

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL035034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2023
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NAME OF PROVIDER OR SUPPLIER HOUSE OF BLESSINGS AT SUTTON RD	STREET ADDRESS, CITY, STATE, ZIP CODE 1359 SUTTON ROAD LOUISBURG, NC 27549
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an Annual and Follow-Up Survey on 09/14/23-09/15/23 with a telephone exit on 09/15/23.	C 000		
1 C 007	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Facility Services, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations. (e) The licensee or the licensee's designee shall notify the Division of Facility Services if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the	C 007	See Attached	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

FBademola

TITLE

Administrator

(X6) DATE

10/09/23

STATE FORM

6899

6Q8H11

If continuation sheet 1 of 71

Received, reviewed, and acknowledged on 10/20/23, *Kg*

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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 007	<p>Continued From page 1</p> <p>Division of Facility Services for review of any possible changes that may be required to the building.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to notify the Division of Health Service Regulation (DHSR) that the resident's evacuation capabilities were different from the evacuation capabilities listed on the facility's license for 4 of 6 sampled residents (#1, #2, #3, and #6) who required verbal prompting to exit the facility during a fire drill (#2, #3, #6) and one resident who required physical assistance to exit the facility (#1).</p> <p>The findings are:</p> <p>Review of the facility's current license effective 01/01/23 revealed the facility was licensed for 6 ambulatory residents.</p> <p>* Observation of the facility on 09/14/23 at 7:30am revealed 6 residents resided in the facility.</p> <p>Review of the facility's fire rehearsal schedule revealed: -A fire rehearsal form was dated 03/14/23; the system was activated at 6:00am; the origination of the alarm was documented as a smoke detector, heat detector, and pull station, and the description of the situation was everyone was awake and time to exit the house was 4 minutes. -A fire rehearsal form was dated 06/30/23; the system was activated at 7:45am; the origination</p>	C 007		
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C 007	<p>Continued From page 2</p> <p>of the alarm was documented as a smoke detector and the description of the situation was everyone was awake and the time to exit the house was 2 minutes.</p> <p>-A fire rehearsal form was dated 09/01/23; the system was activated at 7:00am; the origination of the alarm was not documented, and the description of the situation was everyone moved very safely to the location and exit time was 4 minutes; it was documented verbally informed.</p> <p>-A fire rehearsal form was dated 09/05/23; the system was activated at 6:00am; the origination of the alarm was documented as a smoke detector and the description of the situation was everyone was awake and moved outside as quickly as they could; there was no exit time documented.</p> <p>Telephone interview with the facility's Owner/Administrator on 09/14/23 at 6:38pm revealed:</p> <p>-Fire drills were conducted every three months.</p> <p>-The process was to use an alarm on the telephone.</p> <p>-The residents were to move out of the facility in two minutes.</p> <p>-All the residents exited the facility without assistance when she conducted a fire drill.</p> <p>-She last conducted a fire drill sometime in late 2022.</p> <p>-When the fire drill was conducted, she "screamed fire, fire, fire."</p> <p>-She did not know she could not tell the residents they needed to exit the facility.</p> <p>-She did not need to contact construction because the residents could exit the facility.</p>	C 007		
2 C 022	10A NCAC 13G .0302 (b) Design And Construction	C 022	See Attached	

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C 022 Continued From page 3

10A NCAC 13G .0302 Design And Construction

(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.

This Rule is not met as evidenced by:
TYPE B VIOLATION

Based on observations, interviews, and record reviews, the facility failed to ensure the residents' evacuation capabilities were in accordance with the evacuation capability listed on the facility's current license for 4 of 6 sampled residents (#1, #2, #3, and #6) including one resident who had a diagnosis of dementia and did not respond to the fire drill (#1), one resident who was legally blind and required physical assistance to exit the facility during a fire drill (#2), one resident who had a diagnosis of dementia and was hard of hearing and did not respond to the fire drill (#3) and one resident who did not speak English and did not respond to the fire drill (#6).

The findings are:

Review of the facility's current license effective 01/01/23 revealed the facility was licensed for 6 ambulatory residents.

Review of the facility's fire rehearsal schedule revealed:
-A fire rehearsal form was dated 03/14/23; the system was activated at 6:00am, the origination

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C 022	<p>Continued From page 4</p> <p>of the alarm was documented as a smoke detector, heat detector, and pull station, and the description of the situation was everyone was awake and time to exit the house was 4 minutes.</p> <p>-A fire rehearsal form was dated 06/30/23; the system was activated at 7:45am, the origination of the alarm was documented as a smoke detector and the description of the situation was everyone was awake and the time to exit the house was 2 minutes.</p> <p>-A fire rehearsal form was dated 09/01/23; the system was activated at 7:00am, the origination of the alarm was not documented, and the description of the situation was everyone moved very safely to the location and exit time was 4 minutes; it was documented verbally informed.</p> <p>-A fire rehearsal form was dated 09/05/23; the system was activated at 6:00am, the origination of the alarm was documented as a smoke detector and the description of the situation was everyone was awake and moved outside as quickly as they could; there was no exit time documented.</p> <p>Interview with the Supervisor in Charge (SIC) on 09/14/23 at 1:58pm revealed:</p> <p>-She performed fire drills at the facility.</p> <p>-She used an app (a software package that allowed users to perform specific tasks from their telephone or computer) on her telephone that was for fire alarms.</p> <p>-She stood in the hallway and sounded the app for the fire alarm.</p> <p>-No one responded until she stated, "Fire drill." Then all the residents but two [named] residents exited the facility; two of the residents needed assistance exiting the facility.</p> <p>Telephone interview with the facility's Owner/Administrator on 09/14/23 at 6:38pm</p>	C 022		
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C 022	<p>Continued From page 5</p> <p>revealed:</p> <ul style="list-style-type: none"> -Fire drills were conducted every three months. -The process was to use an alarm on the telephone. -The residents were to move out of the facility in two minutes. -All the residents exited the facility without assistance when she conducted a fire drill. -She last conducted a fire drill sometime in late 2022. -When the fire drill was conducted, she "screamed fire, fire, fire." <p>1. Review of Resident #2's current FL-2 dated 11/14/22 revealed:</p> <ul style="list-style-type: none"> -Diagnoses listed were not legible. -The resident's sight was limited. <p>Review of Resident #2's Resident Register revealed:</p> <ul style="list-style-type: none"> -There was an admission date of 01/25/23. -There was a handwritten note the resident was legally blind. <p>Review of Resident #2's assessment and care plan dated 01/25/23 revealed:</p> <ul style="list-style-type: none"> -The resident was legally blind. -There resident was always disoriented and was forgetful and needed reminders. -The resident required limited assistance from staff with eating, toileting, ambulation/locomotion, bathing, dressing, grooming/personal hygiene, and transferring. -The care plan was signed by Resident #2's PCP on 06/02/23. <p>Review of Resident #2's Primary Care Provider (PCP) after visit summary dated 06/02/23 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included blindness, schizoaffective 	C 022		

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C 022	<p>Continued From page 6</p> <p>disorder, and mild vascular dementia with psychotic disturbances. -Current medication included Aricept (a cognition-enhancing medication used to treat dementia).</p> <p>Observations of the facility on 09/14/23 at various times between 7:30am-7:45am and 4:00pm-6:30pm revealed Resident #2 was assisted by the SIC when walking from one place to another both inside and outside the facility.</p> <p>Observations of the facility on 09/14/23 at 5:12pm and 5:24pm revealed: -The fire alarm was sounded by the SIC at 5:12pm using the app on her telephone. -Resident #2 was sitting in the living room. -Resident #2 remained seated. -A second fire alarm was sounded by the SIC at 5:24pm by activating the smoke alarm and the resident remained seated in the living room.</p> <p>Interview with Resident #2 on 09/14/23 at 5:27pm revealed: -He was considered legally blind though he could see some out of his right eye in "good light." -He heard the fire alarm go off today, 09/14/23. -He did not exit the facility because the SIC usually took him out of the facility during fire drills. -He could try to exit the facility on his own but did not know if he could or not.</p> <p>Interview with another resident on 09/14/23 at 5:33pm revealed Resident #2 was assisted by other residents because the resident was blind.</p> <p>Interviews with the SIC on 09/14/23 at 12:04pm and 1:58pm revealed: -Resident #2 smoked on the front porch of the facility because he could not go down the steps</p>	C 022		
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C 022	<p>Continued From page 7</p> <p>into the garage without assistance to go to the smoking area out back with the other residents. -Resident #2 needed assistance because he was blind. -Resident #2 could not get from his room to the front of the facility without assistance.</p> <p>Telephone interview with the facility's Owner/Administrator on 09/14/23 at 6:38pm revealed: -She was aware staff had to walk with Resident #2. -Resident #2 was not blind and could see because she saw him count his money when she gave it to him, and he described her when she asked him what she looked like.</p> <p>Telephone interview with the Director of a local Adult Day Program on 09/15/23 at 8:25am revealed: -Resident #2 needed a lot of assistance from staff because he had to be constantly guided at the day program. -To keep Resident #2 safe, the resident would need assistance to leave the facility during a fire.</p> <p>Attempted telephone interview with Resident #2's PCP on 09/14/23 at 4:18pm was unsuccessful.</p> <p>2. Review of Resident #1's FL-2 dated 10/10/22 revealed: -Diagnoses included neurocognitive, schizophrenia, and bilateral hearing loss. -Resident #1 was intermittently disoriented. -Resident #1 wandered. -Current medications include Aricept and Namenda (both are cognition-enhancing medications used to treat dementia).</p> <p>Review of Resident #1's most current care plan</p>	C 022		
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C 022	<p>Continued From page 8</p> <p>dated 11/06/20 revealed:</p> <ul style="list-style-type: none"> -The resident was sometimes disoriented. -The resident was sometimes forgetful and needed reminders. -Resident #1 heard loud voices and sounds. -Resident #1 needed limited assistance with eating, toileting, and transferring ambulation, bathing, dressing, and grooming. -The care plan was signed by the PCP on 11/06/20. <p>Review of Resident #1's PCP's after-visit summary dated 02/13/23 revealed:</p> <ul style="list-style-type: none"> -Resident #1 was accompanied by the SIC who reported the resident's memory was getting worse. -Resident #1 would sometimes forget what room in the facility was his room. <p>Review of Resident #1's emergency department after-visit summary dated 08/09/23 revealed the resident had a diagnosis of dementia.</p> <p>Observation of the facility on 09/14/23 at 1:58pm revealed:</p> <ul style="list-style-type: none"> -The SIC used her telephone to activate the sound of a fire alarm at 1:58pm. -Resident #1 exited the bathroom, walked into the living room, and sat down. -The fire alarm was audible in the bathroom/living room area. <p>Observations of the facility on 09/14/23 at 5:12pm and 5:24pm revealed:</p> <ul style="list-style-type: none"> -The fire alarm was sounded by the SIC at 5:12pm using the app on her telephone. -Resident #1 was sitting in the living room. -Resident #1 remained seated. -A second fire alarm was sounded by the SIC at 5:24pm by activating the smoke alarm and the 	C 022		

