showed Resident #3 was to be served large portions. -She did not know it should high protein until the surveyor told her. -She did not serve Resident #3 a hi protein diet because she did not know what that diet consisted of. -She did not serve Resident #3 large portions but served him the same as other residents. -Resident #3 did not ask for extra food.</p>	C 284		

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C 284	Continued From page 19 Interview with the Administrator on 04/12/23 at 3:40pm revealed: -He was responsible for making sure diet orders were posted and current. -He did not realize the diet order for Resident #3 was a hi protein diet, he miss-read the order. Interview with Resident #3's PCP on 04/12/23 at 2:18pm revealed: -He did not write the order for Resident #3's hi protein diet. -The FL2 order was written by the PCP at the previous discharging facility. -He did not know why the resident was ordered a hi protein diet. -If the facility was not sure of the diet order, then they should have contacted him.	C 284		
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: TYPE A2 VIOLATION Based on observations, record reviews and interviews the facility failed to ensure a medications were administered as ordered for 1	C 330		

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C 330	<p>Continued From page 20</p> <p>of 3 sampled residents (#1) related to medication for breast cancer treatment was administered as order by the prescribing physician.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 08/15/22 revealed: -Diagnoses included history of breast cancer, schizophrenia, type 2 diabetes, hypertension, and intellectual disability. -Medication orders included an order for femara 2.5mg once daily (used to treat breast cancer).</p> <p>Review of Resident #1's Resident Register revealed the resident was admitted to the facility on 09/07/22.</p> <p>Review of Resident #1's February, March and April (04/01/23 through 04/12/23) 2023 medication administration record (MAR) revealed there was no entry for femara on the MAR.</p> <p>Review of Resident #1's physician's orders revealed there was no order that discontinued femara from 09/07/23 through 04/12/23.</p> <p>Observation of Resident #1's medications on hand at the facility on 04/11/23 at 4:05pm revealed femara was not available for administration.</p> <p>Interview with the medication aide (MA) on 04/11/23 at 4:25pm revealed: -She did not know the medications ordered for Resident #1. -She looked at the MAR and administered the resident's medications according to what was on the MAR. -If the medication was not on MAR it was not</p>	C 330		

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C 330	<p>Continued From page 21</p> <p>administered.</p> <p>-The Administrator was responsible for sending orders to the pharmacy, entering orders on the MAR and making sure the medications were in the medication cart available for administration.</p> <p>Interview with Resident #1 on 04/12/23 at 11:37am revealed:</p> <p>-She moved into the facility in August or September 2022 (she was unable to recall the exact date).</p> <p>-Seven years ago, she was diagnosed with breast cancer.</p> <p>-She had gone through treatments that included radiation and another form of treat.</p> <p>-At the conclusion of her treatments, she was told the breast cancer was in remission.</p> <p>-She was given a medication called letrozole (generic for femara) to take daily to keep her in remission.</p> <p>-She knew the medication was a small brownish colored tablet and the medication should be taken daily.</p> <p>-When she moved into the facility the medication aide (MA) and/or the Administrator administered her medications daily.</p> <p>-She did not look at the medications administered to ensure the femara was administered, she trusted the MA and Administrator administered her medications as ordered.</p> <p>-She was last seen by the oncologist in October 2022 (unable to recall the exact date).</p> <p>-At the October 2022 appointment with the oncologist, she was given a list of her current medications, which included femara.</p> <p>-The Administrator took her the appointment in October 2022, but he did not go into the room with her to see the oncologist.</p> <p>-After the appointment, no one at the facility asked her to see the current list of medications.</p>	C 330		

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C 330	<p>Continued From page 22</p> <ul style="list-style-type: none"> -She did not know what to do with the medication list, so she put the list of medications in the drawer in her room. -She was told by the oncologist that it was important that she took femara because she was in remission and the medication would prevent the cancer from returning. <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 04/11/22 at 2:49pm revealed:</p> <ul style="list-style-type: none"> -In September 2022, the pharmacy received Resident #1's FL2 dated 08/15/22. -The FL2 was profiled (information purposes) and the MARs were printed. -The pharmacy filled and dispensed some of Resident #1's medications but had never filled and dispensed femara. -Someone at the facility requested a refill of femara on 10/03/22. -The pharmacy needed an order for femara, so the pharmacist contacted Resident #1's Primary Care Provider (PCP) to get an order. -The PCP's office sent a note back stating the medication was not ordered by the PCP, the pharmacy should contact the oncologist. -The pharmacist contacted the oncologist to request a refill of the femara. -The oncologist said they would not fill the medication until Resident #1 had an office visit. -The information was provided to the someone at the facility. <p>Telephone interview with the nurse at Resident #1's oncologist office on 04/12/22 at 9:39am revealed:</p> <ul style="list-style-type: none"> -Resident #1 was diagnosed and treated for breast cancer in 2015. -The resident had treatments and was in remission. 	C 330		

