

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL024017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/14/2023
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NAME OF PROVIDER OR SUPPLIER ROBIN'S NEST FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1514 SUNSET TERRACE WHITEVILLE, NC 28472
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C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on February 10 and 13-14, 2023.	C 000		
C 077	<p>10A NCAC 13G .0315(a)(4) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times; This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure the facility had an approved North Carolina Division of Environmental Health sanitation classification as evidenced by a provisional classification issued by the local environmental health department.</p> <p>The findings are:</p> <p>Review of the facility's environmental inspection report dated 02/13/23 revealed:</p> <ul style="list-style-type: none"> -There were 32 total demerits and a provisional classification. -There were 4 demerits for cats in the kitchen and chemical storage area. -There were 8 demerits for an unclean stove and counter tops, dirty dishes in the cabinet and re-using single use containers. -There were 2 demerits for unclean bathing facilities and plants being stored in the tub. -There were 4 demerits for mattress and furniture 	C 077		

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

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C 077	<p>Continued From page 1</p> <p>not in good repair and soiled linens in resident rooms 4, 7 and 9.</p> <ul style="list-style-type: none"> -There were 2 demerits for unclean and disorganized storage areas throughout the facility. -There were 2 demerits each (6 total) for unclean floors, walls and ceilings, and light fixtures. -There were 6 demerits for openings at the bottom of the front and back doors, allowing potential entrance of insects and vermin. -There was a notation that garbage should be kept in in durable, nonabsorbent, covered waste containers and not dog food bags. <p>Interview with the county sanitation inspector on 02/13/23 at 12:30pm revealed:</p> <ul style="list-style-type: none"> -She was at the facility for the annual sanitation inspection. -There were 3 dogs, a cage with rabbits and a cat in the room of a family member across from resident room 3. -The condition of the facility was worse than the last inspection in February 2022. -She was working on completing the inspection and report. <p>Interview with the Administrator on 02/14/23 at 11:24am revealed:</p> <ul style="list-style-type: none"> -She had "passed" the environmental inspection completed on 02/14/23. -She had been given a copy of the report and she did not think the facility failed the inspection. -The local environmental health inspectors were planning to return on 02/20/23. -The inspectors were returning to make sure she had cleaned and decluttered the facility. -She understood the facility was "temporarily out of compliance." -She had plans to clean, declutter, and have the animals gone by the summer of 2023, but did not have the chance to get that done. 	C 077		

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C 077	<p>Continued From page 2</p> <p>-She was responsible for ensuring the facility was clean, clutter free and in good repair.</p> <p>[Refer to tag 078, 10A NCAC 13G .0315(a)(5) Housekeeping & Furnishings]</p> <p>The failed to ensure the facility had an approved North Carolina Division of Environmental Health sanitation classification as evidenced by a provisional classification issued by the local environmental health department which was detrimental to the health, safety, and welfare of the 6 residents residing in the facility and constitutes a Type B Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/14/23 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 31, 2023.</p>	C 077		
C 078	<p>10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by:</p>	C 078		

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C 078	<p>Continued From page 3</p> <p>TYPE A2 VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to maintain an environment that was clean, orderly and free of obstructions and hazards as evidenced by a heavy accumulation of stains, dirt, dust and debris on floors throughout the facility; stains, drip, splatter and heavy smudge marks on walls and doors throughout the facility, gnats and odors in the living area near unkept and dying plants, animal cages containing live rabbits and quails, open bags of animal feed and heavily soiled garbage cans and unburied animal feces in the houseplants.</p> <p>The findings are:</p> <p>Observations during the tour of the facility on 02/10/23 from 8:50am until 10:15am revealed:</p> <ul style="list-style-type: none"> -There was a strong noxious odor upon entering the facility. -The odor was a mixture of animal urine and feces, human body odors, and food and plant decay. -There were approximately 15 large potted plants in varying degrees of decay in the living room area. -There was a dried black substance resembling cat feces on the top of the soil of a potted plant. -There was an animal cage with 6 rabbits in the living room area. -There was a second animal cage with a heating lamp and 10 quails next to the cage with the rabbits. -There were multiple large yellow and brown stains on the floor near the plants and animal cages. -There was a medium sized black dog on the sofa. 	C 078		

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C 078	<p>Continued From page 4</p> <ul style="list-style-type: none"> -There were gnats and flies near the animal cages and plants in the living room. -There was a heavy accumulation of brown dirt and grime on the plastic drip catch piece of the hand sanitizers mounted on the wall at the entrance of each hallway. -There was a portable heater in the living room and a second portable heater in the dining area. -There was a heavy accumulation of dirt and dust on the hallway ceiling air vent. -The common bathroom had a brown film around the inside of the sink and toilet bowl. -There were 9 potted fern plants in the tub. -There was a cat litter box in the corner next to the tub which had a strong cat urine and feces odor. -The bed in room 7 had a sunken area near the center approximately the diameter of a basketball and the foot board was loose. -The sheets were worn and did not fit the mattress and all linens had gray and brown stains. -There was an accumulation of dust and food crumbs on the nightstand. -The handwashing sink in room 7 was slow draining. -There was a thick black stain on both sides of the entrance door of room 7 just above the door handle. -There were brown and gray splatter and drip marks on the walls around and under the desk in room 8. -There were gray and brown stains and a heavy accumulation of dirt and dust around the edges, behind doors and on the baseboards of the floors in the living room, hallways, common bathroom, and resident rooms 4, 5, 7, 8 and 9. -Resident rooms 7, 8 and 9 had food particles on the floors around the edges of furniture and near waste cans. 	C 078		

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C 078	<p>Continued From page 5</p> <ul style="list-style-type: none"> -There was a thick brown substance around the base of the toilets in the shared bathroom between rooms 7 and 9 and the bathroom in room 8. -There was a heavy accumulation of dirt and dust on bed frames in rooms 5, 7, 8, and 9. -There was a strong noxious odor in rooms 8 and 9. -The odors were a mixture of human body odors and pet (dog and cat) odors. -There was a cat on the bed and a large dog kennel in the corner of room 8. -There were browns stains, smudges and what looked like finger wipe marks on the walls in the bathroom and bedroom of room 8. -There was a storage room between rooms 5 and 8 that was full from wall to wall and approximately 5 feet off the floor with boxes, decorations, clothing and household items. -There was a black substance and a heavy amount of spider webs on the ceiling of the bathroom in room 4. -There was a black substance and peeling paint on the ceiling and a moldy smell in the bathroom in room 3. -There were cobwebs adhering to the corner ceiling walls in room 4. -There were cracked and lifting floor joists in the bathroom in room 4. -There were brown stains inside the sink and brown stains inside the toilet bowl in room 4. -There were brown stains on the bathroom floor and chipped paint inside the shower stall in room 4. -There were dark black stains along the bathroom baseboards in room 4. -There were cobwebs round corners of ceilings in room 4. -There was a resident lying on a plastic mattress with stains on his pants legs and cuffs and brown 	C 078		

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C 078	<p>Continued From page 6</p> <p>stains on a sock covering his foot stump in room 5.</p> <p>-There were tattered and threadbare curtains in room 5.</p> <p>-There was an electric space heater against a wall and the space heater touched the threadbare curtains that had scattered holes ranging in size in room 5.</p> <p>-There were brown markings and smudges on the outside and inside of the door to room 8.</p> <p>-There was stained and threadbare spreadsheets and brown stains on an exposed pillow in room 8.</p> <p>-There were 11 gallon jugs of water stained with brown specks, piled and completely filled a private room's bathtub in room 8.</p> <p>-There was a large dog cage in a private resident room and next to the large dog cage there was a dog bowl full of water with a dead bug floating in the water in room 8.</p> <p>-There was a large bag of dog food, a large bag of chicken feed, and a medium bag of cat food propped up against the wall of a residents bathroom in room 8.</p> <p>-There were brown streaks on the wall above the toilet in room 8.</p> <p>There were brown stains inside and outside the toilet bowl, trash and an empty gallon labeled cola next to the toilet bowl in room 8.</p> <p>-There were clothes and a gray towel with brown stains and frayed edge's hanging on the bathtub shower curtain rod in room 8.</p> <p>Attempted interviews with 5 residents on 02/10/23 between 8:50am and 10:15am revealed:</p> <p>-The residents were reluctant to interact with surveyors.</p> <p>-Residents walked away when interviews with them were attempted.</p> <p>Interview with a resident on 02/10/23 at 10:13am</p>	C 078		

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C 078	<p>Continued From page 7</p> <p>revealed he cleaned his room himself.</p> <p>Interview with the Owner on 02/10/23 at 9:34am revealed: -The Administrator normally took care of cleaning and the animals. -He was normally at work for 12 hours each day.</p> <p>Second interview with the Owner on 02/10/23 at 12:34pm revealed: -The portable heaters were kept in case of an emergency situation. -The heaters would be used if there was a power outage. -The portable heater in the dining room was a fireplace fixture with two cords. -One cord would attach to propane gas for a heat source and the second cord was an electric cord and was used for a fan/blower. -He did not know about portable heaters in any of the resident rooms because he did not go in those rooms. -The portable electric heater in a resident room could have been because someone was cold.</p> <p>Interview with the Fire Marshall inside the facility on 02/14/23 at 2:40pm revealed: -The Fire Marshall was called out to the facility due to concerns the Environmental Inspection report of 02/13/23 generated. -There were 32 total demerits and a provisional classification in the Environmental report. -The Fire Marshall inspected the fireplace gas/electric combination space heater in the dining room and stated it was against fire code regulations.</p> <p>Interview with the Administrator on 02/10/23 at 10:31am and 11:33am revealed: -The portable heaters were brought in to the</p>	C 078		