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C 022	<p>Continued From page 9</p> <p>resident remained seated in the living room.</p> <p>Interview with Resident #1 on 09/14/23 at 2:10pm revealed: -Resident #1 did not know what year it was or what month; he thought it was the spring. -He had not heard a fire alarm today, 09/14/23, and he did not recall the last time he heard a fire alarm. -If he heard a smoke detector alarm he would look to see where the alarm was coming from, and he would then tell someone else to see where it was coming from.</p> <p>Interviews with the SIC on 09/14/23 at 12:04pm and 1:58pm revealed: -Resident #1 had dementia "bad" and would keep asking the same questions. -When she did the fire drill in September 2023, Resident #1 did not come out of his room, and she had to go get him because he could not hear.</p> <p>Interview with another resident on 09/14/23 at 5:33pm revealed: -Resident #1 needed help because he had "Alzheimer's disease." -Resident #1 got lost in the facility. -Resident #1 would walk toward the road and had to be told to come back to the facility so he did not get hit by a car.</p> <p>Telephone interview with the facility's Owner/Administrator on 09/14/23 at 6:38pm revealed: -Resident #1 had memory problems. -She was aware Resident #1's memory had worsened. -Resident #1 did not respond to the first fire drill today, 09/14/23, at 1:58pm because there were no other residents at the facility.</p>	C 022		
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C 022	<p>Continued From page 10</p> <ul style="list-style-type: none"> -Fire drills needed to be done when other residents were at the facility because Resident #1 would follow what the other residents did. <p>Telephone interview with the Director of a local Adult Day Program on 09/15/23 at 8:25am revealed:</p> <ul style="list-style-type: none"> -Resident #1's memory had "been off" for a while. -Resident #1 needed constant supervision. -Resident #1 would hear the fire alarm but he would not know he needed to get out of the facility. -Resident #1 would not comprehend what he needed to do during a fire drill. -If Resident #1 saw other residents leave the facility, he would follow what they were doing. <p>Attempted telephone interview with Resident #1's PCP on 09/14/23 at 4:20pm was unsuccessful.</p> <p>3. Review of Resident #3's FL-2 dated 10/10/22 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included dementia and schizophrenia. -The resident wandered. -Current medication included Aricept (a cognition-enhancing medication used to treat dementia). <p>Review of Resident #3's Resident Register revealed an admission date of 12/02/08.</p> <p>Review of Resident #3's care plan dated 11/09/22 revealed:</p> <ul style="list-style-type: none"> -The resident was sometimes disoriented. -The resident was forgetful and needed reminders. -The resident could hear loud sounds and voices. -The resident required limited assistance from staff with eating, toileting, ambulation/locomotion, 	C 022		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL035034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2023
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NAME OF PROVIDER OR SUPPLIER HOUSE OF BLESSINGS AT SUTTON RD	STREET ADDRESS, CITY, STATE, ZIP CODE 1359 SUTTON ROAD LOUISBURG, NC 27549
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(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
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C 022	<p>Continued From page 11</p> <p>bathing, dressing, grooming/personal hygiene, and transferring. -The care plan was signed by Resident #3's PCP on 11/10/22.</p> <p>Observations of the facility on 09/14/23 at 5:12pm and 5:24pm revealed: -The fire alarm was sounded by the SIC at 5:12pm using the app on her telephone. -Resident #3 was sitting in the living room. -Resident #3 remained seated. -A second fire alarm was sounded by the SIC at 5:24pm by activating the smoke alarm and the resident remained seated in the living room.</p> <p>Interviews with the SIC on 09/14/23 at 12:04pm and 1:58pm revealed: -When she started working at the facility, she noticed Resident #3 could not hear and she told the Administrator he needed hearing aids. -She had to yell at Resident #3 for him to hear. -She had not noticed any problems with Resident #3's memory, and he had not had any issues with wandering. -When she did the fire drill in September 2023, Resident #3 did not come out of his room, and she had to go get him because he could not hear.</p> <p>Telephone interview with the Owner/Administrator on 09/14/23 at 6:38pm revealed Resident #3 could not hear but when he saw other residents exiting the facility he would leave too.</p> <p>Telephone interview with the Director of a local Adult Day Program on 09/15/23 at 8:25am revealed: -Resident #3 could not hear. -Resident #3 seemed to comprehend if he heard what was being said, but he had difficulty hearing unless she yelled.</p>	C 022	<p><i>David</i></p> <p><i>Hearing aid</i></p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL035034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2023
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NAME OF PROVIDER OR SUPPLIER HOUSE OF BLESSINGS AT SUTTON RD	STREET ADDRESS, CITY, STATE, ZIP CODE 1359 SUTTON ROAD LOUISBURG, NC 27549
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C 022	<p>Continued From page 12</p> <p>-If Resident #3 saw other residents move during a fire drill he would move too. -Her biggest concern was Resident #3 would not be able to hear a fire alarm.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #3 was not interviewable.</p> <p>Attempted telephone interview with Resident #3's PCP on 09/14/23 at 4:18pm was unsuccessful.</p> <p>4. Review of Resident #6's current FL-2 dated 01/12/23 revealed: -Diagnoses included schizoaffective disease, bipolar, and seizures. -Resident #6 was intermittently disoriented.</p> <p>Review of Resident #6's care plan dated 01/12/23 revealed: -The resident was sometimes disoriented. -The resident was forgetful and needed reminders. -Resident #6's communication method was documented as weak. -Resident #6 needed limited assistance with eating, toileting, and transferring ambulation, bathing, dressing, and grooming. -The care plan was signed by Resident #6's PCP on 01/12/23.</p> <p>Observations of the facility on 09/14/23 at 5:12pm and 5:24pm revealed: -The fire alarm was sounded by the SIC at 5:12pm using the app on her telephone. -Resident #6 was sitting in the living room. -Resident #6 remained seated. -A second fire alarm was sounded by the SIC at 5:24pm by activating the smoke alarm and the resident remained seated in the living room.</p>	C 022	<p style="text-align: center; color: yellow;">outside</p>	
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C 022	<p>Continued From page 13</p> <p>Interviews with the SIC on 09/14/23 at 7:36am and 6:27pm revealed: -Resident #6 spoke Spanish. -It was hard to tell if Resident #6 was confused or if he did not understand what he was being told. -She thought he could understand others, but others could not understand him. -It was like following the leader with Resident #6, he went with everyone else when the fire alarm sounded.</p> <p>Telephone interview with the Owner/Administrator on 09/14/23 at 6:38pm revealed Resident #6 would leave the facility when he saw other residents exiting the facility.</p> <p>Telephone interview with the Director of a local Adult Day Program on 09/15/23 at 8:25am revealed: -Resident #6 spoke Spanish and had a hard time communicating. -If Resident #6 saw other residents move during a fire drill he would move too. -She did not know if Resident #6 knew what a fire alarm was and what he needed to do when he heard it.</p> <p>Attempted interview with Resident #6 on 09/14/23 at 7:40am was unsuccessful.</p> <p>Attempted telephone interview with Resident #6's PCP on 09/14/23 at 4:18pm was unsuccessful.</p> <p>The facility failed to ensure the building was equipped and maintained in accordance with the facility's licensed capacity to allow residents residing in the facility, who had cognitive deficits (#1,#3, and #4) and a resident who was legally blind (#2) to evacuate the facility independently in</p>	C 022	<p><i>lie</i></p> <p><i>lie</i></p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL035034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2023
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C 022	<p>Continued From page 14</p> <p>case of an emergency such as a fire. This failure was detrimental to the health, safety, and well-being of the residents 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 09/14/23 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 30, 2023.</p>	C 022		
3 C 069	<p>10A NCAC 13G .0312(g) Outside Entrance And Exits</p> <p>10A NCAC 13G .0312 Outside Entrance and Exits</p> <p>(g) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door for resident use shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the bedroom of the person on call, the office area or in a location accessible only to staff authorized by the administrator to operate the control panel.</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 three exterior exit doors had an alarm that was activated and sounded when the storm door on the front of the</p>	C 069	See Attached	

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C 069	<p>Continued From page 15</p> <p>facility, the kitchen door into the garage, and the back door off the garage were opened, had a working alarm that was of sufficient volume that could be heard by staff when activated to alert staff for 6 of 6 residents (#1, #2, #3, #4, #5, and #6), including two residents who wandered (#1, #3) and three residents who were sometimes disoriented (#4, #5, #6) and a resident who was always disoriented (#2).</p> <p>The findings are:</p> <p>Observation of the front entrance to the facility on 09/14/23 at various times between 7:30am-6:40pm revealed:</p> <ul style="list-style-type: none"> -The exterior door (solid wooden door) to the facility was opened the entire day and the storm door (full glass door) was closed; the residents used the storm door to enter and exit the facility. -The exterior wooden door had an alarm that sounded when the door was opened and closed as demonstrated by the Supervisor in Charge (SIC). -Multiple residents were going in and out of the facility using the storm door. -No alarm sounded when the storm door to the facility was opened and closed. <p>Observation of the door off the kitchen area on 09/14/23 at various times between 7:30am-6:40pm revealed:</p> <ul style="list-style-type: none"> -The kitchen door exited into the garage and when opened a soft, barely audible, one-time beep sound could be heard. -Residents were observed going in and out of the facility using the kitchen door to go into the garage area; no alarm was heard when they exited the kitchen area into the garage. <p>Observation of the garage area on 09/14/23 at</p>	C 069		

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C 069	<p>Continued From page 16</p> <p>various times between 7:30am-6:40am revealed: -Inside the garage, there was a door that exited to the outside that had an alarm attached to the top corner of the door. -No sound was heard when the door was opened.</p> <p>Observation of the facility on 09/14/23 at 7:50pm revealed the Owner replaced the battery in the door to the garage and a long, loud beeping sound could be heard throughout the facility.</p> <p>1. Review of Resident #1's FL-2 dated 10/10/22 revealed: -Diagnoses included neurocognitive, schizophrenia, and bilateral hearing loss. -Resident #1 was intermittently disoriented. -Resident #1 wandered.</p> <p>Review of Resident #1's Primary Care Provider's (PCP) after-visit summary dated 02/13/23 revealed: -Resident #1 was accompanied by the SIC who reported the resident's memory was getting worse. -Resident #1 would sometimes forget what room in the facility was his room.</p> <p>Review of Resident #1's care plan dated 08/26/19 revealed: -The resident was sometimes disoriented. -The resident had a significant loss of memory and had to be directed. -There was handwritten documentation that Resident #1's dementia appeared to be worsening and Resident #1 needed constant supervision. -Resident #1's care plan was signed by the PCP on 08/29/19.</p> <p>Review of Resident #1's care plan dated 11/06/20</p>	C 069		

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C 069	<p>Continued From page 17</p> <p>revealed:</p> <ul style="list-style-type: none"> -The resident was sometimes disoriented. -The resident was sometimes forgetful and needed reminders. -Resident #1's care plan was signed by the PCP on 11/06/20. <p>Observations of the facility on 09/14/23 at various times between 8:00am-8:55am revealed:</p> <ul style="list-style-type: none"> -At 8:00am, Resident #1 went out the front door; no alarm sounded. -The SIC was in the medication room until 8:08am, at which point she went outside. -At 8:42am, Resident #1 went out the front door; no alarm sounded. -The SIC was in the medication room and never went to check on Resident #1's whereabouts. -At 8:55am Resident #1 came back inside the facility; no alarm sounded. <p>Interview with a resident on 09/14/23 at 5:33pm revealed:</p> <ul style="list-style-type: none"> -The residents helped keep an eye on Resident #1 when they were outside. -Resident #1 had tried to walk to the store before and the staff had to bring him back, it was a couple of years ago. -Resident #1 went towards the road every day, and they would tell him he needed to come back. <p>Interview with Resident #1 on 09/14/23 at 2:10pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 did not know what year it was or what month; he thought it was the spring. -He had not heard any door alarms when he went outside of the facility. <p>Interview with the SIC on 09/14/23 at 12:04pm and 1:58pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 had dementia "bad" and would keep 	C 069		

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C 069	<p>Continued From page 18</p> <p>asking the same questions.</p> <p>-Resident #1 had not wandered from the facility that she was aware of.</p> <p>Telephone interview with the Director of a local Adult Day Program on 09/15/23 at 8:25am revealed:</p> <p>-Resident #1's memory had "been off" for a while.</p> <p>-Resident #1 talked about leaving the program but she positioned her staff and the resident where the staff could always see where he was.</p> <p>-Resident #1 needed constant supervision.</p> <p>Attempted telephone interview with Resident #1's PCP on 09/14/23 at 4:20pm was unsuccessful.</p> <p>Refer to the interviews with the SIC on 09/14/23 at 12:31pm and 5:14pm.</p> <p>Refer to the telephone interview with the Administrator on 09/14/23 at 6:38pm.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:46am.</p> <p>2. Review of Resident #2's current FL-2 dated 11/14/22 revealed diagnoses listed were not legible.</p> <p>Review of Resident #2's PCP after-visit summary dated 06/02/23 revealed diagnoses included blindness, schizoaffective disorder, and mild vascular dementia with psychotic disturbances.</p> <p>Review of Resident #2's assessment and care plan dated 01/25/23 revealed:</p> <p>-The resident was always disoriented and was forgetful and needed reminders.</p> <p>-The care plan was signed by Resident #2's PCP on 06/02/23.</p>	C 069		