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C 330	<p>Continued From page 23</p> <ul style="list-style-type: none"> -Femara 2.5mg once daily was ordered to prevent the cancer from returning. -The medication was a long-term treatment and had to be taken for 10 years after remission. -According to their records Resident #1 should take femara until March 2025 non-stop. -Resident #1 was seen by the oncologist on 10/20/22. -During the visit the resident was given a list of current medications to take with her. -The current list of medications included femara 2.5mg daily. -During the visit, she also called in a refill of femara 2.5mg once daily to the pharmacy where the resident had gotten the medication filled for years. -The oncologist had not written orders to discontinue the medication and it should be administered daily. -The resident benefited from taking the medication non-stop to prevent cancer cells from re-generating and new growth. -The medication worked better with continuous therapy, when taken daily as ordered. -She was not sure if the resident could pick-up where she left off because she had been without the medication for so long. -She did not know if Resident #1 was able to start treatments all over again, or if the resident needed tests to show that she was still in remission. -She would immediately make the oncologist aware that Resident #1 had not been administered the medication for 5 months. <p>Telephone interview with a pharmacist at the pharmacy that filled Resident #1's femara on 04/12/23 at 9:52am revealed:</p> <ul style="list-style-type: none"> -Resident #1 had gotten femara filled the pharmacy for almost seven years. 	C 330		

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C 330	<p>Continued From page 24</p> <ul style="list-style-type: none"> -The pharmacy received an order dated 10/20/22 for femara 2.5mg once daily with refills. -The pharmacy filled and dispensed the medication on 10/20/22 for a 30-day supply that was picked up by someone (system does not show date picked up). -The medication was not automatically filled and dispensed. -The facility had to call and request a refill of the medication and had to pick the medication up. -No request for a refill of femara had been made since the medication was last filled and dispensed on 10/20/22. <p>Interview with the Administrator on 04/11/23 at 5:15pm revealed:</p> <ul style="list-style-type: none"> -He recalled that Resident #1 had an appointment with the oncologist last year, he thought the appointment was in October or November 2022, he was unable to recall the exact date of the appointment. -He did not recall femara 2.5mg being administered. -He did not check the medications on the medication cart with the resident's current orders. -He was responsible to ensure medication orders were sent to the pharmacy and were on the MAR. -He was responsible for ensuring the current medications were administered as ordered. -He did not know how he missed Resident #1's femara but it was not administered. <p>_____</p> <p>The facility failed to ensure a resident's medication was administered as ordered for greater than five months (143 days/administration times) for Resident #1, who had a diagnosis of a history of breast cancer and was ordered a medication that required daily administration to prevent the growth and re-generation of cancer cells for the cancer stay in remission. This failure</p>	C 330		

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C 330	Continued From page 25 placed Resident #1 at risk for the cancer returning causing serious illness, harm and death which constitutes a Type A2 Violation. The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 04/13/23. THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED MAY 12, 2023.	C 330		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the	C992		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
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NAME OF PROVIDER OR SUPPLIER EPHRON FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 208 GILMER STREET BURLINGTON, NC 27217
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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
C992	<p>Continued From page 26</p> <p>physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 2 staff sampled (Staff A) had an examination and screening for the presence of controlled substances completed upon hire.</p> <p>The findings are:</p> <p>Review of Staff A medication aide (MA)/supervisor's personnel record revealed: -There was no hire date documented. -There was no documented job description for a MA/supervisor in the record. -There was no documentation that an examination and screening for the presence of a controlled substance had been completed.</p> <p>Observation on 04/11/23 between 11:10am and 4:38pm revealed: -Staff A was observed working as a MA/supervisor. -Staff A was observed providing personal care, administered medications, cooked and served meals to the residents, did laundry and cleaned the facility.</p> <p>Interview with Staff A on 04/11/23 at 3:48pm revealed: -She resided as a live in staff at the facility.</p>	C992		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
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C992	<p>Continued From page 27</p> <ul style="list-style-type: none"> -She was hired in 2021, but she was unable to recall the exact date of hire. -She left the facility sometime in 2022 and went to another country. -When she returned to the facility sometime in the summer of 2022, she came back in the position of MA. -She did not do a controlled substance screening when she returned. -She had not been asked to do a controlled substance screening since she returned to the facility. <p>Interview with the Administrator on 04/12/23 at 2:47pm revealed:</p> <ul style="list-style-type: none"> -Staff A was hired at the facility, he thought in April 2021. -He closed the facility for a few months in 2022 and when he re-opened Staff A returned to live at the facility. -He did not have Staff A do a controlled substance screening for results from a laboratory. -Staff A was at the facility with the residents 24 hours per day, seven days per week and she was responsible for the residents' personal care, preparing meals, cleaning the facility and laundry. 	C992		