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C 078	<p>Continued From page 8</p> <p>facility last year by the Owner for a source of heating in case of a power outage</p> <ul style="list-style-type: none"> -She had been having a difficult time keeping up with cleaning the facility due to caring for the animals and managing one of the resident's health. -She had a housekeeper that worked at the facility Monday through Thursday every week in the afternoon. -She had not been able to check behind the housekeeper to make sure cleaning had been done for approximately 3 weeks due to the resident's appointments and hospital visits. -The resident in room 8 frequently refused to have his room cleaned. -There were 2 residents who used the common bathroom for bathing. -They used the stand-alone shower and not the tub. -The resident in room 8 stored gallon jugs of water in the tub because he used it to water plants in the garden. -The resident in room 8 kept a puppy in the kennel in his room and kept the dog food stored in the bathroom for the puppy. <p>Interview with the Administrator on 02/14/23 at 11:24am revealed:</p> <ul style="list-style-type: none"> -There was a system in place for cleaning the common area, kitchen, and resident rooms. -It had "just been a crazy year." -The housekeeper she hired did not clean as well as she thought she did. -She was not able to say what system was in place to clean the facility outside of having a housekeeper. -Each week the housekeeper came on different days because she had 2 other jobs. -She had traps for flies and gnats that she had not put out yet. 	C 078		

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C 078	<p>Continued From page 9</p> <p>Attempted telephone interview with the housekeeper on 02/13/23 at 3:51pm was unsuccessful.</p> <p>[Refer to tag 077, 10A NCAC 13F .0315(a)(4) Housekeeping & Furnishings]</p> <p>_____</p> <p>The facility failed to maintain an environment that was clean, orderly and free of obstructions and hazards as evidenced by a heavy accumulation of stains, dirt, dust and debris on floors throughout the facility; stains, drip, splatter and heavy smudge marks on walls and doors throughout the facility, gnats and odors in the living area near unkept and dying plants, animal cages containing live rabbits and quails, open bags of animal feed and heavily soiled garbage cans. The facility also had a fireplace gas/electric combination space heater in the dining room which was against fire code regulations according to the Fire Marshall. The facility's failure to keep a sanitary and safe environment resulted in residents exposed to animal feces, gnats and environmental bacteria, and a fire hazard with a heater that was not in accordance with the fire code for that facility, causing substantial risk of serious physical harm and constitutes a Type A2 Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/23 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED MARCH 16, 2023.</p>	C 078		

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C 105	Continued From page 10	C 105		
C 105	<p>10A NCAC 13G .0317(d) Building Service Equipment</p> <p>10A NCAC 13G .0317 Building Service Equipment</p> <p>(d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure hot water accessible to residents was maintained at a temperature between 100 to 116 degrees Fahrenheit (F) as evidenced by 2 fixtures in a resident room of 129 degrees F and 132 degrees F.</p> <p>The findings are:</p> <p>Observation on 02/10/23 at 9:09am revealed: -There was a "Hot Water Safety" sign posted above the handwashing sink in a resident room. -The sign documented for a hot water temperature of 131 degrees F, 17 seconds could cause a first degree burn and 30 seconds could cause a second degree burn and full thickness skin injury.</p> <p>Observations on 02/10/23 from 10:14am until 10:18am revealed: -At 10:14am, the hot water temperature in the tub in room 3 was 126 degrees Fahrenheit (F). -There was visible steam coming from the</p>	C 105		

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C 105	<p>Continued From page 11</p> <p>running hot water in the tub.</p> <p>-The hot water temperature in the hand washing sink in room 3 was 129 degrees F.</p> <p>-At 10:18am, the Administrator checked the hot water temperatures in room 3; the tub was 132 degrees F and the sink was 129 degree F.</p> <p>Interview with the Administrator on 02/10/23 at 10:18am revealed:</p> <p>-She was aware of the risk of first and second degree burns from hot water temperatures over 124 degrees F.</p> <p>-She checked hot water temperatures of random fixtures throughout the facility "every so many months."</p> <p>-She would have the Owner check the hot water heater when he returned from work.</p> <p>Interview with the Owner on 02/10/23 at 12:34pm revealed:</p> <p>-He came to the facility on his lunch break from work to adjust the hot water temperature.</p> <p>-There was a hot water heater on each end of the facility.</p> <p>-He turned down the hot water heater that supplied room 3.</p> <p>-There was only 1 resident on that side of the facility.</p> <p>Interview with a resident on 02/10/23 at 10:13am revealed the hot water was "kind of" warm but he mixed the hot water with cold for the right temperature.</p> <p>Review of the facility's "Water Temperature Check" sheet for 2022-2023 revealed:</p> <p>-There were 3 temperatures documented for October 2022 ranging 99-108 degrees F.</p> <p>-There were 3 temperatures documented for November 2022 ranging 98-110 degrees F.</p>	C 105		

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C 105	<p>Continued From page 12</p> <p>-There were 3 temperatures documented for December 2022 ranging 103-115 degrees F. -There were 3 temperatures documented for January 2023 ranging 102-112 degrees F. -There was one temperature documented for February 2023 in room 3 as 105 degrees F.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed: -She and the Owner checked hot water temperatures. -She checked 2 fixtures every month and there were no problems with the hot water prior to 02/10/23.</p> <p>_____</p> <p>The facility failed to ensure hot water accessible to residents was maintained at a temperature between 100 to 116 degrees Fahrenheit (F) as evidenced by 2 hot water fixtures with temperatures of 129 degrees F and 132 degrees F placing residents at risk for full thickness skin injury with first degree burns within 17 seconds of exposure and second degree burns within 30 seconds of exposure which demonstrates substantial risk of serious harm and injury of the residents and constitutes a Type A2 Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/23 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED MARCH 16, 2023.</p> <p>.</p>	C 105		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis	C 140		

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C 140	<p>Continued From page 13</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. (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 observations, interviews and record reviews, the facility failed to ensure that upon employment or living in the facility all staff and non-residents living in the home were tested for tuberculosis in compliance with control measures adopted by the Commission for Public Health for 3 of 5 staff and non-residents living in the facility.</p> <p>The findings are:</p> <p>1. Review of Staff B's employee record revealed there was no documentation of a tuberculosis screening, tuberculin skin test (TST), chest x-ray or Interferon Gamma Release Assay (IGRA) test.</p> <p>Interview with the Administrator on 02/13/23 at 3:30pm revealed: -Staff B was hired on 06/10/22 as a housekeeper. -Staff B was supposed to provide documentation of TST. -She thought she had copies of the TST but could not find it. -She was responsible for making sure TB testing was completed.</p>	C 140		

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C 140	<p>Continued From page 14</p> <p>2. Review of Staff D's employee record revealed: -There was documentation of a single TST completed on 11/13/17. -There was no documentation of a second TST, tuberculosis screening, chest x-ray or IGRA test.</p> <p>Interview with the Administrator on 02/13/23 at 3:30pm revealed: -Staff D was a family member who lived at the facility since opening on 12/01/17. -Staff D helped with serving meals, clearing the table after meals, and caring for animals. -Staff D had a TST annually 2015, 2016 and 2017. -He had not had a TST since 2017 and she did not know he needed a two-step TST.</p> <p>3. Review of Staff E's employee record revealed there was no documentation of a tuberculosis screening, tuberculin skin test (TST), chest x-ray or Interferon Gamma Release Assay (IGRA) test.</p> <p>Interview with the Administrator on 02/13/23 at 3:30pm revealed: -Staff E was a family member who visited the facility to help with cleaning at the facility. -Staff E had been at the facility since opening on 12/01/17. -She did not know family members needed a two-step TST.</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</p>	C 145		

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C 145	<p>Continued From page 15</p> <p>Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure verification of no substantial findings on the Health Care Personnel Registry (HCPR) for 3 of 5 staff prior to employment at the facility.</p> <p>The findings are:</p> <p>1. Review of Staff B's employee record revealed there was no documentation an inquiry for any substantiated findings on the HCPR was made.</p> <p>Review of Staff B's HCPR inquiry dated 02/13/23 revealed there were no record of Staff B's social security number on the registry.</p> <p>Interview with the Administrator on 02/13/23 at 3:30pm revealed Staff B was hired on 06/10/22 as a housekeeper.</p> <p>Refer to interview with the Administrator on 02/14/23 at 11:24am.</p> <p>2. Review of Staff D's employee record revealed there was no documentation an inquiry for any substantiated findings on the HCPR was made.</p> <p>Interview with the Administrator on 02/13/23 at 3:30pm revealed Staff D was a family member who lived at the facility since opening on 12/01/17.</p> <p>Refer to interview with the Administrator on 02/14/23 at 11:24am.</p>	C 145		

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C 145	<p>Continued From page 16</p> <p>3. Review of Staff E employee record revealed there was no documentation an inquiry for any substantiated findings on the HCPR was made.</p> <p>Interview with the Administrator on 02/13/23 at 3:30pm revealed: -Staff E was a family member who visited the facility to help with cleaning at the facility. -Staff E had been at the facility since opening on 12/01/17.</p> <p>Refer to interview with the Administrator on 02/14/23 at 11:24am.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed: -She was responsible for ensuring health care personnel registry (HCPR) checks were completed for new employees. -She did not know a HCPR check should be completed for a family member living at the facility or a housekeeper. -She thought HCPR checks were done for direct care staff only.</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> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure a criminal</p>	C 147		

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C 147	<p>Continued From page 17</p> <p>background check was completed for 3 of 5 staff prior to employment at the facility.</p> <p>The findings are:</p> <p>1. Review of Staff B's employee record revealed there was no documentation of a criminal background check.</p> <p>Interview with the Administrator on 02/13/23 at 3:30pm revealed: -Staff B was hired on 06/10/22 as a housekeeper. -Staff B had criminal background check done at the local law enforcement office but had not brought her a copy.</p> <p>Refer to interview with the Administrator on 02/14/23 at 11:24am.</p> <p>2. Review of Staff C's employee record revealed there was documentation a criminal background check was completed on 06/05/15.</p> <p>Interview with the Administrator on 02/13/23 at 3:30pm revealed Staff C was a family member who lived and worked at the facility since opening on 12/01/17.</p> <p>Refer to interview with the Administrator on 02/14/23 at 11:24am.</p> <p>3. Review of Staff D's employee record revealed there was documentation a criminal background check was completed on 06/05/15.</p> <p>Interview with the Administrator on 02/13/23 at 3:30pm revealed Staff D was a family member who lived at the facility since opening on 12/01/17.</p>	C 147		