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C 069	<p>Continued From page 19</p> <p>Interview with Resident #2 on 09/14/23 at 5:27pm revealed he did not hear door alarms when he went outside to smoke.</p> <p>Observation of the facility on 09/14/23 at various times between 7:30am-6:40pm revealed: -Resident #2 was accompanied in and out of the facility by the SIC. -Resident #2 would sit on the front porch to smoke.</p> <p>Attempted telephone interview with Resident #2's PCP on 09/14/23 at 4:18pm was unsuccessful.</p> <p>Refer to the interviews with the SIC on 09/14/23 at 12:31pm and 5:14pm.</p> <p>Refer to the telephone interview with the Administrator on 09/14/23 at 6:38pm.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:46am.</p> <p>3. Review of Resident #3's FL-2 dated 10/10/22 revealed: -Diagnoses included dementia and schizophrenia. -The resident wandered.</p> <p>Review of Resident #3's care plan dated 11/09/22 revealed: -The resident was sometimes disoriented. -The resident was forgetful and needed reminders. -The care plan was signed by Resident #3's PCP on 11/10/22.</p> <p>Observation of the facility on 09/14/23 at various times between 7:30am-6:40pm revealed</p>	C 069		
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C 069	<p>Continued From page 20</p> <p>Resident #3 would go in and out of the facility; there were no alarms heard when the resident went outside.</p> <p>Interviews with the SIC on 09/14/23 at 12:04pm and 1:58pm revealed she had not noticed any problems with Resident #3's memory, and he had not had any issues with wandering.</p> <p>Attempted telephone interview with Resident #3's PCP on 09/14/23 at 4:18pm was unsuccessful.</p> <p>Based on observations, interviews, and record reviews, Resident #3 was not interviewable.</p> <p>Refer to the interviews with the SIC on 09/14/23 at 12:31pm and 5:14pm.</p> <p>Refer to the telephone interview with the Administrator on 09/14/23 at 6:38pm.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:46am.</p> <p>4. Review of Resident #4's current FL-2 dated 10/20/22 revealed diagnoses included bipolar and an autoimmune disease.</p> <p>Review of Resident #4's Resident Register dated 10/25/22 revealed: -Resident #4 was admitted to the facility on 10/25/22. -Resident #4's was forgetful and needed reminders.</p> <p>Review of Resident #4's care plan dated 10/25/22 revealed: -The resident was sometimes disoriented. -The resident was forgetful and needed reminders.</p>	C 069		
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C 069	<p>Continued From page 21</p> <p>-The care plan was signed by the PCP on 11/09/22.</p> <p>Observation of the facility on 09/14/23 at various times between 7:30am-6:40pm revealed Resident #4 would go in and out of the facility; there were no alarms heard when the resident went outside.</p> <p>Interview with the SIC on 09/14/23 at 5:08pm revealed Resident #4's memory was "in and out."</p> <p>Attempted telephone interview with Resident #2's Primary Care Provider on 09/14/23 at 4:18pm was unsuccessful.</p> <p>Refer to the interviews with the SIC on 09/14/23 at 12:31pm and 5:14pm.</p> <p>Refer to the telephone interview with the Administrator on 09/14/23 at 6:38pm.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:46am..</p> <p>5. Review of Resident #5's current FL-2 dated 04/18/23 revealed diagnoses included stage III chronic kidney disease, diabetes, depression, and anxiety.</p> <p>Review of Resident #5's Resident Register dated 05/01/22 revealed: -Resident #5 was admitted to the facility on 05/01/22. -Resident #5's was forgetful and needed reminders.</p> <p>Review of Resident #5's care plan dated 05/01/22 revealed: -The resident was sometimes disoriented.</p>	C 069		

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C 069	<p>Continued From page 22</p> <p>-The resident was forgetful and needed reminders. -The PCP signed the care plan on 10/10/22.</p> <p>Interview with Resident #5 on 09/14/23 at 5:43pm revealed: -He sometimes heard the door alarms when he went outside, but not every time. -He did not know if the door alarms could be turned on and off, but he did not hear the alarm every time he went outside.</p> <p>Observation of the facility on 09/14/23 at various times between 7:30am-6:40pm revealed Resident #5 would go in and out of the facility; there were no alarms heard when the resident went outside.</p> <p>Attempted telephone interview with Resident #5's Primary Care Provider on 09/14/23 at 4:18pm was unsuccessful.</p> <p>Refer to the interviews with the SIC on 09/14/23 at 12:31pm and 5:14pm.</p> <p>Refer to the telephone interview with the Administrator on 09/14/23 at 6:38pm.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:46am.</p> <p>6. Review of Resident #6's current FL-2 dated 01/12/23 revealed: -Diagnoses included schizoaffective disease, bipolar, and seizures. -Resident #6 was intermittently disoriented.</p> <p>Review of Resident #6's care plan dated 01/12/23 revealed: -The resident was sometimes disoriented.</p>	C 069		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL035034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2023
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NAME OF PROVIDER OR SUPPLIER HOUSE OF BLESSINGS AT SUTTON RD	STREET ADDRESS, CITY, STATE, ZIP CODE 1359 SUTTON ROAD LOUISBURG, NC 27549
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(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 069	<p>Continued From page 23</p> <ul style="list-style-type: none"> -The resident was forgetful and needed reminders. -The care plan was signed by Resident #6's PCP on 01/12/23. <p>Observation of the facility on 09/14/23 at various times between 7:30am-6:40pm revealed Resident #6 would go in and out of the facility; there were no alarms heard when the resident went outside.</p> <p>Based on observations, interviews, and record reviews, Resident #6 was not interviewable</p> <p>Attempted telephone interview with Resident #6's PCP on 09/14/23 at 4:18pm was unsuccessful.</p> <p>Refer to the interviews with the SIC on 09/14/23 at 12:31pm and 5:14pm.</p> <p>Refer to the telephone interview with the Administrator on 09/14/23 at 6:38pm.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:46am.</p> <p>Interviews with the SIC on 09/14/23 at 12:31pm and 5:14pm revealed:</p> <ul style="list-style-type: none"> -The residents usually exited the front door to go to the Adult Day Program. -One of the residents went out the front door to smoke. -She opened the front door when she got up in the morning, around 6:00am. -The storm door was closed during the day but the door (wooden) was open. -She closed the front door every night after the residents smoked, around 7:00pm. -The front door to the facility had an alarm. -The other residents went out back to smoke. 	C 069		

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C 069	<p>Continued From page 24</p> <ul style="list-style-type: none"> -The residents who smoked out back used the door off of the kitchen that went into the garage and out to the back smoking area. -The exit door going into the garage usually went off when the door was opened. -She did not know why the alarm off the kitchen could not be heard today, 09/14/23. -She thought the door leading from the garage to the outside where the residents smoked had an alarm that sounded. -She had heard the alarm before but did not recall the last time she heard the alarm. -She kept the door open to her private room until she knew all the residents were in their rooms and/or asleep. -None of the residents got up during the night to go outside or to use the bathroom. <p>Telephone interview with the Owner/Administrator on 09/14/23 at 6:38pm revealed:</p> <ul style="list-style-type: none"> -The exit doors at the facility had alarms. -The front door had an alarm but the storm door at the main door was not alarmed. -There was no reason to have an alarm on the storm door. -The door in the kitchen that opened into the garage had an alarm so the staff would know when the residents went into the garage. -If the alarm on the kitchen door did not sound, it must be because it needed a battery. -The exit door off the back of the garage did not have an alarm, but the staff would know a resident was exiting the facility when the kitchen door alarm went off. -No one had ever wandered away. -The facility was a family care facility, and the residents had the right to "come and go" whenever they wanted to. -She would have alarms installed on all of the exit doors. 	C 069		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL035034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2023
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C 069	<p>Continued From page 25</p> <p>Telephone interview with the Owner/Administrator on 09/15/23 at 9:46am revealed there was no way to install an alarm on the storm door so the SIC was informed to keep the door with the alarm closed at all times.</p> <p>The facility failed to assure 3 of 3 exit doors were equipped with working sounding devices when the exit doors were opened for two residents (#1, #3) who were assessed, to wander and were sometimes disoriented; a third resident (#2) was assessed as always disoriented; and three residents (#4, #5, #6) who were assessed to be sometimes disoriented. This failure was detrimental to the safety and welfare of the residents and constitutes a Type B Violation.</p> <p>A plan of protection was requested on 09/20/23 in accordance with G.S. 131D-34 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 30, 2023.</p>	C 069	Life	
4 C 100	<p>10A NCAC 13G .0316 (e) Fire Safety And Disaster Plan</p> <p>10A NCAC 13G .0316 Fire Safety And Disaster Plan</p> <p>(e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.</p>	C 100	See Attached	

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C 100	<p>Continued From page 26</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the residents evacuated the facility without verbal prompting resulting in 5 of 6 residents (#1, #2, #3, #5, and #6) who did not respond to the fire drill.</p> <p>The findings are:</p> <p>Review of the facility's current license effective 01/01/23 revealed the facility was licensed for 6 ambulatory residents.</p> <p>Review of the facility's fire rehearsal schedule revealed: -A fire rehearsal form was dated 03/14/23; the system was activated at 6:00am; the origination of the alarm was documented as a smoke detector, heat detector, and pull station, and the description of the situation was everyone was awake and time to exit the house was 4 minutes. -A fire rehearsal form was dated 06/30/23; the system was activated at 7:45am; the origination of the alarm was documented as a smoke detector and the description of the situation was everyone was awake and the time to exit the house was 2 minutes. -A fire rehearsal form was dated 09/01/23; the system was activated at 7:00am; the origination of the alarm was not documented, and the description of the situation was everyone moved very safely to the location and exit time was 4 minutes; it was documented verbally informed. -A fire rehearsal form was dated 09/05/23; the system was activated at 6:00am; the origination of the alarm was documented as a smoke</p>	C 100		

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C 100	<p>Continued From page 27</p> <p>detector and the description of the situation was everyone was awake and moved outside as quickly as they could; there was no exit time documented.</p> <p>Interviews with the Supervisor in Charge (SIC) on 09/14/23 at 1:58pm and 5:14pm revealed:</p> <ul style="list-style-type: none"> -She performed fire drills at the facility. -She used an app (a software package that allowed users to perform specific tasks from their telephone or computer) on her telephone that was for fire alarms. -When she did a fire drill, she stood in the hallway and sounded the app for the fire alarm. -No one responded until she stated, "fire drill." Then, all the residents but two [named] residents exited the facility: two of the residents needed assistance exiting the facility. -She did not know she could not tell the residents it was a fire drill. <p>Telephone interview with the facility's Owner/Administrator on 09/14/23 at 6:38pm revealed:</p> <ul style="list-style-type: none"> -Fire drills were conducted every three months. -The process was to use an alarm on the telephone. -The residents were to move out of the facility in two minutes. -All the residents exited the facility without assistance when she conducted a fire drill. -She last conducted a fire drill sometime in late 2022. -When the fire drill was conducted, she "screamed fire, fire, fire." -She did not know she could not scream fire. <p>1. Review of Resident #2's current FL-2 dated 11/14/22 revealed diagnoses listed were not legible.</p>	C 100		

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C 100	<p>Continued From page 28</p> <p>Observations of the facility on 09/14/23 at 5:12pm and 5:24pm revealed: -The fire alarm was sounded by the SIC. -Resident #2 was sitting in the living room. -Resident #2 remained seated.</p> <p>Interview with Resident #2 on 09/14/23 at 5:27pm revealed: -He was considered legally blind though he could see some out of his right eye in "good light." -He heard the fire alarm go off today, 09/14/23. -He did not exit the facility because the SIC usually walked him out of the facility during fire drills. -He could try to exit the facility on his own but did not know if he could or not.</p> <p>Interview with the SIC on 09/14/23 at 1:58pm revealed she or another resident assisted Resident #2 by walking him out of the facility during fire drills.</p> <p>Telephone interview with the facility's Owner/Administrator on 09/14/23 at 6:38pm revealed: -She was aware staff had to walk with Resident #2. -Resident #2 was not blind and could see because she saw him count his money when she gave it to him, and he described her when she asked him what she looked like.</p> <p>2. Review of Resident #1's FL-2 dated 10/10/22 revealed: -Diagnoses included neurocognitive, schizophrenia, and bilateral hearing loss. -Resident #1 was intermittently disoriented.</p> <p>Observation of the facility on 09/14/23 at 1:58pm</p>	C 100		