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C 147	<p>Continued From page 18</p> <p>Refer to interview with the Administrator on 02/14/23 at 11:24am.</p> <p>4. Review of Staff E's employee record revealed there was no documentation of a criminal background check.</p> <p>Interview with the Administrator on 02/13/23 at 3:30pm revealed: -Staff E was a family member who visited the facility to help with cleaning at the facility. -Staff E had been at the facility since opening on 12/01/17.</p> <p>Refer to interview with the Administrator on 02/14/23 at 11:24am.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed: -She was responsible for ensuring criminal background checks were completed for new employees. -She thought the criminal background checks had been completed within the proper time frame of opening the facility on 12/01/2017.</p>	C 147		
C 173	<p>10A NCAC 13G .0504 (c) Competency Validation For Licensed Health Pro</p> <p>10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks (c) If a physician certifies that care can be provided to a resident in a family care home on a temporary basis in accordance with G.S. 131D-2.2(a), the facility shall ensure that the staff performing the care task(s) authorized by the physician are competent to perform the task(s) in accordance with Paragraphs (b) and (c) of this Rule. For the purpose of this Rule, "temporary</p>	C 173		

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C 173	<p>Continued From page 19</p> <p>basis" means a length of time as determined by the resident's physician to meet the care needs of the resident and prevent the resident's relocation from the family care home.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to obtain certification from the resident's physician for unlicensed staff to be competency validated and perform bilateral nephrostomy saline flushes for one resident (Resident #1).</p> <p>The findings are:</p> <p>Review of Resident #1's FL-2 dated 08/03/22 revealed: -Diagnoses included Crouzon syndrome, bipolar, chronic organic mental disorder, Bell's Palsy, Type 2 diabetes, and hyperlipidemia. -She was intermittently confused. -She was incontinent of urine.</p> <p>Review of the North Carolina State Board of Nursing's Infusion Therapy/Insertion/Access Procedure position revealed: -Unlicensed personnel were not authorized to administer fluids into a body cavity/organ via existing access device. -They were only permitted to perform assistive activities such as flushing tubing during set up, monitor the flow rate and providing site care/dressing changes after completion of a Nurse Aide II program and after being competency validated by a registered nurse.</p>	C 173		

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C 173	<p>Continued From page 20</p> <p>Review of Resident #1 hospital records dated 01/24/23 revealed: -The resident was admitted to the hospital for nephrostomy tube insertion. -The resident had a diagnosis of bilateral urethral obstruction secondary to pelvic mass. -The resident had bilateral percutaneous nephrostomy tubes (a catheter tube that is inserted through the skin and into the kidney to drain urine from the body) inserted on 01/24/23 and discharged back to facility.</p> <p>Review of Resident #1 hospital discharge instructions dated 01/24/23, given to the facility post-procedure of nephrostomy tubes revealed: -Keep the skin around catheter clean and dry. -Check the dressing often to make sure the tubing was secure. -Gently clean around the catheter with mild soap and warm water. -Change the dressing if it became loose or dirty. -Call her healthcare provider right away if catheter was not draining or she had a fever greater than 100.4.</p> <p>Review of Resident #1's hospital emergency room (ER) discharge summary dated 01/27/23 revealed: -Resident #1 was admitted 01/26/23 and discharged 01/27/23 back to the facility. -She was diagnosed with malfunction of nephrostomy tube due to human error secondary to the stopcock in non-drainable position, a pleural effusion, bilateral hydronephrosis and obstructive uropathy secondary to nephrostomy tube with stop cock in non-drainable position, acute kidney injury, elevated creatinine level of 2.23 mg/dl on 1/26/23 (Creatinine levels indicate how well the kidneys are functioning; normal creatinine level is 0.59-1.04 mg/dl).</p>	C 173		

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C 173	<p>Continued From page 21</p> <ul style="list-style-type: none"> -The nephrostomy was malfunctioning both clinically and as evidenced by cross-sectional imaging. -The nephrostomy catheter was referred to be changed immediately. -She required ongoing care for the nephrostomy tubes. -The nephrostomy tubes should be flushed with 10ml of normal saline daily. -Resident #1 was discharged with an antibiotic prescription for 5 days. -The patient and Administrator were provided a three way stop cock to show and demonstrate the function and how to perform the saline flushes. -The Administrator verbalized and demonstrated an understanding of the function of the stop cock and how to perform the saline flushes. -The Administrator confirmed she could empty the nephrostomy tubes and that the patient had home health. <p>Review of Resident #1's record revealed there was no documentation of a physician's certification that unlicensed personnel could perform the task of flushing a nephrostomy, even on a temporary basis.</p> <p>Review of the Administrator's personnel record on 02/13/23 at 03:07pm revealed:</p> <ul style="list-style-type: none"> -She was listed on the Nurse Aide I Registry with a listing expiration date of 03/31/22. -There was no documentation she was competency validated to flush a nephrostomy tube. <p>Review of Resident #1's home health skilled nursing notes dated 01/28/23 revealed:</p> <ul style="list-style-type: none"> -The Administrator was able to demonstrate to the home health nurse how to irrigate (flush) the nephrostomy tubes with 5cc up and 5cc down 	C 173		

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C 173	<p>Continued From page 22</p> <p>and demonstrated the function of the cock stop valve.</p> <p>-There was no documentation of a competency checklist used by the home health nurse to train the staff.</p> <p>Review of Resident #1's January 2023 and February 2023 medication administration record (MAR) revealed:</p> <p>-There was no documentation of nephrostomy flushes from 01/24/23-01/28/23.</p> <p>-The Administrator documented she flushed the bilateral nephrostomy tubes daily at 2:00pm on 01/28/23 through 02/10/23.</p> <p>Telephone interview with the home health registered nurse (RN) on 02/13/23 at 9:43am revealed:</p> <p>-She had been asked to visit Resident #1 on 01/28/23 by the home health admission nurse.</p> <p>-She had verified the competency of the Administrator to flush the nephrostomy tubes by a mock return demonstration.</p> <p>-She did not have a competency check off list for nephrostomy tubes.</p> <p>-She was only required to document a nursing note regarding the teaching of flushing the nephrostomy tubes to the caregiver</p> <p>-She was not aware a licensed facility adhered to general statutes and rules that did not apply to a caregiver in a private home setting.</p> <p>-She was not aware the North Carolina State Board of Nursing's Infusion Therapy/Insertion/Access Procedure position stated unlicensed personnel were not authorized to administer fluids into a body cavity/organ via existing access device.</p> <p>-They were only permitted to perform assistive activities such as flushing tubing during set up, monitor the flow rate and providing site</p>	C 173		

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C 173	<p>Continued From page 23</p> <p>care/dressing changes after completion of a Nurse Aide II program and after being competency validated by a registered nurse. -She was not aware that a physician had to sign a form to permit an unlicensed caregiver to perform these tasks on a temporary basis.</p> <p>Interview with the Administrator on 02/10/23 at 1:03pm revealed: -She flushed Resident #1's bilateral nephrostomy tubes once a day with saline. -A physician showed her how to flush the nephrostomy tubes during the ER visit on 01/26/23-01/27/23. -The home health RN had trained her to do the flushes. -She documented every day when she flushed the nephrostomy. -She did not have a physician's order, but "home health must have it." -She was not aware that Resident #1 should always have current orders for procedures. -She was not aware that a form needed to be signed by a physician and was required for her to perform a skilled task temporarily. -She was not aware that a physician must certify unlicensed staff to be able to be competency validated by a registered nurse and be competency validated prior to performing the task.</p> <p>Telephone interview with the primary care provider (PCP) on 02/13/23 at 10:20am revealed: -He was Resident #1's PCP since 2019. -He was not managing the care for the nephrostomy tubes. -The Urology practice that inserted the nephrostomy tubes was responsible for the follow-up care. -He expected that a licensed staff member would</p>	C 173		

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C 173	<p>Continued From page 24</p> <p>perform the flushes. -He expected the urologist to follow up on the nephrostomy care.</p> <p>Interview with the Administrator on 02/14/23 at 10:38am revealed: -She was not a licensed health care provider. -She did not have a certification from a physician to perform nephrostomy tube flushes. -She flushed the nephrostomy tubes from 01/28/23 through 02/10/23 at 2:00pm daily. -She had not received physician certificataion to be competency validated to perform nephrostomy flushes by an LHPS nurse.</p> <p>_____</p> <p>The facility failed to obtain certification from the Resident #1's physician that unlicensed staff be competency validated and perform bilateral nephrostomy saline flushes. This failure was detrimental to the health, safety and wellness of Resident #1 and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/23 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 31, 2023.</p>	C 173		
C 185	<p>10A NCAC 13G .0601(a) Management and Other Staff</p> <p>10A NCAC 13G .0601Mangement and Other Staff</p> <p>(a) A family care home administrator shall be responsible for the total operation of a family care home and shall also be responsible to the</p>	C 185		

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NAME OF PROVIDER OR SUPPLIER ROBIN'S NEST FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1514 SUNSET TERRACE WHITEVILLE, NC 28472
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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 185	<p>Continued From page 25</p> <p>Division of Health Service Regulation and the county department of social services for meeting and maintaining the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term administrator also refers to co-administrator where it is used in this Subchapter.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on observations, interviews and record reviews, the Administrator failed to meet and maintain compliance with housekeeping and furnishings, building equipment, test for tuberculosis, other staff qualifications, competency validation for licensed health professional support (LHPS) tasks, personal care and supervision, health care, LHPS, nutrition and food service, activities program, residents' rights and medication administration.</p> <p>The findings are:</p> <p>Interview with the Administrator on 02/10/23 at 10:31am revealed: -She lived in the facility with 2 family members. -The Owner, who was a family member, was in the facility to assist with care and management when he was not at work. -There was a second family member that came to be with the residents when she had to take someone to an appointment and to assist her with spring cleaning. -She had been having a difficult time keeping up</p>	C 185		

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C 185	<p>Continued From page 26</p> <p>with cleaning the facility due to caring for the animals and managing a resident's health concerns.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed:</p> <ul style="list-style-type: none"> -She had a copy of the state rules and general statutes for family care homes. -She was responsible for ensuring compliance with state rules and general statutes. -There was a system in place for cleaning the common area, kitchen, and resident rooms. -She was not able to say what system was in place outside of having a housekeeper. -She did not know a health care personnel registry (HCPR) check should be completed for a family member living at the facility or a housekeeper. -She thought HCPR checks were done for direct care staff only. -She did not know she needed a physician to sign a certification for her to temporarily perform a task not listed on the licensed health professional support (LHPS) tasks prior to 02/10/23. -She did not always document contact with the PCP in the resident's record. -She did not know a resident's prosthetic device for his lower left leg was an LHPS task. -She did not know a second resident's left foot and ankle brace was an LHPS task. <p>The following rule areas were cited with non compliance.</p> <p>1. Based on observations, interviews and record reviews, the facility failed to ensure the facility had an approved North Carolina Division of Environmental Health sanitation classification as evidenced by a provisional classification issued by the local environmental health department.</p>	C 185		

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C 185	<p>Continued From page 27</p> <p>[Refer to tag 077, 10A NCAC 13G .0315(a)(4) Housekeeping & Furnishings (Type B Violation)].</p> <p>2. Based on observations, interviews and record reviews, the facility failed to maintain an environment that was clean, orderly and free of obstructions and hazards as evidenced by a heavy accumulation of stains, dirt, dust and debris on floors throughout the facility; stains, drip, splatter and heavy smudge marks on walls and doors throughout the facility, gnats and odors in the living area near unkept and dying plants, animal cages containing live rabbits and quails, open bags of animal feed and heavily soiled garbage cans and unburied animal feces in the houseplants. [Refer to tag 078, 10A NCAC 13G .0315(a)(5) Housekeeping & Furnishings (Type A2 Violation)].</p> <p>3. Based on observations, interviews and record reviews, the facility failed to ensure hot water accessible to residents was maintained at a temperature between 100 to 116 degrees Fahrenheit (F) as evidenced by 2 fixtures in a resident room of 129 degrees F and 132 degrees F. [Refer to tag 105, 10A NCAC 13G .0317(d) Building Service Equipment (Type A2 Violation)].</p> <p>4. Based on observations, interviews, and record reviews, the facility failed to obtain certification from the resident's physician for unlicensed staff to be competency validated and perform bilateral nephrostomy saline flushes for one resident (Resident #1). [Refer to tag 173, 10A NCAC 13G .0504(c) Competency Validation for Licensed Health Professional Support Tasks (Type B Violation)].</p> <p>5. Based on observations, interviews and record reviews, the facility failed to follow up with a</p>	C 185		

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C 185	<p>Continued From page 28</p> <p>medical provider for changes in condition for 1 of 3 sampled residents (#1) who had newly placed nephrostomy tubes and post surgical symptoms of chills, fatigue, and malaise.[Refer to tag 246, 10A NCAC 13G .0902(b) Health Care (Type A2 Violation)].</p> <p>6. Based on observations, interviews and record reviews, the facility failed to administer medications including a long-acting insulin, antihypertensive, anti-reflux and a preventative blood thinner as ordered by the primary care provider (PCP) for 1 of 3 sampled residents (#2). [Refer to tag 330, 10A NCAC 13G .1004(a) Medication Administration (Type B Violation)].</p> <p>7. Based on observations, interviews and record reviews, the facility failed to ensure that upon employment or living in the facility all staff and non-residents living in the home were tested for tuberculosis in compliance with control measures adopted by the Commission for Public Health for 3 of 5 staff and non-residents living in the facility. [Refer to tag 140, 10A NCAC 13G .0405(a) Test for Tuberculosis].</p> <p>8. Based on observations, interviews and record reviews, the facility failed to ensure verification of no substantial findings on the Health Care Personnel Registry (HCPR) for 3 of 5 staff prior to employment at the facility. [Refer to tag 145, 10A NCAC 13G .0407(a)(5) Other Staff Qualifications].</p> <p>9. Based on observations, interviews and record reviews, the facility failed to ensure a criminal background check was completed for 3 of 5 staff prior to employment at the facility. [Refer to tag 147, 10A NCAC 13G .0407(a)(7) Other Staff Qualifications].</p>	C 185		

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C 185	<p>Continued From page 29</p> <p>10. Based on observations, interviews and record reviews, the facility failed to provide personal care assistance to 3 of 3 sampled residents (#1, #2 and #3) including bathing, dressing and appropriate hand hygiene.[Refer to tag 242, 10A NCAC 13G .0901(a) Personal Care & Supervision].</p> <p>11. Based on observations, interviews and record reviews, the facility failed to ensure the appropriate licensed health professional completed an onsite review and evaluation of the health status, care plan and care provided for 2 of 3 sampled residents with a prosthetic device (#2) and a foot and ankle brace (#3).[Refer to tag 254, 10A NCAC 13G .0903(c) Licensed Health Professional Support].</p> <p>12. Based on observations and interviews, the facility failed to ensure the kitchen and dining areas were kept clean, orderly and protected from contamination as evidenced by an accumulation of spills, splatters and drip marks on the appliances, cabinetry and walls, unlabeled and undated storage containers in the refrigerator, open containers of animal feed in the kitchen, gnats and flies in the kitchen and dining area and a lack of hand hygiene by staff prior to serving beverages and food. [Refer to tag 256, 10A NCAC 13G 0904(a)(1) Nutrition & Food Service].</p> <p>13. Based on observations, interviews and record reviews, the facility failed to provide therapeutic diets for 1 of 1 sampled residents (#1) for 2 observed meals. [Refer to tag 284, 10A NCAC 13G .0904(e)(4) Nutrition & Food Service].</p> <p>14. Based on observations, interviews and record reviews, the facility failed to ensure planned</p>	C 185		

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C 185	<p>Continued From page 30</p> <p>activities promoting involvement of all residents with one another were implemented. [Refer to tag 288, 10A NCAC 13G .0905(a) Activities Program].</p> <p>15. Based on observations, interviews and record reviews, the facility failed to ensure 6 residents living in the facility were protected from potential infections such as rabies from a pet dog allowed to stay in the facility without documentation of vaccination and other infections from animals including rabbits, quails and cats kept in the facility with residents, including one resident with nephrostomy tubes. [Refer to tag 330, 10A NCAC 13G .0909 Residents' Rights].</p> <p>The Administrator failed to meet and maintain compliance with housekeeping and furnishings, building equipment, health care, licensed health professional support competency validation and medication administration. The Administrator's failure resulted in a provisional classification by the local environmental health department with 32 demerits on inspection of the facility, hot water temperatures of 132 degrees Fahrenheit (F) with risk of full thickness skin injury, an emergency room visit for malfunctioning nephrostomy tube following care from unlicensed staff not certified by a physician to be competency validated, and one resident not receiving insulin and blood pressure medication as ordered by the primary care provider (PCP). These failures demonstrate substantial risk of serious harm, injury and constitutes a Type A2 Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/14/23 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE A2</p>	C 185		

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C 185	Continued From page 31 VIOLATION SHALL NOT EXCEED MARCH 16, 2023.	C 185		
C 242	<p>10A NCAC 13G .0901(a) Personal Care and Supervision</p> <p>10A NCAC 13G .0901 Personal Care and Supervision</p> <p>(a) Family care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide personal care assistance to 3 of 3 sampled residents (#1, #2 and #3) including bathing, dressing and appropriate hand hygiene.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 08/03/22 revealed: -She was diagnosed with Crouzon syndrome, Bipolar, chronic organic mental disorder, Bell's Palsy, type 2 diabetes, and hyperlipidemia. -She was intermittently confused and incontinent of urine.</p> <p>Review of Resident #1's Care Plan dated 05/25/22 revealed: -He was documented as independent with toileting. -He was documented as independent with bathing. -He was documented as independent with dressing and grooming.</p>	C 242		

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C 242	<p>Continued From page 32</p> <p>Observation of Resident #1 on 02/10/23 at 10:41am revealed:</p> <ul style="list-style-type: none"> -The resident wore black sweatpants and the black sweat pants had a tear in the posterior right pocket, the ripped pocket area was approximately four inches wide. -The resident's underwear protruded approximately 6 inches from the waistband of the black sweatpants, and the exposed part of the underwear was marked with brown stains. -The resident wore a long blue shirt and a hooded sweatshirt. -The resident had a foul mouth odor. -The resident's teeth had cracked white plaque covering her upper teeth and lower teeth, and the plaque protruded into her gum line. -Resident #1's room smelled like barn animals, animal excrement, mixed with body odor and the smell of ammonia from human urine. -The resident ate a meal with no hand hygiene offered. <p>Observation of Resident #1 on 02/13/23 at 11:17am revealed:</p> <p>The resident wore black sweatpants and the black sweat pants had a tear in the posterior right pocket, the ripped pocket area was approximately four inches wide.</p> <ul style="list-style-type: none"> -The resident's underwear protruded above the waistband of the black sweatpants, and the exposed part of the underwear was marked with brown stains. -The resident wore a long blue shirt and a hooded sweatshirt. -The resident had a foul mouth odor. -Resident #1's room still smelled like barn animals, animal excrement, mixed with body odor and the smell of ammonia from human urine. -The resident ate a meal with no hand hygiene 	C 242		

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C 242	<p>Continued From page 33</p> <p>offered.</p> <p>Observation of Resident #1 on 02/14/23 at 3:58pm revealed:</p> <ul style="list-style-type: none"> -The resident again wore the same black sweatpants with a tear in the posterior right pocket of approximately four inches wide. -The resident's underwear protruded above the waistband of the black sweatpants, and the exposed part of the underwear was marked with brown stains. -The resident wore the same long blue shirt and hooded sweatshirt for the third day. -The resident had a foul mouth odor. -Resident #1's room still smelled like barn animals, animal excrement, mixed with body odor and the smell of ammonia from human urine. -The resident ate a meal with no hand hygiene offered. <p>Interview with the Administrator on 02/14/23 at 3:05pm revealed:</p> <ul style="list-style-type: none"> -The Administrator made sure "Resident #1 had a bird bath every day". -Resident #1 preferred to wear the black sweatpants every day. <p>Refer to interview with the Administrator on 02/14/23 at 11:24am.</p> <p>2. Review of Resident #2's current FL-2 dated 01/12/23 revealed diagnoses included type II diabetes mellitus with hyperglycemia, hypertensive heart disease, cerebral vascular accident, nicotine dependence, left foot amputation and chronic obstructive pulmonary disease.</p> <p>Review of Resident #2's current care plan dated 01/12/23 revealed:</p> <ul style="list-style-type: none"> -He was ambulatory with a cane or walker as 	C 242		