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C 100	<p>Continued From page 29</p> <p>revealed:</p> <ul style="list-style-type: none"> -The SIC used her telephone to activate the sound of a fire alarm. -Resident #1 exited the bathroom, walked into the living room, and sat down. -The fire alarm was audible in the bathroom/living room area. <p>Observations of the facility on 09/14/23 at 5:12pm and 5:24pm revealed:</p> <ul style="list-style-type: none"> -The fire alarm was sounded by the SIC. -Resident #1 was sitting in the living room. -Resident #1 remained seated. <p>Interview with Resident #1 on 09/14/23 at 2:10pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 did not know what year it was or what month; he thought it was the spring. -He had not heard a fire alarm today, 09/14/23, and he did not recall the last time he heard a fire alarm. -If he heard a smoke detector alarm he would look to see where the alarm was coming from, and he would then tell someone else to see where it was coming from. <p>Interview with the SIC on 09/14/23 at 12:04pm and 1:58pm revealed when she did the fire drill in September 2023, Resident #1 did not come out of his room, and she had to go get him because he could not hear.</p> <p>Telephone interview with the facility's Owner/Administrator on 09/14/23 at 6:38pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 did not respond to the first fire drill today, 09/14/23, at 1:58pm because there were no other residents at the facility. -Fire drills needed to be done when other residents were at the facility because Resident #1 	C 100		

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C 100	<p>Continued From page 30</p> <p>would follow what the other residents did.</p> <p>3. Review of Resident #3's FL-2 dated 10/10/22 revealed diagnoses included dementia and schizophrenia.</p> <p>Observations of the facility on 09/14/23 at 5:12pm and 5:24pm revealed: -The fire alarm was sounded by the SIC. -Resident #3 was sitting in the living room. -Resident #3 remained seated.</p> <p>Interview with the SIC on 09/14/23 at 12:04pm and 1:58pm revealed when she did the fire drill in September 2023, Resident #3 did not come out of his room, and she had to go get him because he could not hear.</p> <p>Telephone interview with the Owner/Administrator on 09/14/23 at 6:38pm revealed Resident #3 could not hear but when he saw other residents exiting the facility he would leave too.</p> <p>Based on observations, interviews, and record reviews, Resident #3 was not interviewable.</p> <p>4. Review of Resident #6's current FL-2 dated 01/12/23 revealed diagnoses included schizoaffective disease, bipolar, and seizures.</p> <p>Observations of the facility on 09/14/23 at 5:12pm and 5:24pm revealed: -The fire alarm was sounded by the SIC. -Resident #6 was sitting in the living room. -Resident #6 remained seated.</p> <p>Interviews with the SIC on 09/14/23 at 7:36am and 6:27pm revealed: -Resident #6 spoke Spanish. -It was like following the leader with Resident #6;</p>	C 100		

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C 100	<p>Continued From page 31</p> <p>he went with everyone else when the fire alarm sounded.</p> <p>Telephone interview with the Owner/Administrator on 09/14/23 at 6:38pm revealed Resident #6 would leave the facility when he saw other residents exiting the facility.</p> <p>Telephone interview with the Director of a local Adult Day Program on 09/15/23 at 8:25am revealed: -If Resident #6 saw other residents move during a fire drill he would move too. -She did not know if Resident #6 knew what a fire alarm was and what he needed to do when he heard it.</p> <p>Based on observations, interviews, and record reviews, Resident #6 was not interviewable.</p> <p>5. Review of Resident #5's current FL-2 dated 04/18/23 revealed diagnoses included stage III chronic kidney disease, diabetes, depression, and anxiety.</p> <p>Observations of the facility on 09/14/23 at 5:12pm and 5:24pm revealed: -The fire alarm was sounded by the SIC. -Resident #5 was standing in the dining room on the telephone. -Resident #5 did not exit the facility.</p> <p>Interview with Resident #5 on 09/14/23 at 5:43pm revealed he heard the fire alarm but not one else exited the facility so he did not either.</p> <p>Telephone interview with the Owner/Administrator on 09/14/23 at 6:38pm revealed Resident #5 knew to exit the facility during a fire drill.</p>	C 100		

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C 145	Continued From page 32	C 145		
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled staff (A, B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry.</p> <p>The findings are:</p> <p>1. Review of Staff A's personnel record revealed there was no personnel record to review.</p> <p>Interview with Staff A on 09/14/23 at 2:15pm revealed: -She started working at the facility in mid-July 2023. -She worked at other facilities prior to this one.</p> <p>Telephone interview with Staff A on 09/15/23 at 9:33am revealed: -She was the Supervisor in Charge (SIC). -She did not know what the HCPR was or if hers had been checked.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:49am</p>	C 145	<p style="color: yellow; font-size: 2em; opacity: 0.5;">Live</p>	

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C 145	<p>Continued From page 33</p> <p>2. Review of Staff B's personnel record revealed there was no personnel record to review.</p> <p>Attempted telephone interview with Staff B on 09/15/23 at 9:36am was unsuccessful.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:49am</p> <p>Telephone interview with the Administrator on 09/15/23 at 9:49am revealed: -Personnel records were not at the facility; they were in her office. -She did not have time to fax the personnel records today, 09/15/23.</p> <p>The facility failed to ensure Staff A and Staff B did not have substantiated findings listed on the Health Care Personnel Registry (HCPR) prior to working at the facility. The facility's failure resulted in it being unknown if staff had substantiated findings on the HCPR, which was detrimental to the health, welfare, and safety of the resident and constitutes a Type B Violation.</p> <p>A plan of protection was requested on 09/20/23 in accordance with G.S. 131D-34 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 30, 2023.</p>	C 145	<p style="text-align: center;">LIV</p>	
6 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:</p>	C 147	See Attached	

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C 147	<p>Continued From page 34</p> <p>(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: TYPE B VIOLATION</p> <p>Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled staff (A, B) had a criminal background check completed upon hire.</p> <p>The findings are:</p> <p>1. Review of Staff A's personnel record revealed there was no personnel record to review.</p> <p>Interview with Staff A on 09/14/23 at 2:15pm revealed she had started working at the facility in mid-July 2023.</p> <p>Telephone interview with Staff A on 09/15/23 at 9:33am revealed: -She was the Supervisor in Charge (SIC). -When she completed her application, she signed a release to have a background check. -She did not know if a background check had been completed.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:49am.</p> <p>2. Review of Staff B's personnel record revealed there was no personnel record to review.</p> <p>Attempted telephone interview with Staff B on 09/15/23 at 9:36am was unsuccessful.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:49am.</p>	C 147	<p><i>See Attached</i></p> <p><i>lie</i></p> <p><i>lie</i></p>	

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C 147	<p>Continued From page 35</p> <p>Telephone interview with the Administrator on 09/15/23 at 9:49am revealed: -Personnel records were not at the facility; they were in her office. -She did not have time to fax the personnel records today, 09/15/23.</p> <p>The facility failed to ensure 2 of 2 staff had a criminal background check completed prior to hire. The facility's failure resulted in it being unknown if Staff A and Staff B had a criminal history which was detrimental to the safety and welfare of the residents and constitutes a Type B violation.</p> <p>A plan of protection was requested on 09/20/23 in accordance with G.S. 131D-34 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 30, 2023.</p>	C 147	Lie.	
C 148	<p>10A NCAC 13G .0406 (a)(8) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (8) have an examination and screening for the presence of controlled substances completed in accordance with G.S. 131D-45 and results available in the staff person's personnel file;</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p>	C 148		

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C 148	<p>Continued From page 36</p> <p>Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled staff (A, B) had an examination and screening for the presence of controlled substances completed upon hire.</p> <p>The findings are:</p> <p>1. Review of Staff A's personnel record revealed there was no personnel record to review.</p> <p>Interview with Staff A on 09/14/23 at 2:15pm revealed she had started working at the facility in mid-July 2023.</p> <p>Telephone interview with Staff A on 09/15/23 at 9:33am revealed:</p> <ul style="list-style-type: none"> -She was the Supervisor in Charge (SIC). -She had a drug screening completed at a local urgent care. -She was not given the results; the results would have been given to the Administrator by the staff at the testing site. <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:49am.</p> <p>2. Review of Staff B's personnel record revealed there was no personnel record to review.</p> <p>Attempted telephone interview with Staff B on 09/15/23 at 9:36am was unsuccessful.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:49am.</p> <p>Telephone interview with the Administrator on 09/15/23 at 9:49am revealed:</p> <ul style="list-style-type: none"> -Personnel records were not at the facility; they 	C 148		

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C 148	<p>Continued From page 37</p> <p>were in her office. -She did not have time to fax the personnel records today, 09/15/23.</p> <p>The facility failed to ensure an examination and screening for the presence of controlled substances was performed for 2 of 3 sampled staff (B and C) hired after 10/01/13. This failure was detrimental to the health, safety, and welfare of all residents and constitutes a Type B Violation.</p> <p>A plan of protection was requested on 09/20/23 in accordance with G.S. 131D-34 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 30, 2023.</p>	C 148		
8 C 231	<p>10A NCAC 13G .0801(b) Resident Assessment</p> <p>10A NCAC 13G .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires</p>	C 231		

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C 231	<p>Continued From page 38</p> <p>referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a care plan was completed annually for 1 of 3 sampled residents (#1).</p> <p>The findings are:</p> <p>Review of Resident #1's FL-2 dated 10/10/22 revealed: -Diagnoses included neurocognitive, schizophrenia, and bilateral hearing loss. -Resident #1 was intermittently disoriented. -Resident #1 wandered.</p> <p>Review of Resident #1's Resident Register revealed an admission date of 06/30/15.</p> <p>Review of Resident #1's most current care plan dated 11/06/20 revealed: -The resident was sometimes disoriented. -The resident was sometimes forgetful and needed reminders. -Resident #1 heard loud voices and sounds. -Resident #1 needed limited assistance with eating, toileting, and transferring ambulation, bathing, dressing, and grooming.</p> <p>Review of Resident #1's care plans revealed there were no other care plans available to be reviewed.</p> <p>Telephone interview with the Supervisor in Charge on 09/14/23 at 9:33am revealed she did</p>	C 231	<p><i>Mr. Perry</i></p>	

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C 231	Continued From page 39 not do the residents' care plans or FL-2's and she was not sure who was responsible. Telephone interview with the Administrator on 09/15/23 at 9:46am revealed: -She was responsible for the care plans. -She would not answer any additional questions.	C 231		
9 C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure physicians' orders were implemented for 2 of 3 sampled residents (#1 and #2) related to fingerstick blood sugar monitoring and blood pressure checks (#1) and heart rate checks (#2). The findings are: 1. Review of Resident #1's FL-2 dated 10/10/22 revealed diagnoses included neurocognitive, schizophrenia, and bilateral hearing loss. a. Review of Resident #1's signed physician's orders dated 10/10/22 revealed an order for finger stick blood sugar (FSBS) checks twice weekly.	C 249	See Attached Dr. Order Perry	

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C 249	<p>Continued From page 40</p> <p>Review of Resident #1's medication administration records (MAR) for July 2023 revealed: -There was an entry for FSBS check twice weekly with all the dates marked out except for Monday/Tuesday and a Thursday/Friday for each week. -There was no documentation Resident #1's FSBS was checked from 07/01/23-07/31/23; there were no exceptions documented.</p> <p>Review of Resident #1's August 2023 MAR revealed: -There was an entry for FSBS check twice weekly with all the dates marked out except for Monday/Tuesday and a Thursday/Friday for each week. -There was documentation Resident #1's FSBS was checked on 08/03/23, 08/07/23, 08/10/23, 08/14/23, 08/17/23; the range was 100-112. -There was no documentation Resident #1's FSBS was checked on 08/21/23 or 08/22/23, 08/24/23 or 08/25/23, 08/28/23 or 08/29/31; there were no exceptions documented.</p> <p>Review of Resident #1's September 2023 MAR from 09/01/23-09/14/23 revealed: -There was an entry for FSBS check twice weekly with all the dates marked out except for Monday/Tuesday and a Thursday/Friday for each week. -There was documentation Resident #1's FSBS was checked on 09/04/23 with a result of 80 and 09/07/23 with a result of 82. -There was no documentation Resident #1's FSBS was checked on 09/11/23 or 09/12/23.</p> <p>Telephone interview with a Pharmacist at Resident #1's previous contracted pharmacy on</p>	C 249		

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C 249	<p>Continued From page 41</p> <p>09/14/23 at 1:17pm revealed: -Resident #1's FSBS test strips (100 test strips) were dispensed on 05/20/23 with the directions to check FSBS twice weekly. -The entry for Resident #1's FSBS twice weekly would have been entered into the MAR based on the order to check the resident's FSBS twice weekly. -If expired FSBS testing strips were used, the FSBS readings might not be accurate.</p> <p>Telephone interview with a Pharmacist at Resident #1's current contracted pharmacy on 09/14/23 at 3:53pm revealed Resident #1 had an order dated 07/06/23 for FSBS twice weekly but no glucometer supplies had been dispensed.</p> <p>Observation of Resident #1's medications on hand on 09/14/23 at 9:13am revealed: -There were 2 boxes of 50 test strips each with a dispensed date of 09/09/22 that had not been opened. -There was a container of FSBS test strips in a glucometer; the manufacturer's expiration date was 05/31/23. -There were 6 of 50 test strips remaining in the container. -There was a second container of FSBS test strips in a second glucometer; the manufacturer's expiration date was 05/31/23. -There were 31 of 50 test strips remaining in the container.</p> <p>Observation of both glucometers on 09/14/23 at 9:14am compared to Resident #1's MARs revealed: -Neither glucometer was labeled with Resident #1's name. -The dates and times displayed did not match the current date and time.</p>	C 249		

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C 249	<p>Continued From page 42</p> <ul style="list-style-type: none"> -Twenty-seven FSBS were documented from 01/01/23-09/14/23. -Sixteen of the most recent FSBS displayed in one glucometer were observed; only 3 of the 16 readings matched any of the documented FSBS readings in Resident #1's MARs from 01/01/23-09/14/23. -The second glucometer only had a total of 18 FSBS displayed and only 3 of the readings matched any of the documented FSBS readings in Resident #1's MARs from 01/01/23-09/14/23. <p>Interview with Resident #1 on 09/14/23 at 2:10pm revealed the Supervisor in Charge (SIC) checked his FSBS twice a month.</p> <p>Interview with the SIC on 09/14/23 at 2:15pm revealed:</p> <ul style="list-style-type: none"> -She checked Resident #1's FSBS once a month because that was what was on the MAR. -When she checked Resident #1's FSBS, she checked it in the office and wrote the results on the MAR. -If the glucometer readings did not match what she documented in Resident #1's MAR, then something must be wrong with the glucometer. -She did not know Resident #1's order was for FSBS twice a week. -She did not know why Resident #1's FSBS was not documented as checked in July 2023; she started in "the middle" of July 2023. -If FSBS were missing in August 2023, it was because she thought the order was for once a month. <p>Telephone interview with the Administrator on 09/15/23 at 9:46am revealed the SIC was responsible for checking FSBS according to the FL-2 and MAR.</p>	C 249		

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C 249	<p>Continued From page 43</p> <p>Attempted telephone interview with Resident #1's PCP on 09/14/23 at 4:20pm was unsuccessful.</p> <p>b. Telephone interview with a Pharmacist at Resident #1's current contracted pharmacy on 09/14/23 at 3:53pm revealed Resident #1 had an order dated 07/06/23 for blood pressure (BP) checks once a week.</p> <p>Review of Resident #1's medication administration records (MAR) for July 2023 revealed: -There was an entry for BP checks once weekly. -There was documentation that Resident #1's BP was checked on 07/15/23 with a reading of 106/71 and on 07/24/23 with a reading of 117/77; there were two weeks when Resident #1's BP was not documented as checked.</p> <p>Review of Resident #1's August 2023 MAR revealed: -There was an entry for BP checks once weekly. -There was documentation that Resident #1's BP was checked two times from 08/01/23-08/31/23; there were two weeks when Resident #1's BP was not documented as checked.</p> <p>Interview with Resident #1 on 09/14/23 at 2:10pm revealed the SIC checked his BP once a week.</p> <p>Interview with the SIC on 09/14/23 at 2:15pm revealed: -She thought Resident #1's order for BPs was once a month. -She was not sure why Resident #1's BP was not checked as ordered and documented, other than she thought it was once a month.</p> <p>Telephone interview with the Administrator on 09/15/23 at 9:46am revealed the SIC was</p>	C 249		

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C 249	<p>Continued From page 44</p> <p>responsible for checking BP according to the FL-2 and MAR.</p> <p>Attempted telephone interview with Resident #1's PCP on 09/14/23 at 4:20pm was unsuccessful.</p> <p>2. Review of Resident #2's current FL-2 dated 11/14/22 revealed diagnosis listed were not legible.</p> <p>Review of Resident #2's Primary Care Provider (PCP) after-visit summary dated 06/02/23 revealed a diagnosis of high blood pressure.</p> <p>Review of Resident #2's signed physician's orders dated 07/02/23 revealed:</p> <ul style="list-style-type: none"> -There was an order to check Resident #2's blood pressure (BP) once a month and heart rate (HR). -Parameters for Resident #2's HR were if the HR was less than 60 or greater than 130 notify the PCP. <p>Review of Resident #2's medication administration records (MAR) for July 2023 revealed:</p> <ul style="list-style-type: none"> -There was an entry for checking BP and HR once a month and notifying the PCP if the HR was less than 60 or greater than 130. -There was no documentation that Resident #1's HR was checked from 07/01/23-07/31/23; there were no exceptions documented. <p>Review of Resident #1's August 2023 MAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for checking BP and HR once a month and notifying the PCP if the HR was less than 60 or greater than 130. -There was no documentation that Resident #1's HR was checked from 08/01/23-08/31/23; there were no exceptions documented. 	C 249		

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C 249	<p>Continued From page 45</p> <p>Review of Resident #1's September 2023 MAR from 09/01/23-09/14/23 revealed: -There was an entry for checking BP and HR once a month and notifying the PCP if the HR was less than 60 or greater than 130. -There was no documentation that Resident #1's HR was checked from 09/01/23-09/14/23; there were no exceptions documented.</p> <p>Interview with Resident #2 on 09/14/23 at 5:57pm revealed the Supervisor in Charge (SIC) checked his BP once a month; he did not know if his HR was checked when his BP was checked.</p> <p>Interview with the SIC on 09/14/23 at 2:33pm revealed: -She checked Resident #2's BP once a month. -She only checked Resident #2's BP, not his HR. -She did not know there was an order to check Resident #2's HR. -She had never checked Resident #2's HR.</p> <p>Telephone interview with the Administrator on 09/15/23 at 9:46am revealed the SIC was responsible for checking Resident #2's HR according to the FL-2 and MAR.</p> <p>Attempted telephone interview with Resident #2's PCP on 09/14/23 at 4:18pm was unsuccessful.</p>	C 249		
C 259	<p>10A NCAC 13G .0904(a)(3) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes; (3) There shall be a three-day supply of perishable food and a five-day supply of</p>	C 259	See Attached	

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C 259	<p>Continued From page 46</p> <p>non-perishable food in the facility based on the menus established in Paragraph (c) of this Rule, for both regular and therapeutic diets. For the purpose of this Rule "perishable food" is food that is likely to spoil or decay if not kept refrigerated at 40 degrees Fahrenheit or below, or frozen at zero degrees Fahrenheit or below and "non-perishable food" is food that can be stored at room temperature and is not likely to spoil or decay within seven days.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to have a 5-day supply of non-perishable foods based on the census and the menus in the facility as evidence of the food pantry having limited food items stored.</p> <p>The findings are:</p> <p>There were 6 residents residing in the facility.</p> <p>Observations of the food pantry/cabinets in the facility on 09/14/23 2:56pm revealed:</p> <ul style="list-style-type: none"> -There were 6 cans of green beans with a serving of 3.5 one-half cup servings per can. -There were 7 cans of pork and beans with a serving of 3.5 per one-half cup servings per can. -There were no other canned vegetables or canned fruit available to be served. -There was a bag of dried baby lima beans with a serving of 5 one-half cups per bag. -There was a bag of dried lentils with a serving of 14 one-half cup servings per bag. 	C 259		

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NAME OF PROVIDER OR SUPPLIER HOUSE OF BLESSINGS AT SUTTON RD	STREET ADDRESS, CITY, STATE, ZIP CODE 1359 SUTTON ROAD LOUISBURG, NC 27549
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(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 259	<p>Continued From page 47</p> <p>Observation of the refrigerator on 09/14/23 at 7:43am revealed one jar of applesauce with approximately 1 cup of applesauce remaining in the jar.</p> <p>Review of the facility's breakfast menu for one week revealed: -On Monday, 1/2 cup of peaches was to be served. -On Wednesday, 1/2 cup of pineapple was to be served. -On Friday, 1/2 cup of pears was to be served. -On Saturday, yogurt was to be served with fruit. -On Sunday, yogurt was to be served with fruit. -Six ounces of orange juice was to be served every day.</p> <p>Review of the facility's lunch menu for one week revealed: -On Monday, 1 cup of garden salad was to be served and 1/2 cup of applesauce was to be served. -On Tuesday, 1 slice of lettuce and tomato and 1/2 cup of mixed fruit were to be served. -On Wednesday, 1/2 cup of carrots and 1/2 cup of applesauce were to be served. -On Thursday, 1 cup of garden salad and 1/2 cup of fruit were to be served. -On Friday, 1 cup of garden salad and 1/2 cup of mixed fruit were to be served. -On Saturday, 2 slices of lettuce and tomato and 1/2 cup of apple sauce were to be served. -On Sunday, 1/2 cup of mixed vegetables and 1/2 cup of pineapple were to be served. -A total of 3.5 cups of vegetables and 3.5 cups of fruit were needed to be served for each resident for the lunch menu for one week.</p> <p>Review of the facility's dinner menu for the week revealed:</p>	C 259		

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C 259	<p>Continued From page 48</p> <ul style="list-style-type: none"> -On Monday, 1 cup of broccoli, and ½ cup of pears were to be served. -On Tuesday, ½ cup of green peas and ½ cup of apricots were to be served. -On Wednesday, 1 cup of spinach and ½ cup of apricots were to be served. -On Thursday, ½ cup of green beans and ½ cup of peaches were to be served. -On Friday, ½ cup of carrots and ½ cup of apricots were served. -On Saturday, ½ cup of carrot/celery sticks and ½ cup of pineapple were to be served. -On Sunday, 1 cup of collard greens and ½ cup of mandarin oranges were to be served. -A total of 5 cups of vegetables and 3.5 cups of fruit were needed to be served for each resident for the dinner menu for one week. <p>Confidential interviews with two residents revealed:</p> <ul style="list-style-type: none"> -They did not get vegetables to eat very often. -They were served green beans mostly. -They would love to have collards or other green vegetables. -They did not get fruit to eat every day. -If they had fruit, it was usually applesauce. <p>Interview with the Supervisor in Charge (SIC) on 09/14/23 at 2:51pm revealed:</p> <ul style="list-style-type: none"> -The residents ate lunch at the facility on the weekends and two days per week (Monday and Friday) she sent lunches with the residents to their day program and on Tuesday, Wednesday, and Thursday the day program provided lunch. -She used the menus to tell the Administrator what foods were needed for the month. -The Administrator brought food to the facility usually on the 2nd or 3rd of the month. -The Administrator had brought the food for this month, September 2023. 	C 259		

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C 259	<p>Continued From page 49</p> <ul style="list-style-type: none"> -They did not have any canned meats at the facility. -There were no other canned foods at the facility other than what had been shown. -She substituted when she did not have something that was listed on the menu. <p>Telephone interview with the Administrator on 09/15/23 at 9:46am revealed:</p> <ul style="list-style-type: none"> -The SIC looked at the menu and told her what they needed, and she took it to the facility. -She took food every two weeks. -There was food for the residents to eat at the facility. 	C 259		
C 270	<p>10A NCAC 13G .0904 (c)(7) Nutrition And Food Service</p> <p>10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff.</p> <p>This Rule is not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed to ensure matching therapeutic diet menus were available for 1 of 3 sampled residents who was ordered a low sodium diet (#2).</p> <p>The findings are:</p> <p>Review of Resident #2's current FL-2 dated 11/14/22 revealed:</p>	C 270	See Attached	