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C 242	<p>Continued From page 34</p> <p>needed.</p> <p>-He required extensive assistance with bathing and dressing and supervision with grooming and transferring.</p> <p>Interview with the Administrator on 02/10/23 at 11:33am revealed Resident #2 required staff assistance with bathing and walking.</p> <p>Observation of Resident #2 on 02/10/22 at 8:50am revealed:</p> <p>-He was sitting in his wheelchair in the hallway.</p> <p>-He was dressed in khaki pants and a blue and black checkered shirt.</p> <p>-He had a black shoe on his right foot and a dirty white sock on his left ankle stump.</p> <p>-The sock was loose on the stump and was brown, gray and black in color on the areas he placed the stump on the floor.</p> <p>Observation of Resident #2 on 02/13/23 at 12:00pm revealed:</p> <p>-He was dressed in khaki pants and a blue and black checkered shirt.</p> <p>-He had a shoe on his right foot and a dirty white sock on his left ankle stump.</p> <p>-The sock was loose on the stump and was brown, gray and black in color on the areas he placed the stump on the floor.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed:</p> <p>-Resident #2 was assisted with showering on 02/13/23.</p> <p>-Resident #2 required total assistance with showering.</p> <p>Attempted interview with Resident #2's Primary Care Provider on 02/10/23 at 1:45pm and 02/14/23 at 10:39am were unsuccessful.</p>	C 242		

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C 242	<p>Continued From page 35</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable.</p> <p>Refer to interview with the Administrator on 02/14/23 at 11:24am.</p> <p>3. Review of Resident #3's current FL-2 dated 06/14/22 revealed diagnoses included cerebral infarction, adjustment disorder, vascular dementia, and prediabetes.</p> <p>Review of Resident #3's current care plan dated 06/14/22 revealed: -He had slurred and impaired speech -He was sometimes disoriented, forgetful and needed reminders. -He required extensive assistance with bathing and dressing.</p> <p>Observations of Resident #3 on 02/10/23 at 9:44am revealed he was dressed in gray sweatpants and a dark colored sweatshirt.</p> <p>Observation of Resident #3 on 02/10/23 at 9:56am revealed: -The resident was lying on a plastic mattress with no sheet covering. -The resident's stump was covered with a sock and the sock was soiled with dark gray and black stains. -The resident's stump sock had animal hairs adhered to bottom of the sock. -The resident wore tan pants and the edges of the pant legs had stain marks.</p> <p>Observations of Resident #3 on 02/14/23 at 12:00pm revealed he was dressed in gray sweatpants and a dark colored sweatshirt.</p>	C 242		

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C 242	<p>Continued From page 36</p> <p>Interview with another resident 02/10/23 at 10:07am revealed: -The resident collected his own laundry. -The resident notified the Administrator when he wanted to do his laundry. -The Administrator unlocked the laundry room for the resident to do his laundry. -The Administrator provided him detergent so he could do his laundry.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed: -Resident #3 was assisted with showering on 02/12/23. -Resident #3 required assistance with showering because he had left sided paralysis and could not pick up his left foot. -Another resident (observed in the same red shirt on 02/10/23, 02/13/23 and 02/14/23) was last showered last week prior to 02/10/23. -She did not remember which day last week. -The resident in the red shirt required assistance with showering because he could not bend over.</p> <p>Refer to interview with the Administrator on 02/14/23 at 11:24am.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed: -She did not keep a record of activities of daily living (ADL) assistance provided for each resident. -Residents were bathed 2 times per week. -There was no schedule or documentation of showers.</p>	C 242		
C 246	10A NCAC 13G .0902(b) Health Care	C 246		

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C 246	<p>Continued From page 37</p> <p>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.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to follow up with a medical provider for changes in condition for 1 of 3 sampled residents (#1) who had newly placed nephrostomy tubes and post surgical symptoms of chills, fatigue, and malaise.</p> <p>The findings are:</p> <p>Review of Resident #1's FL-2 dated 08/03/22 revealed: -Diagnoses included Crouzon syndrome, bipolar, chronic organic mental disorder, Bell's Palsy, type 2 diabetes, and hyperlipidemia. -She was intermittently confused.</p> <p>Review of Resident #1's hospital discharge instructions for post-operative insertion of nephrostomy tubes dated 01/24/23 included documentation facility staff were to call the resident's healthcare provider right away if the catheter was not draining or she had a fever greater than 100.4.</p> <p>Observation of Resident #1 on 02/13/23 at 3:58pm revealed: -She was sitting at the dining room table with eyes closed and chin resting down on her chest. -She wore two sweatshirts both were zipped up and 2 hoodies, both of which were placed over her head.</p>	C 246		

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C 246	<p>Continued From page 38</p> <p>Interview with Resident #1 on 02/13/23 at 3:58pm revealed: -Resident was asked why she had 2 sweatshirts with hoodies pulled over her head. -She stated she was "freezing".</p> <p>Interview with the Administrator on 02/13/23 at 3:59pm revealed: -The Administrator responded to Resident #1's comment that she was "freezing" by an offer of apple juice. -The Administrator had to be prompted to take Resident #1's temperature.</p> <p>Observation of the Administrator on 02/13/23 at 4:01pm revealed: -Administrator took Resident #1's temperature using a temporal artery thermometer and the reading was 100.5. -Administrator re-assessed the Resident temperature using the same thermometer and the reading was 100.7.</p> <p>Interview with the Administrator on 02/13/23 at 4:33pm revealed: -The Administrator had to be prompted to call the primary care physician (PCP) and report Resident #1's elevated temperature, 34 minutes after she recorded the temperature. -The Administrator placed a call to the Urology office and the PCP to report Resident #1's temperature. -The urologist told the Administrator to take Resident #1 to the hospital ER.</p> <p>Interview with the Administrator on 02/10/23 at 9:38am revealed: -Resident #1 had fevers off and on. -The Administrator could not provide dates that Resident #1 had fevers.</p>	C 246		

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C 246	<p>Continued From page 39</p> <ul style="list-style-type: none"> -She did not keep a temperature log for Resident #1. -She did not check her temperature regularly because Resident #1 was not warm to the touch. -Resident #1 was still running low grade temperatures. <p>Telephone interview with the primary care provider's (PCP) on 02/13/23 at 10:20am revealed:</p> <ul style="list-style-type: none"> -He was not aware Resident #1 had fevers. -He expected the facility staff to report when a resident had fevers. <p>Telephone interview with the home health nurse on 02/13/23 at 9:43am revealed:</p> <ul style="list-style-type: none"> -Home Health start of care was 01/27/23. -Resident #1 was afebrile during the home health visit. <p>Telephone interview with the Nurse Practitioner (NP) at the local urologist's office on 02/13/23 at 4:59pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 was last seen on 01/20/23; her appointment on 02/03/23 was canceled. -She had not been contacted prior to today (02/13/23) by the Administrator. -She received three calls from the Administrator on 02/13/23. -She was concerned the resident was not getting the care she needed. -She expected the resident to be taken to the emergency room if she had a fever because she was at risk for infection. <p>Review of Resident #1 hospital ER discharge records revealed:</p> <ul style="list-style-type: none"> -The resident had a temperature of 103.1 upon admission to the ER on 02/13/23 -The resident had a second recorded 	C 246		

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C 246	<p>Continued From page 40</p> <p>temperature on 02/13/23 at 7:05pm of 101.3 after administration of Tylenol</p> <p>-The resident was administered intravenous antibiotics, required blood cultures and urine cultures were ordered.</p> <p>-She was diagnosed with febrile illness, uncertain cause, and a respiratory infection.</p> <p>-She was discharged with an oral antibiotic prescription.</p> <p>-She was to be followed up with her PCP and urologist in one day (02/14/23).</p> <p>_____</p> <p>The facility failed to follow up with a licensed health provider for Resident #1 following placement of nephrostomy tubes with symptoms including chills, fatigue and malaise resulting in an emergency room visit post surgery with diagnoses of a febrile illness and respiratory infection. The facility's failure placed Resident #1 at substantial risk of serious physical harm and injury which constitutes a Type A2 Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/23 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED MARCH 16, 2023.</p>	C 246		
C 254	<p>10A NCAC 13G .0903(c) Licensed Health Professional Support</p> <p>10A NCAC 13G .0903 Licensed Health Professional Support</p> <p>(c) The facility shall assure that participation by a registered nurse, occupational therapist, respiratory care practitioner, or physical therapist</p>	C 254		

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C 254	<p>Continued From page 41</p> <p>in the on-site review and evaluation of the residents' health status, care plan, and care provided, as required in Paragraph (a) of this Rule, is completed within 30 days after admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following:</p> <ol style="list-style-type: none"> (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure the appropriate licensed health professional completed an onsite review and evaluation of the health status, care plan and care provided for 2 of 3 sampled residents with a prosthetic device (#2) and a foot and ankle brace (#3).</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. Review of Resident #2's current FL-2 dated 01/12/23 revealed diagnoses included type II diabetes mellitus with hyperglycemia, hypertensive heart disease, cerebral vascular accident, left foot amputation and chronic obstructive pulmonary disease. <p>Review of Resident #2's current care plan dated</p>	C 254		

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C 254	<p>Continued From page 42</p> <p>01/12/23 revealed: -He was ambulatory with a cane or walker as needed. -He required extensive assistance with bathing and dressing and supervision with grooming and transferring. -Licensed health professional support (LHPS) tasks included finger stick blood sugar (FSBS) checks, subcutaneous insulin injections, and a wheelchair, walker or cane as needed.</p> <p>Review of Resident #2's LHPS onsite review and evaluation dated 01/14/23 revealed: -Personal care and LHPS tasks included finger stick blood sugar (FSBS) checks, subcutaneous insulin injections, and a wheelchair, walker or cane as needed. -There was documentation the resident's left "stump wound was completely healed per staff." -The resident was asleep and appeared to be bothered at the time of the review. -He was ambulatory with a walker or cane with assistance from staff. -There were no recommendations. -There was documentation to see personnel files for validation of staff competency for FSBS checks, subcutaneous insulin injections, and assistive devices.</p> <p>Review of Resident #2's LHPS onsite review and evaluation dated 12/22/21 revealed: -Personal care and LHPS tasks included FSBS checks, subcutaneous insulin injections, and a wheelchair. -There was a handwritten entry at the bottom of the page dated 05/12/22. -There was documentation the resident self-propelled in his wheelchair, was awaiting a prosthesis, needed and order for FSBS checks and documentation of results.</p>	C 254		

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C 254	<p>Continued From page 43</p> <p>-There was a second entry dated 08/02/22 which documented the resident continued to use his wheelchair, was able to transfer and awaiting his foot prosthetic.</p> <p>-There was no further documentation of an LHPS review since 08</p> <p>Observation on 02/10/23 at 9:54am revealed there was a foot prosthetic next to Resident #2's bed and wall.</p> <p>Interview with the Administrator on 02/10/23 at 11:33am revealed: -Resident #2 got a prosthetic for his left lower leg 01/30/23. -She was helping him learn to wear the prosthetic and with walking.</p> <p>Observations on 02/10/23 from 8:50am until 2:30pm and from 3:30pm to 5:15pm revealed Resident #2 was not wearing a prosthetic device.</p> <p>Observations on 02/13/23 from 9:30am until 1:00pm and from 2:00pm to 6:00pm revealed Resident #2 was not wearing a prosthetic device.</p> <p>Observations on 02/14/23 from 9:15am until 1:00pm and from 2:00pm to 4:45pm revealed Resident #2 was not wearing a prosthetic device.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed: -Regarding the LHPS evaluation completed on 01/14/23 for Resident #2, the pharmacy nurse did look at the resident's stump wound. -She did not know Resident #2's prosthetic device for his lower left leg was an LHPS task.</p> <p>Attempted interview with Resident #2's Primary Care Provider on 02/10/23 at 1:45pm and</p>	C 254		

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C 254	<p>Continued From page 44</p> <p>02/14/23 at 10:39am were unsuccessful.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable.</p> <p>Attempted telephone interview with the facility's contracted pharmacy's licensed health professional support (LHPS) nurse on 02/14/23 at 2:14pm was unsuccessful.</p> <p>Refer to interview</p> <p>2. Review of Resident #3's current FL-2 dated 06/14/22 revealed diagnoses included cerebral infarction, adjustment disorder, vascular dementia, and prediabetes.</p> <p>Observation of Resident #3 on 02/10/23 at 12:54pm revealed he was ambulatory with a brace on his lower left leg that extended into his shoe and had a Velcro strap around his calf.</p> <p>Review of Resident #3's record revealed there was no order for the left lower leg brace.</p> <p>Review of Resident #3's drug review dated 07/06/21 revealed: -There was a handwritten entry at the bottom of the drug review labeled LHPS (licensed health professional support) and dated 07/22/22. -There was documentation the resident used a cane as needed. -There was documentation the resident's gait was steady and continue the plan of care. -There was no doc of Libra</p> <p>Review of Resident #3's record did not reveal an LHPS since</p>	C 254		

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C 254	<p>Continued From page 45</p> <p>Review of Resident #3's pharmacy consulting sheet revealed: -There were a drug reviews completed on 08/22/22 and 01/14/23. -There was no reference to an LHPS review and evaluation.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed she did not know Resident #3's left foot and ankle brace was an LHPS task.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #3 was not interviewable.</p> <p>Attempted telephone interview with the facility's contracted pharmacy's licensed health professional support (LHPS) nurse on 02/14/23 at 2:14pm was unsuccessful.</p> <p>Refer to interview</p> <p>Interview with the Administrator on 02/10/23 at 1:16pm revealed: -A different nurse came for each review, and she did not remember any of their names. -She normally contacted the local Department of Social Services (DSS) and they sent someone to complete licensed health professional support (LHPS) reviews and evaluations.</p> <p>A second interview with the Administrator on 02/14/23 at 11:24am revealed: -The pharmacy sent a nurse to the facility every 3 months to complete pharmacy and LHPS reviews. -Normally the pharmacy nurse texted her a time she planned to come to the facility because she came from 2 hours away. -When she needed to contact the pharmacy</p>	C 254		

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C 254	Continued From page 46 nurse, she called through the contracted pharmacy. -The pharmacy nurse reviewed the resident's record and spoke to each resident. Attempted telephone interview with the facility's contracted pharmacy's licensed health professional support (LHPS) nurse on 02/14/23 at 2:14pm was unsuccessful.	C 254		
C 256	10A NCAC 13G .0904(a)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the kitchen and dining areas were kept clean, orderly and protected from contamination as evidenced by an accumulation of spills, splatters and drip marks on the appliances, cabinetry and walls, unlabeled and undated storage containers in the refrigerator, open containers of animal feed in the kitchen, gnats and flies in the kitchen and dining area and a lack of hand hygiene by staff prior to serving beverages and food. The findings are:	C 256		

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C 256	<p>Continued From page 47</p> <p>Observations during tour of the kitchen on 02/10/23 at 10:25am revealed:</p> <ul style="list-style-type: none"> -There were 19 food storage containers with no dates or labels in the refrigerator. -10 of the 19 food storage containers were single use take out containers. -There were drip and splatter stains on the walls, lower cabinets, and stove. -There was a heavy accumulation of dirt and grime on horizontal surfaces with an edge such as baseboards, cabinet carving detail, and lower oven drawer lip. -There was a heavy accumulation of drip and splatter marks on the wall and cabinet end by the garbage can. -There was a storage shelf with 7 pairs of rubber boots near the exit door to the yard where there were numerous animals including chickens, roosters, turkeys, rabbits, quails, and dogs. -There were brown smudges and stains on the frame of the exit door from the kitchen just above and below the door handle. -There were storage containers, baking dishes, unused mason jars and canned goods on the floor in the pantry. -There was a a broken upper window with plywood covering the opening, and this broken window was situated above an air conditioning window insert. -Under the area of the broken window a cooler, stacks of boxes, brown paper bags, containers, pet supplies, and a yellow towel with brown reddish stains was draped over a a box. -There was a white 3 shelved plastic unit placed on the floor area to the right of the broken window and it had stacks of appliances, a toaster, ice maker and stacks of open plastic containers. -There was a bucket on the floor next to the white 3 shelved plastic unit with stained towels draped 	C 256		

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C 256	<p>Continued From page 48</p> <p>over the edges of the bucket and the inside of the bucket half full of brown stained towels.</p> <ul style="list-style-type: none"> -There was a large bag of chicken feed placed on the floor adjacent to the stove. -There were water jugs placed on the floor. -There were stacks of boxes on the floor under the bench counter top. -There were electric appliances, trash, utensils, bags of candy, water jugs, TV remote control, unlabeled open containers covering an entire bench countertop. -There was an open bag of bread under the sink with a green and black substance covering the bread. -On the floor and to the left of the stove 2 packaged units of 40 single use water in bottles and a half open unit of a package of 10 water bottles stacked on top of each other. -There was a dark brown substance on the floor mixed with animal hair. -There were gnats and flies in the kitchen. <p>Interview with the Administrator on 02/10/23 at 10:25am revealed:</p> <ul style="list-style-type: none"> -She normally rotated food storage containers in the refrigerator every 3 days. -She was unable to say how she knew how long each container had been in the refrigerator without a dated label. -She was working on upgrading cabinetry and painting, cleaning, and organizing in the kitchen and had just not been able to get everything done. <p>Observations of the lunch meal on 02/10/23 from 12:30pm until 1:05pm revealed:</p> <ul style="list-style-type: none"> -Staff D entered the kitchen after being in his room and the common area where the animals were. -Staff D assisted with serving beverages and 	C 256		

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C 256	<p>Continued From page 49</p> <p>meal plates without performing hand hygiene. -Residents came from the living room area, their rooms and outside to the dining room without performing hand hygiene. -There were gnats and flies in the dining room during the lunch meal. -The Administrator touched the rabbits in the front entrance area and then proceeded to serve the residents a meal without hand hygiene.</p> <p>Observations of the lunch meal on 02/13/23 at 12:03pm revealed: -Staff D entered the kitchen after being in his room and the common area where the animals were. -Staff D assisted with serving beverages and meal plates without performing hand hygiene. -Residents came from the living room area, their rooms and outside to the dining room without performing hand hygiene. -There were gnats and flies in the dining room during the lunch meal.</p> <p>Observation of Employee D on 02/14/23 at 4:25pm revealed Staff D entered the kitchen, walked over to the sink, filled up a container of water and poured the water into an ice maker on the countertop without hand hygiene.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed: -She instructed all residents to wash their hands prior to each meal. -Staff D knew to wash his hands prior to helping with serving beverages and meal plates. -She was responsible for cleaning the kitchen. -She did not have a schedule for cleaning the kitchen, refrigerator and pantry. -Family members were responsible for putting a dated label on items they open and put in the</p>	C 256		

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NAME OF PROVIDER OR SUPPLIER ROBIN'S NEST FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1514 SUNSET TERRACE WHITEVILLE, NC 28472
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C 256	Continued From page 50 refrigerator. -She was responsible for ensuring food items were dated and labeled. -She was responsible for ensuring stored and served food was protected from contamination.	C 256		
C 284	<p>10A NCAC 13G .0904(e)(4) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service</p> <p>(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, interviews and record reviews, the facility failed to provide therapeutic diets for 1 of 1 sampled residents (#1) for 2 observed meals.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL-2 dated 01/12/23 revealed: -Diagnoses included type II diabetes mellitus with hyperglycemia, hypertensive heart disease, gastro-esophageal reflux disease, and cerebrovascular accident. -An order for a low carbohydrate diet.</p> <p>Review of the facility's undated Week 2 menu posted on the kitchen door revealed: -The Friday lunch menu included: 3 ounces of baked chicken, ½ cup of spinach, ½ cup of whole potatoes, 1 roll, 1 piece of apple pie and 8 ounces of tea.</p>	C 284		