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C 270	<p>Continued From page 50</p> <p>-The diagnoses listed were not legible. -There was no diet listed.</p> <p>Review of Resident #2's Primary Care Provider (PCP) after-visit summary dated 06/02/23 revealed: -Resident #2 had high blood pressure and a vitamin D deficiency. -Resident #2 was ordered a low-salt diet.</p> <p>Review of the diet list posted on the kitchen wall revealed Resident #2 was not listed.</p> <p>Review of the therapeutic menus posted on the kitchen wall on 09/14/23 at 10:00am revealed there were three separate menus posted on the kitchen wall, a regular menu, a diabetic menu chopped, and a regular menu chopped; there was no low salt menu posted.</p> <p>Observation of the dinner meal on 09/14/23 at 6:15pm revealed Resident #2 was served ½ cup of sloppy joe on a bun, ½ cup of green beans, and a cup of rice.</p> <p>Observations of the food pantry/cabinets in the facility on 09/14/23 2:56pm revealed: -A can of sloppy joe sauce contained 300mg of sodium per ¼ cup. -A can of green beans contained 300mg of sodium per ½ cup. -The rice was not in the original container and the nutrition facts were not available to be reviewed.</p> <p>Review of the American Heart Association recommendations revealed no more than 2,300 mg of sodium per day and an ideal limit of less than 1,500 mg per day for most adults, especially for those with high blood pressure.</p>	C 270		

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C 270	<p>Continued From page 51</p> <p>Interview with Resident #2 on 09/14/23 at 5:57pm revealed he did not use much salt; he did not know if he was supposed to be on a low-salt diet.</p> <p>Interviews with the Supervisor in Charge (SIC) on 09/14/23 at 8:00am, 2:51pm, and 6:29pm revealed:</p> <ul style="list-style-type: none"> -All the residents were on regular diets. -There were no diabetic diets, no chopped diets, and no other diets; all were on regular diets. -She did not know Resident #2's PCP had recommended a low-salt diet. -She did not use salt when she cooked. <p>Telephone interview with the Administrator on 09/15/23 at 9:46am revealed:</p> <ul style="list-style-type: none"> -Menus were posted on the wall in the kitchen. -There was a menu for every diet posted. -She did not know Resident #2 had an order for a low-salt diet. <p>Attempted telephone interview with Resident #2's PCP on 09/14/23 at 4:18pm was unsuccessful.</p>	C 270		
C 273	<p>10A NCAC 13G .0904(d)(3) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall be based on the U.S. Department of Agriculture Dietary Guidelines for Americans 2020-2025, which are hereby incorporated by reference, including subsequent amendments and editions. These guidelines can be found at https://dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf, at no cost.</p>	C 273	See Attached	

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C 273	<p>Continued From page 52</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the residents were served one and a half cups of fruit daily as recommended based on the U.S. Department of Agriculture Dietary Guidelines for Americans 2020-2025.</p> <p>The findings are:</p> <p>Review of the U.S. Department of Agriculture Dietary Guidelines for Americans 2020-2025 revealed:</p> <ul style="list-style-type: none"> -Adults aged 19-59 and 60+ should consume a minimum of 1 1/2 cups of fruit daily for a 1600-calorie diet and up to 2 cups for higher caloric diets. - The fruit food group included whole fruits and 100% fruit juice. -Whole fruits included fresh, canned, frozen, and dried forms. -Whole fruits could be eaten in various forms, such as cut, sliced, diced, or cubed. -At least half of the recommended amount of fruit should come from whole fruit, rather than 100% juice. -When juices were consumed, they should be 100% juice and always pasteurized or 100% juice diluted with water (without added sugars). <p>Review of the facility's menu posted on the kitchen wall on 09/14/23 revealed:</p> <ul style="list-style-type: none"> -Six ounces of juice was to be served every morning at the breakfast meal. 	C 273		

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C 273	<p>Continued From page 53</p> <p>-One half a cup of fruit was to be served at the lunch meal and dinner meal including options such as pineapple, applesauce, mixed fruit, oranges, pears, apricots and peaches.</p> <p>Observation of the facility's kitchen on 09/14/23 at 8:00am and 2:56pm revealed:</p> <ul style="list-style-type: none"> -There was no fresh fruit or frozen fruit in the facility. -There were no fruit juices in the facility. -There was one jar of applesauce in the refrigerator with approximately one cup of applesauce remaining in the jar. <p>Interview with a resident on 09/14/23 at 5:27pm revealed:</p> <ul style="list-style-type: none"> -They very seldom had juices to drink at the facility. -They did not have fruit to eat at the facility. -The day program gave him an orange to eat about 3-weeks ago. <p>Interview with another resident on 09/14/23 at 5:33pm revealed:</p> <ul style="list-style-type: none"> -They had not had orange juice, or any other kind of juice in 3-4 months. -They had apples, oranges, and bananas at Christmas, but not at other times. <p>Interview with a third resident on 09/14/23 at 5:43pm revealed:</p> <ul style="list-style-type: none"> -They had not been served orange juice or apple juice in a long time. -They were not served fruit, but he wished they were because he liked fruit. <p>Telephone interview with the Supervisor in Charge on 09/15/23 at 9:33am revealed:</p> <ul style="list-style-type: none"> -She served applesauce to the residents. -The residents brought a watermelon from their 	C 273	Lie	

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C 273	<p>Continued From page 54</p> <p>adult day program last week and she served that to the residents. -Two weeks ago, she served bananas to the residents. -The residents ate the fresh fruit as soon as the Administrator brought it in. -The residents were also served canned fruits.</p> <p>Telephone interview with the Administrator on 09/15/23 at 9:46am revealed: -She took groceries to the facility every two weeks. -She took orange juice to the facility every time she bought groceries. -She usually took 2-3 gallons of orange juice at a time, and it was the first thing to go. -She also took a gallon of apple juice to the facility when she took groceries. -The SIC had not told her there was no juice or fruit available to serve to the residents.</p>	C 273		
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, record reviews, and interviews, the facility failed to ensure therapeutic diets were served as ordered for 2 of 3 sampled residents with diet orders for chopped meats (#1, #3).</p>	C 284	See Attached	

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C 284	<p>Continued From page 55</p> <p>The findings are:</p> <p>Review of the daily menu for a regular chopped diet on 09/14/23 revealed:</p> <ul style="list-style-type: none"> -The breakfast meal included eggs, grits, and chopped toast. -The lunch meal included a chopped peanut butter and jelly sandwich, 8 ounces of cheese puffs, a minced garden salad, and minced fruit. -The evening meal included chopped chicken and dumplings, mashed potatoes, green beans, chopped peaches, and a chopped dinner roll. -The regular menu for another day included potato chips and on the same day on the chopped diet potato chips were substituted with cooked carrots. <p>Interview with the Supervisor in Charge (SIC) on 09/14/23 at 8:00am revealed:</p> <ul style="list-style-type: none"> -All the residents were on regular diets. -There were no diabetic diets, no chopped diets, and no other diets; all were on regular diets. <p>1. Review of Resident #1's FL-2 dated 10/10/22 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included neurocognitive, schizophrenia, and bilateral hearing loss. -There was an order for a chopped diet. <p>Review of the therapeutic diet list posted in the kitchen on 09/14/23 at 10:00am revealed Resident #2 was to be served a chopped diet.</p> <p>Observation of the breakfast meal service on 09/14/23 at 7:28am revealed:</p> <ul style="list-style-type: none"> -Resident #1 was served 2 pancakes with syrup and grits; the pancakes were not chopped. -Resident #1 was using a spoon to cut the pancakes into large bite-size pieces. 	C 284	Tim.	

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C 284	<p>Continued From page 56</p> <p>Observation of the lunch meal service on 09/14/23 at 12:02pm revealed: -Resident #1 was served a sandwich with deli meat and cheese and 1 cup of potato chips; the sandwich was not chopped. -There were no carrots observed in the facility to be used as a substitute for the potato chips.</p> <p>Observation of the dinner meal service on 09/14/23 at 6:15pm revealed Resident #1 was served ½ cup of sloppy joe on a bun, ½ cup of green beans, a cup of rice, and 2 cookies; the bun and the cookies were not chopped.</p> <p>Interview with Resident #1 on 09/14/23 at 5:50pm revealed: -He had some problems with chewing because he did not have back teeth. -He ate whatever the SIC gave him to eat.</p> <p>Interview with the SIC on 09/14/23 at 6:29pm revealed: -She did not know Resident #1 had a chopped diet. -Resident #1 ate fine and she had never seen him have any problems with chewing.</p> <p>Attempted telephone interview with Resident #1's Primary Care Provider (PCP) on 09/14/23 at 4:20pm was unsuccessful.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:46am.</p> <p>2. Review of Resident #3's FL-2 dated 10/10/22 revealed: -Diagnoses included dementia and schizophrenia. -There was an order for a chopped diet.</p>	C 284		

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C 284	<p>Continued From page 57</p> <p>Review of the therapeutic diet list posted in the kitchen on 09/14/23 at 10:00am revealed Resident #3 was to be served a chopped diet.</p> <p>Observation of the breakfast meal service on 09/14/23 at 7:28am revealed: -Resident #3 was served 2 pancakes with syrup and grits; the pancakes were not chopped. -Resident #3 was using a spoon to cut the pancakes into large bite-size pieces.</p> <p>Observation of the lunch meal service on 09/14/23 at 12:02pm revealed Resident #3 was at the adult day program he attended.</p> <p>Observation of the dinner meal service on 09/14/23 at 6:15pm revealed Resident #3 was served ½ cup of sloppy joe on a bun, ½ cup of green beans, a cup of rice, and 2 cookies; the bun and the cookies were not chopped.</p> <p>Interview with the SIC on 09/14/23 at 6:29pm revealed: -She did not know Resident #3 had a chopped diet. -Resident #3 did not have teeth so some foods were hard for him to eat. -Resident #3 would let her know if there was something he could not eat.</p> <p>Based on observations, interviews, and record reviews, Resident #3 was not interviewable.</p> <p>Attempted telephone interview with Resident #3's PCP on 09/14/23 at 4:18pm was unsuccessful.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:46am.</p> <p>Telephone interview with the Administrator on</p>	C 284		
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C 284	Continued From page 58 09/15/23 at 9:46am revealed: -There was a menu for chopped diets posted in the kitchen. -She expected residents who were on chopped diets to have their food chopped before it was served to the residents.	C 284		
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: Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 2 of 3 sampled residents (#2, #3) related to an inhaler (#2, #3) and an eye drop (#2).</p> <p>The findings are:</p> <p>1. Review of Resident #2's current FL-2 dated 11/14/22 revealed diagnoses listed were not legible.</p> <p>Review of Resident #2's Primary Care Provider (PCP) after visit summary dated 06/02/23 revealed diagnoses included blindness, schizoaffective disorder, high blood pressure, and mild vascular dementia with psychotic disturbances.</p>	C 330	See Attached	

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C 330	<p>Continued From page 59</p> <p>a. Review of Resident #2's FL-2 dated 11/14/22 revealed there was an order for an Albuterol inhaler (used to treat or prevent bronchospasm in people with lung diseases) two puffs twice daily.</p> <p>Review of Resident #2's medication administration records (MAR) for July 2023 revealed: -There was an entry for an Albuterol inhaler to inhale two puffs into the lungs twice daily for shortness of breath with a scheduled administration time of 7:00am and 9:00pm. -There was documentation Albuterol was administered twice daily from 07/01/23-07/31/23.</p> <p>Review of Resident #2s August 2023 MAR revealed: -There was an entry for an Albuterol inhaler to inhale two puffs into the lungs twice daily for shortness of breath with a scheduled administration time of 7:00am and 9:00pm. -There was documentation Albuterol was administered twice daily from 08/01/23-08/31/23.</p> <p>Review of Resident #2's September 2023 MAR from 09/01/23-09/14/23 revealed: -There was an entry for an Albuterol inhaler to inhale two puffs into the lungs twice daily for shortness of breath with a scheduled administration time of 7:00am and 9:00pm. -There was documentation Albuterol was administered twice daily from 09/01/23-09/14/23.</p> <p>Observation of Resident #2's medication on hand on 09/14/23 at 10:36am revealed: -There was a box labeled for the Albuterol inhaler 90mcg inhale 2 puffs into lungs twice daily with a dispensed date of 07/01/23; it contained 200 metered inhalations.</p>	C 330	<p style="color: yellow; font-size: 2em; opacity: 0.5;">Kelly</p>	