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C 284	<p>Continued From page 51</p> <ul style="list-style-type: none"> -The menu indicated 8 ounces of water was served with each meal. -The menu was signed by a Registered Dietician (RD). -There was no therapeutic diet menu for review. <p>Observations of the lunch meal on 02/10/23 from 12:30pm until 1:05pm revealed:</p> <ul style="list-style-type: none"> -The lunch meal was brought in from a fast-food restaurant by the Owner at 12:30pm. -At 12:40pm Resident #2 was served a large piece of fried chicken, approximately ½ cup of slaw, approximately ½ cup of cooked greens, approximately ½ cup of mashed potatoes with gravy, 1 biscuit, approximately 8 ounces each of tea and water and approximately a 2 inch slice of chocolate cake. -Resident #2 completed lunch at 12:59pm eating 100% of the meal served. <p>Interview with the Administrator on 02/10/23 at 12:45pm revealed:</p> <ul style="list-style-type: none"> -She did not have a therapeutic diet menu for a diabetic, no concentrated sweets or low carbohydrate diet. -She gave Resident #2 a smaller portion of things like cake. <p>Review of the facility's undated week 2 menu posted on the kitchen door revealed the Monday lunch menu included: 1 cup of chicken pot pie with potatoes, carrots and green peas, ½ cup of slaw, 1 roll, ½ cup of pineapple tidbits, and 8 ounces of lemonade.</p> <p>Observations of the lunch meal on 02/13/23 at 12:03pm revealed:</p> <ul style="list-style-type: none"> -Resident #2 was served lunch from a common fast-food restaurant. -He received a cheeseburger, French fries, a 	C 284		

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C 284	<p>Continued From page 52</p> <p>chocolate chip cookie, tea, and water.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed:</p> <ul style="list-style-type: none"> -She had sugar free food items for the no concentrated sweets diet. -She was told by "several people" not to use sugar substitutes for persons with diabetes and not to make big changes in their dietary habits. -The people were just people, and she could not recall their names. -She may have given Resident #2 a smaller piece of the fast-food chocolate cake at lunch on 02/10/23. -She had a diabetic menu. -She had not pulled the diabetic menu out or posted it for reference. <p>Attempted interview with Resident #2's Primary Care Provider on 02/10/23 at 1:45pm and 02/14/23 at 10:39am were unsuccessful.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable.</p>	C 284		
C 288	<p>10A NCAC 13G .0905(a) Activities Program</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure planned</p>	C 288		

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C 288	<p>Continued From page 53</p> <p>activities promoting involvement of all residents with one another were implemented.</p> <p>The findings are:</p> <p>Observation on 02/10/23 at 9:54am revealed: -There was an activity calendar posted on the bulletin board near rooms 4 and 5. -The calendar indicated on 02/10/23 from 10:00am to 11:00am there would be a laundry basket ball activity, on 02/13/23 from 10:00am to 11:00am there would be a valentine card making activity and on 02/14/23 from 10:00am to 11:00am there would be a walk outside.</p> <p>Observations on 02/10/23 from 8:50am until 2:45pm revealed: -There was no activity observed in the facility. -Residents were sitting in the living room area watching TV, dining room between and during meals, their room or outside.</p> <p>Observations on 02/13/23 from 9:30am until 1:00pm revealed: -There was no activity observed in the facility. -Residents were sitting in the living room area watching TV, in the dining room between and during meals, in their room or outside.</p> <p>Observations on 02/14/23 from 9:15am until 1:00pm revealed: -There was no activity observed in the facility. -Residents were sitting in the living room area watching TV, in the dining room between and during meals, in their room or outside.</p> <p>Attempted interviews with 5 residents on 02/10/23 between 8:50am and 10:15am revealed: -The residents were reluctant to interact with the surveyors.</p>	C 288		

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C 288	<p>Continued From page 54</p> <p>-Residents walked away when surveyors attempted to interview them.</p> <p>Interview with a 6th resident on 02/10/23 at 10:13am revealed: -Normally he worked on puzzles or read books. -There was not much to do at the facility. -Everyone went to the local big box store once per month as their outing.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed: -She did activities with residents every day. -She did crafts and walks outside as group activities. -That morning (02/14/23) they were supposed to walk outside but did not want to because surveyors were there. -Other than walking and the monthly outing, residents did not want to do any activities.</p>	C 288		
C 311	<p>10A NCAC 13G .0909 Residents' Rights</p> <p>10A NCAC 13G .0909 Resident Rights A family care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 6 residents living in the facility were protected from potential infections such as rabies from a pet dog allowed to stay in the facility without documentation of vaccination and other infections from animals including rabbits, quails and cats kept in the facility with residents, including one resident with nephrostomy tubes.</p>	C 311		

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C 311	<p>Continued From page 55</p> <p>The findings are:</p> <p>Observations on 02/10/23 at 8:50am revealed: -There was a medium sized black dog on the sofa. -Upon entering the facility, the dog got up off the sofa and came towards surveyors with its tail straight and not wagging. -The facility's owner called the dog "Princess" and redirected the animal away from surveyors.</p> <p>Observations on 02/13/23 at 10:54am revealed: -The dog called Princess was lying on the sofa. -The Administrator's family member took the dog to another location in the facility.</p> <p>Observation on 02/13/23 at 4:20pm revealed the dog called Princess was lying on the sofa.</p> <p>Interview with the Administrator on 02/10/23 at 10:31am revealed: -She owned 8 dogs with 4 of them being kept in the facility. -She owned 8 cats with 3 of them being kept in the facility. -There were chickens, ducks, quails, and rabbits also on the property. -She had been having a difficult time keeping up with cleaning the facility, caring for the animals and managing a resident's health concerns. -She had veterinary records for all the animals kept in the facility.</p> <p>Review of veterinary records on 02/13/23 revealed there was no record of a rabies vaccination for the dog called Princess.</p> <p>Telephone interview with a home health nurse on 02/13/23 at 9:43am revealed:</p>	C 311		

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C 311	<p>Continued From page 56</p> <p>-Animals inside the home increase risk of cross contamination of nephrostomy tubes. -She had done education with the Administrator and resident on hand hygiene.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed: -All the animals went to the veterinarian for vaccinations and flea prevention. -The dog called Princess belonged to a family member and the veterinary records were at the family member's home. -Residents were encouraged to wash their hands after petting or feeding the animals.</p> <p>Vaccination records for the dog called Princess were not provided prior to exiting the survey.</p>	C 311		
C 330	<p>10A NCAC 13G .1004(a) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to administer medications including a long-acting insulin, antihypertensive, anti-reflux and a preventative</p>	C 330		

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C 330	<p>Continued From page 57</p> <p>blood thinner as ordered by the primary care provider (PCP) for 1 of 3 sampled residents (#2).</p> <p>The findings are:</p> <p>Review of Resident #2's current FL-2 dated 01/12/23 revealed diagnoses included type II diabetes mellitus with hyperglycemia, hypertensive heart disease, cerebral vascular accident, left foot amputation and chronic obstructive pulmonary disease.</p> <p>Observations on 02/10/23 at 8:50am revealed: -Resident #2 entered the dining room area from the hallway in a wheelchair. -The Owner asked him if he was ready for breakfast since everyone else had already eaten. -Medications were not observed being administered to Resident #2.</p> <p>Observation on 02/14/23 at 9:35am revealed: -Resident #2 came to the dining room table in his wheelchair. -He was served breakfast. -There were no other residents in the dining room having breakfast. -Medications were not observed being administered to Resident #2.</p> <p>Interview with the Administrator on 02/14/23 at 9:35am revealed: -She administered Resident #2 his morning medications including his insulin that morning (02/14/23) while all the other residents were eating breakfast. -Resident #2 did not want to eat at that time and went outside to smoke a cigarette instead.</p> <p>a. Review of Resident #2's current FL-2 dated 01/12/23 revealed an order for Tresiba 30 units</p>	C 330		

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C 330	<p>Continued From page 58</p> <p>twice daily before breakfast and dinner and to check finger stick blood sugars (FSBS) every morning. (Tresiba is a long-acting insulin used to lower blood glucose.)</p> <p>Observation of Resident #2's medications on hand on 02/10/23 at 10:26am revealed: -There were 2 Tresiba 200 units/3 milliliters (ml) pens in a pharmacy bag with a prescription label indicating they were dispensed on 09/09/22. -There were 2 Tresiba 200 units/3ml pens in a pharmacy bag with a prescription label indicating they were dispensed on 01/12/23.</p> <p>Review of Resident #2's November 2022 medication administration record (MAR) revealed: -There was a handwritten entry for Tresiba 30 units twice daily at 8:00am and 3:00pm. -There was documentation doses of Tresiba were administered at 8:00am and 3:00pm daily on 11/01/22 through 11/30/22.</p> <p>Review of Resident #2's December 2022 MAR revealed: -There was a handwritten entry for Tresiba 30 units twice daily at 8:00am and 3:00pm. -There was documentation doses of Tresiba were administered at 8:00am and 3:00pm daily on 12/01/22 through 12/31/22.</p> <p>Review of Resident #2's January 2023 MAR revealed: -There was a handwritten entry for Tresiba 30 units twice daily at 8:00am and 3:00pm. -There was documentation doses of Tresiba 30 units were administered at 8:00am and 3:00pm daily on 01/01/23 through 01/12/23. -There was a second handwritten entry for Tresiba 33 units twice daily at 8:00am and 3:00pm.</p>	C 330		

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C 330	<p>Continued From page 59</p> <p>-There was documentation doses of Tresiba 33 units were administered at 8:00am and 3:00pm daily on 01/13/23 through 01/31/23.</p> <p>-There were 18 FSBS results documented on the back of the MAR dated 01/13/23 through 01/31/23.</p> <p>-The FSBS results ranged from 67 to 147.</p> <p>Observation of Resident #2's glucometer on 02/10/23 at 4:44pm revealed:</p> <p>-There was a result of 347 on 01/11/23 at 3:40pm.</p> <p>-There was a result of 348 on 01/11/23 at 6:40pm.</p> <p>Review of Resident #2's record revealed there was no order for Tresiba 33 units twice daily.</p> <p>Review of Resident #2's February 2023 MAR revealed:</p> <p>-There was a handwritten entry for Tresiba 33 units twice daily at 8:00am and 3:00pm.</p> <p>-There was documentation doses of Tresiba 33 units were administered at 8:00am and 3:00pm daily from 02/01/23 through 02/09/23 and on 02/10/23 at 8:00am.</p> <p>-There were 10 FSBS results documented on the back of the MAR dated 01/13/23 through 01/31/23.</p> <p>-The FSBS results ranged from 73 to 150.</p> <p>Telephone interview with a pharmacist from Resident #2's pharmacy on 02/14/23 at 10:15am revealed:</p> <p>-Tresiba 30 units twice daily with meals was most recently ordered on 08/24/22.</p> <p>-The pharmacy dispensed Tresiba 2 pens or 6 ml on 09/09/22, 09/29/22, 11/10/22 and 01/13/23.</p> <p>-Two pens (6ml) would last approximately 10 days at 30 units twice daily.</p>	C 330		