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C 330	<p>Continued From page 60</p> <ul style="list-style-type: none"> -There was a handwritten date of 07/20/23 on the inhaler box. -There were 123 inhalations remaining in the inhaler. <p>Interview with the Supervisor in Charge (SIC) on 09/14/23 at 2:33pm revealed:</p> <ul style="list-style-type: none"> -The handwritten date on the medication was the date she opened the package and started using the medication. -Resident #2 was administered one puff of Albuterol in the mornings and one puff at night. -She had not seen Resident #2 have any shortness of breath. -She thought Resident #2 was supposed to get one puff twice a day. -She did not know Resident #2 was supposed to get two puffs twice a day. -"I have shorted him his Albuterol." <p>Telephone interview with the Pharmacist at the facility's previous contracted pharmacy on 09/14/23 at 1:39pm revealed:</p> <ul style="list-style-type: none"> -Resident #2's current order was for Albuterol two puffs twice daily for a total of four puffs daily. -Based on the current order the Albuterol dispensed had 200 inhalations and would last 50 days. -Resident #2's Albuterol was dispensed on 06/22/23, 05/01/23 and 03/21/23 each for a 50-day supply. -Albuterol was usually prescribed to help with breathing. -If Resident #2's Albuterol was not administered as ordered the resident could have difficulty breathing and experience shortness of breath. <p>Interview with Resident #2 on 09/14/23 at 5:57pm revealed:</p> <ul style="list-style-type: none"> -He did not need an inhaler, but the MA made him 	C 330		

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C 330	<p>Continued From page 61</p> <p>use it every day.</p> <p>-He used two different inhalers but did not know what they were.</p> <p>-He did not know how many puffs he received when he used the inhaler.</p> <p>Attempted telephone interview with Resident #2's PCP on 09/14/23 at 4:18pm was unsuccessful.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:46am.</p> <p>b. Review of Resident #2's FL-2 dated 11/14/22 revealed there was an order for Stiloto Respimat (used to control symptoms of chronic obstructive pulmonary disease [COPD]) to inhale 2 puffs once daily.</p> <p>Review of Resident #2's medication administration records (MAR) for July 2023 revealed:</p> <p>-There was an entry for Stiloto Respimat to inhale two puffs into the lungs once daily with a scheduled administration time of 8:00am.</p> <p>-There was documentation Stiloto Respimat was administered daily from 07/01/23-07/31/23.</p> <p>Review of Resident #2s August 2023 MAR revealed:</p> <p>-There was an entry for Stiloto Respimat to inhale two puffs into the lungs once daily with a scheduled administration time of 8:00am.</p> <p>-There was documentation that Stiloto Respimat was administered daily from 08/01/23-08/31/23.</p> <p>Review of Resident #2's September 2023 MAR from 09/01/23-09/14/23 revealed:</p> <p>-There was an entry for Stiloto Respimat to inhale two puffs into the lungs once daily with a scheduled administration time of 8:00am.</p>	C 330		

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C 330	<p>Continued From page 62</p> <p>-There was documentation that Stiloto Respimat was administered daily from 09/01/23-09/14/23.</p> <p>Observation of Resident #2's medication on hand on 09/14/23 at 10:36am revealed:</p> <p>-There was a box labeled for the Stiolto Respimat inhaler with the directions to inhale 2 puffs into lungs once daily with a dispensed date of 05/01/23; it contained 60 metered inhalations.</p> <p>-There was a handwritten date of 07/20/23.</p> <p>-The meter was in the red showing between 0-14 doses remaining and approximately 12 inhalations were remaining.</p> <p>Interview with the Supervisor in Charge (SIC) on 09/14/23 at 2:33pm revealed:</p> <p>-The handwritten date on the medication was the date she opened the package and started using the medication.</p> <p>-Resident #2 was administered one puff of the Stiolto inhaler in the mornings.</p> <p>-She had not seen Resident #2 have any shortness of breath.</p> <p>-She thought Resident #2 was supposed to get one puff daily.</p> <p>-She did not know Resident #2 was supposed to get two puffs when the medication was administered.</p> <p>Telephone interview with the Pharmacist at the facility's previous contracted pharmacy on 09/14/23 at 1:39pm revealed:</p> <p>-Resident #2's current order was for a Stiolto inhaler to inhale two puffs once daily.</p> <p>-Based on the current order the Stiolto dispensed had 60 inhalations and would last 30 days.</p> <p>-Stiolto was not cycle filled and would need to be requested for refills.</p> <p>-Resident #2's Stiolto was dispensed on 05/01/23 and 03/21/23 each for a 30-day supply.</p>	C 330		

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C 330	<p>Continued From page 63</p> <p>-Stiolto was used to decrease mucous and fluid in the lungs -If Resident #2's Stiolto was not administered as ordered the resident could have difficulty breathing.</p> <p>Interview with Resident #2 on 09/14/23 at 5:57pm revealed: -He did not need an inhaler, but the MA made him use it every day. -He used two different inhalers but did not know what they were. -He did not know how many puffs he received when he used the inhaler.</p> <p>Attempted telephone interview with Resident #2's PCP on 09/14/23 at 4:18pm was unsuccessful.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:46am.</p> <p>c. Review of Resident #2's FL-2 dated 11/14/22 revealed there was an order for Latanoprost eye drops 0.005% ([used to treat glaucoma) place one drop in both eyes at bedtime.</p> <p>Review of Resident #2's medication administration records (MAR) for July 2023 revealed: -There was an entry for Latanoprost eye drops place one drop in each eye at bedtime with a scheduled administration time of 8:00pm. -There was documentation Latanoprost was administered daily from 07/01/23-07/31/23.</p> <p>Review of Resident #2's August 2023 MAR revealed: -There was an entry for Latanoprost eye drops place one drop in each eye at bedtime with a scheduled administration time of 8:00pm.</p>	C 330		

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C 330	<p>Continued From page 64</p> <p>-There was documentation Latanoprost was administered daily from 08/01/23-08/31/23.</p> <p>Review of Resident #2's September 2023 MAR from 09/01/23-09/14/23 revealed:</p> <p>-There was an entry for Latanoprost eye drops place one drop in each eye at bedtime with a scheduled administration time of 8:00pm.</p> <p>-There was documentation Latanoprost was administered daily from 09/01/23-09/14/23.</p> <p>Observation of Resident #2's medication on hand on 09/14/23 at 10:36am revealed:</p> <p>-There was a prescription bottle with a dispensed date of 07/26/23 that contained a bottle of Latanoprost eye drops.</p> <p>-There was medication remaining in the bottle.</p> <p>Telephone interview with the Pharmacist at the facility's previous contracted pharmacy on 09/14/23 at 1:39pm revealed:</p> <p>-Resident #2's current order was for Latanoprost 0.005% one drop in each eye at bedtime.</p> <p>-A bottle of Latanoprost was dispensed on 03/23/23, 05/25/23, and 06/28/23.</p> <p>-Based on the current order the Latanoprost would last 25-28 days.</p> <p>-If Resident #2's Latanoprost was not administered as ordered the resident could have increased intraocular pressure which could cause damage to the eyes, as well as decreased vision and cloudiness.</p> <p>Telephone interview with the Pharmacist at the facility's current pharmacy on 09/14/23 at 3:37pm revealed:</p> <p>-Resident #2's Latanoprost eye drops were dispensed on 07/26/23.</p> <p>-Latanoprost was a bulk order and would need to be requested to refill.</p>	C 330		

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C 330	<p>Continued From page 65</p> <p>-There had been no request for refills for Resident #2's Latanoprost.</p> <p>Interview with the SIC on 09/14/23 at 2:33pm revealed: -She administered Resident #2's Latanoprost every night. -She did not know why there was medication remaining from the 07/26/23 dispensing.</p> <p>Interview with Resident #2 on 09/14/23 at 5:27pm and 5:57pm revealed: -He was considered legally blind though he could see some out of his right eye in "good light." -The staff put eye drops in his eyes every day. -He was not sure what the eye drops were or how often he received them.</p> <p>Attempted telephone interview with Resident #2's PCP on 09/14/23 at 4:18pm was unsuccessful.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:46am.</p> <p>2. Review of Resident #3's FL-2 dated 10/10/22 revealed: -Diagnoses included chronic obstructive pulmonary disease (COPD). -There was an order for Advair 250-50 diskus (used to prevent symptoms of asthma and COPD) inhale one puff into the lungs every 12 hours.</p> <p>Review of Resident #3's medication administration records (MAR) for July 2023 revealed: -There was an entry for Advair 250-50 diskus inhale one puff every 12 hours with a scheduled administration time of 8:00am and 8:00pm. -There was documentation Advair was</p>	C 330		

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C 330	<p>Continued From page 66</p> <p>administered daily at 8:00am and 8:00pm from 07/01/23-07/31/23.</p> <p>Review of Resident #3's August 2023 MAR revealed: -There was an entry for Advair 250-50 diskus inhale one puff every 12 hours with a scheduled administration time of 8:00am and 8:00pm. -There was documentation Advair was administered daily at 8:00am and 8:00pm from 08/01/23-08/31/23.</p> <p>Review of Resident #3's September 2023 MAR from 09/01/23-09/14/23 revealed: -There was an entry for Advair 250-50 diskus inhale one puff every 12 hours with a scheduled administration time of 8:00am and 8:00pm. -There was documentation Advair was administered daily at 8:00am and 8:00pm 09/01/23-09/14/23.</p> <p>Observation of Resident #3's medication on hand on 09/14/23 at 10:36am revealed: -There was an Advair diskus loose in the medication cart with Resident #3's other medications. -The Advair was not labeled and there was no box available to review dispensing information. -There were 17 inhalations remaining in the Advair diskus.</p> <p>Telephone interview with the Pharmacist at the facility's previous contracted pharmacy on 09/14/23 at 1:39pm revealed: -Resident #3's current order was for Advair to inhale one puff every 12 hours. -An Advair diskus contained 60 inhalations and based on Resident #3's order the diskus would last for 30 days. -Resident #3's Advair was dispensed on</p>	C 330		

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C 330	<p>Continued From page 67</p> <p>04/26/23, 05/23/23, and 06/22/23.</p> <p>-If Resident #3's Advair was not administered as ordered the resident could have increased symptoms of COPD including shortness of breath and coughing.</p> <p>Telephone interview with the Pharmacist at the facility's current pharmacy on 09/14/23 at 3:37pm revealed:</p> <p>-Resident #3's Advair was dispensed on 07/26/23 for a one-month supply.</p> <p>-Advair was a bulk order and would need to be requested to refill.</p> <p>-There had been no request for refills for Resident #3's Advair.</p> <p>Interview with the SIC on 09/14/23 at 3:12pm revealed:</p> <p>-She administered Resident #3's Advair every morning and every night.</p> <p>-She did not know why there was medication remaining from the 07/26/23 dispensing.</p> <p>Based on observations, interviews, and record reviews, Resident #3 was not interviewable.</p> <p>Attempted telephone interview with Resident #3's PCP on 09/14/23 at 4:18pm was unsuccessful.</p> <p>Refer to the telephone interview with the Administrator on 09/15/23 at 9:46am.</p> <p>Telephone interview with the Administrator on 09/15/23 at 9:46am revealed the SIC was supposed to administer medications correctly according to what the PCP ordered.</p>	C 330		
C 335	10A NCAC 13G .1004 (f) (1-4) Medication Administration	C 335	See Attached	

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C 335	<p>Continued From page 68</p> <p>10A NCAC 13G .1004 Medication Administration</p> <p>(f) If medications are prepared for administration in advance, the following procedures shall be implemented to keep the drugs identified up to the point of administration and protect them from contamination and spillage:</p> <p>(1) Medications are dispensed in a sealed package such as unit dose and multi-paks that is labeled with the name of each medication and strength in the sealed package. The labeled package of medications is to remain unopened and kept enclosed in a capped or sealed container that is labeled with the resident's name, until the medications are administered to the resident. If the multi-pak is also labeled with the resident's name, it does not have to be enclosed in a capped or sealed container;</p> <p>(2) Medications not dispensed in a sealed and labeled package as specified in Subparagraph (1) of this Paragraph are kept enclosed in a sealed container that identifies the name and strength of each medication prepared and the resident's name;</p> <p>(3) A separate container is used for each resident and each planned administration of the medications and labeled according to Subparagraph (1) or (2) of this Paragraph; and</p> <p>(4) All containers are placed together on a separate tray or other device that is labeled with the planned time for administration and stored in a locked area which is only accessible to staff as specified in Rule .1006(d) of this Section.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure medications prepared for</p>	C 335		
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C 335	<p>Continued From page 69</p> <p>administration in advance were kept in a sealed container that identified the name and strength of each medication prepared, identified up to the point of administration, and protected from contamination for six residents.</p> <p>The findings are:</p> <p>Observation of the facility between 7:30am-7:38am revealed:</p> <ul style="list-style-type: none"> -When the doorbell was rung, the Supervisor in Charge (SIC) was seen coming out of a room off of the kitchen area. -There were 5 residents sitting at the dining room table. -The dining room table could not be observed from the room off the kitchen area. -There were 6 small plastic cups at each resident's place setting; each cup contained multiple tablets/capsules. -The cups were not labeled with the resident's name or the medication in the cup. -The cups did not have tops to protect them from spillage or contamination. -The SIC picked up one of the plastic cups and left the dining room. -The SIC was not in the dining room when the residents took their medications. -At 7:38am, the final resident took his medications; the SIC was in her room. <p>Interview with a resident on 09/14/23 at 5:33pm revealed:</p> <ul style="list-style-type: none"> -Their medications were always administered at the table when the [named] SIC was working. -The [named] SIC always went back to her room and did not watch them take their medications. -When another SIC worked, they went to the office to get their medicines. 	C 335		
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NAME OF PROVIDER OR SUPPLIER HOUSE OF BLESSINGS AT SUTTON RD	STREET ADDRESS, CITY, STATE, ZIP CODE 1359 SUTTON ROAD LOUISBURG, NC 27549
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(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 335	<p>Continued From page 70</p> <p>Interview with a second resident on 09/14/23 at 5:43pm revealed: -He was always administered his medications at the table. -Sometimes the staff watched them take their medications.</p> <p>Interview with the SIC on 09/14/23 at 2:51pm revealed: -She pulled the residents' medications each morning, put the medications in individual cups, and sat the cups on top of the medication cart. -She did not label each cup with the residents' names, or the medications in the cup. -Once she finished preparing breakfast and setting the table, she put each resident's medication cup at their place setting. -She knew which cup belonged to each resident because she placed the medication cup on a sticky note with the resident's name on top of the medication cart. -She knew she should not leave the residents' medications in the dining room, but she knew her residents and the residents would not take someone else's medication.</p> <p>Telephone interview with the Administrator on 09/15/23 at 9:46am revealed: -She did not know the SIC had placed cups of medication on the dining room table and left the medication for the residents to take. -The SIC was supposed to call each resident individually to the office and administer the medications.</p>	C 335		

Americares Health Services LLC (DBA)
House of Blessings Family Cares Home at Sutton Road
1359 Sutton Road
Louisburg, NC 27549

License # FCL-035-034

October 9, 2023

RE: Plan of Corrections For 11 Deficiencies Cited

1. C 007: 10A NCAC 13G.0206 Capacity:

This citation has been corrected on the 09/22/2023: Resident #1 has been discharged to facility with Memory Care Unit, and resident #2 has also been discharged on the 9/26/2023 to a facility with Higher Level of Care. A fire drill was conducted in the home

[REDACTED]

Going forward, house of Blessings at Sutton Road will notify the construction department, when any resident condition changes and considered to be non-ambulatory, the administrator contacts the family member/legal guardian of such resident and discharge them to a higher level of care facility.

To prevent this from happening again, all residents will be able to respond to fire drills without assistance. This will be Review monthly by the administrator.

2. C 022: 10A NCAC 13G. 0302 (b) Design and Construction

This citation has been corrected on 09/22/2023. Resident #1 has been charged to a Memory Care Unit and Resident #2 has also been discharged to a facility with Higher Level of Care.

[REDACTED]

Going forward administrator House of Blessings at Sutton Road will notify the construction department when any resident condition changes and they are considering non-ambulatory. In addition, house of blessings at Sutton Road will not admit residents whose diagnosis is Dementia or considered to be wanderer.

Reviewed and acknowledged 10/20/23.

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HOB takes pride in the welfare, health, and safety of all residents. To bring the facility into compliance with the rule, the facility has implemented additional Inservice fire drill training, which will include mock fire drills with residents monthly. The purpose of the additional drills is to prepare and educate the staffs and the residents in the event of a real fire, this will also prepare them for a safe evacuation route and to ensure all residents are able to evacuate independently in a timely manner.

To prevent this from happening again, the smoke detector in the hallway will be activated, instead of using the software app. The audible sound will be loud enough to hear, and all residents will be able to respond to fire drills without assistance. This will be Review monthly by the administrator.

3. C069 10NCAC13G .0312(g) Outside Entrance and Exits.

This Citation was corrected immediately, the battery to one of the exit doors alarms was low and it was replaced while the examiner was in the facility. On the 9/15/2023, all exit doors including storm doors are now equipped with sounding devices that activates when the residents open both the doors and the storm doors, there are high volume of sound that could be heard by the staff when either the door or the storm doors are open. Staff were educated on preventing wandering and elopement by keeping all exits doors closed. It will be the responsibility of the SIC and the staff to always know the whereabouts of residents.

Going forward, the administrator will make sure all doors and storm doors, batteries are in working order. The administrator has designated a safe area for smoking.

To Prevent this from happening again, both the staff and the administrator will check all doors and storm doors monthly for low battery.

4. C 100 10A NCAC 13G .0316 Fire Safety and Disaster Plan.

This citation has been corrected on the 9/26/2023. Both Resident #1 and 2 have been discharged.

Going forward, Fire drill will continue to be done every three months, However, HOB will refrain from using the Software App. We will activate the smoke detector in the hallway, and all staff will be trained in how to properly document the process.

To prevent this from happening again, both the staff and the residents have been trained to adhere to the smoke detector even when there is no fire. So, in case of a real fire, they will all move quickly to the head count area. This process will be monitored by the staff and the administrator and document properly each time.

5. C 145 10A NCAC 13G .0406(a)(5) Other staff Qualifications

_____m. House of Blessings at Sutton Road has a practice that is put in place. The first thing that is done when hiring any possible staff is to pull the North Carolina Health Personnel Registry to make sure the applicant does not have a substantiated finding listed against them. Attached are the staff's personal records, in Appendix A and B, dates they were pulled can be verified on the records.

Going forward the administrator at House of Blessings at Sutton Road will complete all Staffs' records upon hire and will audit and updates the records quarterly to ensure ongoing compliance.

6. C 147 10A NCAC 13G .0406 (a)(7) Other staff Qualifications

This citation goes hand in hand with the previous one.

Am attaching the criminal background that was pull on staff A and B, before we hire a new staff, HOB check the criminal background and put the staff record on file.

Going forward the administrator upon hire will check the criminal record and NC health registry and will audit records quarterly to ensure ongoing compliance.

7. C148 10A NCAC 13G .0406 (a)(8) Other staff Qualifications

This citation is just like the other staff qualifications, upon hiring HOB do drug test on all possible employees. Attached are staff A and B's personal records.

Going forward the administrator upon hire will check the drug record and NC health registry and will audit records quarterly to ensure ongoing compliance.

8. C231 10A NCAC 13G .0801(b) Resident Assessment:

House of Blessings at Sutton Road takes pride in the welfare, health, and safety of all residents. To bring the facility into compliance with DHSR, this citation has been corrected on the 9/22/2023. Resident #1 has been discharged to a Memory Care Facility.

Going forward, Resident's assessment will be completed by the administrator or RN; to determine if the facility can adequately meet all the needs of the resident. Resident Care Plan will be completed annually, and when there is a change in the resident statues, it will also be the responsibility of the administrator or the RN to ensure all FL-2 are completed, signed by the Physician or other Health care professional.

To prevent this from happening again, the administrator will monitor this quarterly.

9. C249 10A NCAC 13G .0902(c)(3)(4) Health Care

House of Blessings at Sutton Road takes pride in the welfare, health, and safety of all residents. To bring the facility into compliance with DHSR, this citation has been corrected, on the 10/9/2023. Additional Inservice training was provided by the RN. This training will help to maintain patient safety and assist with avoiding medication errors. Training has included the following, all prescribed doctor's orders such as BP checks and Blood sugar and heart rate monitoring skills.

Going forward, The RN will ensure the SIC understands the importance of knowing the right patient, the right route, and the right drug, and right dose. It will be the responsibility of the RN, and the SIC to ensure all medications are administered in accordance with doctor's order and properly documented on the MARS.

10. 259 10A NCAC 13G .0904(a)(3) Nutrition and Service.

This citation has been corrected on 9/23/2023. HOB take pride in the safety, health and welfare of all our residents, To bring the facility to compliance with DHSR, the administrator will ensure that the

facility has adequate supply of non-perishable foods. And in addition, a five-day supply of non-perishable foods always. Going forward, the administrator will monitor this monthly.

C270 10A NCAC 13G .0904(c)(7) Nutrition and Service.

Going forward, the administrator will ensure that all therapeutic diets have a matching menu to be used for guidance for meal preparation by staff and will be monitored monthly.

C273 10A NCAC 13G .0904(d)(3) Nutrition and Service.

Going forward, the administrator will monitor meals served monthly to ensure that meals meet the minimum requirements for a well-balanced diet including fruits, vegetables, and juices.

C284 10A NCAC 13G .0904(e)(4) Nutrition and Service.

This citation has been corrected on 9/23/2023.

The administrator have discussed with all staff diet orders, therapeutic menus, and the importance of serving the meals as ordered .

Going forward, the administrator will monitor meals monthly to ensure diets are served as ordered.

Prevent this from happening again, the administrator will do a weekly check or visit to the facility to ensure there is adequate supplies of foods that are well balanced and nutritious meals, that include a variety of foods that meet the requirement for food and nutrition services such as fresh or can fruits, meats vegetables, juice dairy, low sodium, whole grain breads etc. The administrator will ensure meals are well balanced and according to therapeutic diets and all diets are posted in plain view. The administrator will also make sure that the pantry or cabinets are stocked on a weekly basis.

11. C330 10A NCAC 13G. 1004 (a) Medication Administration.

The House of Blessings at Sutton Road takes prides in the safety, health, and welfares of all residents. To bring the facility into compliance with DHSR, the RN will provide additional Inservice training to all medication aides who have successfully passed the NCDHHS, DHSR examination, including a 5-10 training program. Documentation of the above training will be kept in the staff's file.

Going forward, Both the RN and the administrator will ensure all orders for medication prescription and non-prescription plus all treatment order shall be properly maintain in the resident's chart. The administrator and the RN will monitor Med aides to ensure all medications are administered. The facility does not allow self-administration of medications; therefore, the RN will provide additional training on inhalers, eyes drop, and documentation of medication. Also, the administrator will audit and monitor all medication documents, proper use of the inhaler and eye drop and monthly audit of medication carts

12. C335 10A NCAC 13G. 1004 (f) (1-4) Medication Administration

The House of Blessings at Sutton Road takes prides in the safety, health, and welfares of all residents. To bring the facility into compliance with DHSR, the RN will provide additional Inservice training to all medication aides who have successfully passed the NCDHHS, DHSR examination, including a 5-10 training program. Documentation of the above training will be kept in the staff's file.

Going forward HOB will ensure that all residents medication containers have tops to prevent spillage and labelled with the resident's names. Also going forward, all medications not dispensed in sealed and labeled packages such as multi-parks will be kept enclosed in a seal container with the name of each medication and strength of each medication prepared with resident's names.

Also, going forward, separate containers will be used for residents' medication dispensation and each planned will be administered and labeled accordingly.

Going forward, all containers will be placed together on a separate tray and labeled with planned time for administration and will be stored in a locked area which is only accessible to staff.

Hob of blessings administrator or the RN will monitor and observe this monthly.

Sign:

FBAdemola

Title:

Administrator

Date

10/20/2023