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C 330	<p>Continued From page 60</p> <p>-Tresiba was used to lower blood glucose levels in persons who had type II diabetes mellitus.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed:</p> <p>-When Resident #2 first came to the facility he had a large amount of medications.</p> <p>-She always used the oldest medications first and that was why he had extra Tresiba pens.</p> <p>b. Review of Resident #2's current FL-2 dated 01/12/23 revealed an order for amlodipine 5mg daily. (Amlodipine is used to treat high blood pressure.)</p> <p>Observation of Resident #2's medications on hand on 02/13/23 at 3:46pm revealed:</p> <p>-There was a prescription bottle with a pharmacy label for amlodipine 5mg daily.</p> <p>-The label indicated 90 tablets were dispensed on 11/18/22.</p> <p>-The bottle was approximately 1/4 full.</p> <p>-There was a prescription bottle with a pharmacy label for amlodipine 5mg daily.</p> <p>-The label indicated 90 tablets were dispensed on 01/20/23.</p> <p>-The bottle was approximately full.</p> <p>Review of Resident #2's November 2022 medication administration record (MAR) revealed:</p> <p>-There was a handwritten entry for amlodipine 5mg daily at 8:00am.</p> <p>-There was documentation of amlodipine 5mg was administered at 8:00am daily on 11/01/22 through 11/30/22.</p> <p>Review of Resident #2's December 2022 MAR revealed:</p> <p>-There was a handwritten entry for amlodipine 5mg daily at 8:00am.</p>	C 330		

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C 330	<p>Continued From page 61</p> <p>-There was documentation amlodipine 5mg was administered at 8:00am daily on 12/01/22 through 12/31/22.</p> <p>Review of Resident #2's January 2023 MAR revealed: -There was a handwritten entry for amlodipine 5mg daily at 8:00am. -There was documentation amlodipine 5mg was administered at 8:00am daily on 01/01/23 through 01/31/23.</p> <p>Review of Resident #2's February 2023 MAR revealed: -There was a handwritten entry for amlodipine 5mg daily at 8:00am. -There was documentation amlodipine 5mg was administered at 8:00am daily 02/01/23 through 02/10/23.</p> <p>Telephone interview with a pharmacist from Resident #2's pharmacy on 02/14/23 at 10:15am revealed: -Amlodipine 5mg daily was most recently ordered on 08/24/22 to treat high blood pressure. -The pharmacy dispensed 90 tablets of amlodipine 5mg for Resident #2 on 08/24/22, 11/18/22, and 01/20/23.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed: -When Resident #2 first came to the facility he had a large amount of medications. -She always used the oldest medications first. -She poured the new medication into the old prescription bottle when she picked up new prescription bottles.</p> <p>c. Review of Resident #2's current FL-2 dated 01/12/23 revealed an order for aspirin 81mg daily.</p>	C 330		

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C 330	<p>Continued From page 62</p> <p>(Aspirin is used as a blood thinner.)</p> <p>Observation of Resident #2's medications on hand on 02/13/23 at 3:46pm revealed:</p> <ul style="list-style-type: none"> -There was a prescription bottle with a pharmacy label for aspirin 81mg daily. -The label indicated 30 tablets were dispensed on 08/26/21. -The bottle was approximately 1/4 full. <p>Review of Resident #2's November 2022 medication administration record (MAR) revealed:</p> <ul style="list-style-type: none"> -There was a handwritten entry for aspirin 81mg daily at 8:00am. -There was documentation aspirin 81mg was administered at 8:00am daily on 11/01/22 through 11/30/22. <p>Review of Resident #2's December 2022 MAR revealed:</p> <ul style="list-style-type: none"> -There was a handwritten entry for aspirin 81mg daily at 8:00am. -There was documentation aspirin 81mg was administered at 8:00am daily on 12/01/22 through 12/31/22. <p>Review of Resident #2's January 2023 MAR revealed:</p> <ul style="list-style-type: none"> -There was a handwritten entry for aspirin 81mg daily at 8:00am. -There was documentation doses of aspirin were administered at 8:00am daily 01/01/23 through 01/31/23. <p>Review of Resident #2's February 2023 MAR revealed:</p> <ul style="list-style-type: none"> -There was a handwritten entry for aspirin 81mg daily at 8:00am. -There was documentation doses of aspirin were administered at 8:00am daily 02/01/23 through 	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL024017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/14/2023
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NAME OF PROVIDER OR SUPPLIER ROBIN'S NEST FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1514 SUNSET TERRACE WHITEVILLE, NC 28472
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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 330	<p>Continued From page 63</p> <p>02/10/23.</p> <p>Telephone interview with a pharmacist from Resident #2's pharmacy on 02/14/23 at 10:15am revealed:</p> <ul style="list-style-type: none"> -The pharmacy last received an order for aspirin for Resident #2 on 02/25/21. -Aspirin could be purchased over the counter as well or it could have been discontinued. -The pharmacy last dispensed aspirin for Resident #2 on 08/26/21. -Aspirin was used as a preventative therapy for heart problems and as a blood thinner. <p>Interview with the Administrator on 02/14/23 at 11:24am revealed:</p> <ul style="list-style-type: none"> -The aspirin was cheaper to get from the local store over the counter. -She bought over the counter aspirin and poured it into the prescription bottle because the prescription bottle had his name on it. <p>d. Review of Resident #2's current FL-2 dated 01/12/23 revealed an order for famotidine 20mg twice daily. (Famotidine is used to treat gastro-esophageal reflux disease.)</p> <p>Observation of Resident #2's medications on hand on 02/13/23 at 3:46pm revealed:</p> <ul style="list-style-type: none"> -There was a prescription bottle with a pharmacy label for famotidine 20mg twice daily. -The label indicated 180 tablets were dispensed on 08/24/22. -The bottle was approximately 1/3 full. -There was a prescription bottle with a pharmacy label for famotidine 20mg twice daily. -The label indicated 180 tablets were dispensed on 11/21/22. -The bottle was approximately full. -There was a prescription bottle with a pharmacy 	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL024017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/14/2023
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NAME OF PROVIDER OR SUPPLIER ROBIN'S NEST FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1514 SUNSET TERRACE WHITEVILLE, NC 28472
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C 330	<p>Continued From page 64</p> <p>label for famotidine 20mg twice daily. -The label indicated 180 tablets were dispensed on 01/23/23. -The bottle was approximately full.</p> <p>Review of Resident #2's November 2022 medication administration record (MAR) revealed: -There was a handwritten entry for famotidine 20mg twice daily at 8:00am and 8:00pm. -There was documentation doses of amlodipine were administered at 8:00am and 8:00pm daily 11/01/22 through 11/30/22.</p> <p>Review of Resident #2's December 2022 MAR revealed: -There was a handwritten entry for famotidine 20mg twice daily at 8:00am and 8:00pm. -There was documentation doses of famotidine were administered at 8:00am and 8:00pm daily 12/01/22 through 12/31/22.</p> <p>Review of Resident #2's January 2023 MAR revealed: -There was a handwritten entry for famotidine 20mg twice daily at 8:00am and 8:00pm. -There was documentation doses of famotidine were administered at 8:00am and 8:00pm daily 01/01/23 through 01/31/23.</p> <p>Review of Resident #2's February 2023 MAR revealed: -There was a handwritten entry for famotidine 20mg twice daily at 8:00am and 8:00pm. -There was documentation doses of famotidine were administered at 8:00am and 8:00pm daily 02/01/23 through 8:00am on 02/10/23.</p> <p>Telephone interview with a pharmacist from Resident #2's pharmacy on 02/14/23 at 10:15am revealed:</p>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL024017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/14/2023
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NAME OF PROVIDER OR SUPPLIER ROBIN'S NEST FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1514 SUNSET TERRACE WHITEVILLE, NC 28472
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C 330	<p>Continued From page 65</p> <p>-Famotidine 20mg twice daily was most recently ordered for Resident #2 on 08/24/22.</p> <p>-The pharmacy dispensed 180 famotidine tablets for Resident #2 on 08/24/22, 11/21/22, and 01/23/23.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed:</p> <p>-When Resident #2 first came to the facility he had a large amount of medications.</p> <p>-She always used the oldest medications first.</p> <p>-She poured the new medication into the old prescription bottle when she picked up new prescription bottles.</p> <p>Telephone interview with a pharmacist from Resident #2's pharmacy on 02/14/23 at 10:15am revealed:</p> <p>-There was no record of Resident #2 being on automatic refills for any medications.</p> <p>-Prescriptions were filled by the pharmacy the same day the order was received by the pharmacy.</p> <p>Interview with the Administrator on 02/14/23 at 11:24am revealed:</p> <p>-Resident #2 had been at the facility for more than one year.</p> <p>-She thought Resident #2's refills were automatic because she got a call from the pharmacy reminding her that prescriptions were ready for pick up.</p> <p>-She did not add Resident #2 to the contracted pharmacy because he was only supposed to be at the facility temporarily.</p> <p>Attempted interview with Resident #2's Primary Care Provider on 02/10/23 at 1:45pm and 02/14/23 at 10:39am were unsuccessful.</p>	C 330		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL024017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/14/2023
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NAME OF PROVIDER OR SUPPLIER ROBIN'S NEST FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1514 SUNSET TERRACE WHITEVILLE, NC 28472
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C 330	<p>Continued From page 66</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable.</p> <p>_____</p> <p>The facility failed to administer medications including a long-acting insulin, antihypertensive, anti-reflux and a preventative blood thinner as ordered by the primary care provider (PCP) for Resident #2 which was detrimental to the health, safety and welfare of the resident and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/14/23 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 31, 2023.</p>	C 330		