STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL009028	A. BUILDING: ______ B. WING ______	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE FAMILY CARE HOME	**583 SASAFRAS ROAD BLADENBORO, NC 28320**

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on March 26 -27, 2024.	C 000		
C 134	10A NCAC 13G .0402 Qualifications of Supervisor-In-Charge 10A NCAC 13G .0402 Qualifications of Supervisor-In-Charge The supervisor-in-charge, who is responsible to the administrator for carrying out the program in a family care home in the absence of the administrator, shall meet the following requirements: (1) be 21 years or older, if employed on or after the effective date of this Rule; (2) the supervisor-in-charge, employed on or after August 1, 1991, shall be a high school graduate or certified under the GED Program or passed the alternative examination established by the Department of Health and Human Services prior to the effective date of this Rule; and (3) earn 12 hours a year of continuing education credits related to the management of adult care homes and care of aged and disabled persons. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure documentation of the required educational qualifications and continuing education credits related to the management of the adult care home had been met and were on file in the home prior to employing 2 of 2 staff (Staff A and Staff C) designated as Supervisor-in-Charge (SIC) of the	C 134		

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C 134	Continued From page 1	C 134		

facility in the absence of the Administrator.

The findings are:

1. Review of Staff A's personnel record revealed:
-Staff A was hired 06/03/09.
-There was no documentation Staff A was a High School graduate or certified under a General Education Development (GED) program.
-There was no documentation Staff A had successfully completed the required 12 continuing education units (CEUs) related to the management of the adult care home.

Refer to interview with Administrator on 03/27/24 at 2:35pm.

2. Review of Staff C's personnel record revealed:
-Staff C was hired 06/03/09.
-There was no documentation Staff C was a High School graduate or certified under a General Education Development (GED) program.
-There was no documentation Staff C had successfully completed the required 12 continuing education units (CEUs) related to the management of the adult care home.

Interview with Staff C on 03/27/24 at 2:45pm revealed:
-She and Staff A were the live in staff for the facility.
-She worked days and Staff A worked nights.
-She had successfully completed a General Education Development (GED) but from another state where she previously lived.
-She did not remember having to submit her High School diploma or a General Education Development (GED) when she was hired.
-She did not recall providing her educational qualifications when she was hired.

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C 134	Continued From page 2 -She did not have a copy of her GED but a relative might have it. - Refer to interview with Administrator on 03/27/24 at 2:35pm. ______________________ Interview with the Administrator on 03/27/24 at 2:35pm revealed: -Staff C was responsible for ensuring the staff had the proper qualifications and documentation for their position, and that it was kept in their personnel file. -She knew Staff A had graduated and she probably had the diploma at home as Staff A was related to her. -She did not know these requirements had been in effect prior to the hiring dates of Staff A and Staff C.	C 134		
C 187	10A NCAC 13G .0601 (b)(2) Management And Other Staff 10A NCAC 13G .0601 Management And Other Staff (b) At all times there shall be one administrator or supervisor-in-charge who is directly responsible for assuring that all required duties are carried out in the home and for assuring that at no time is a resident left alone in the home without a staff member. Except for the provisions cited in Paragraph (c) of this Rule regarding the occasional absence of the administrator or supervisor-in-charge, one of the following arrangements shall be used: (2) The administrator shall employ a supervisor-in-charge to live in the home or reside within 500 feet of the home with a means of two-way telecommunication with the home at all	C 187		

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C 187	Continued From page 3 times. When the supervisor-in-charge does not live in the licensed home, there shall be at least one staff member who lives in the home or one on each shift and the supervisor-in-charge shall be directly responsible for assuring that all required duties are carried out in the home; or This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure residents were not left alone in the facility at any time and there was at least one staff member present in the facility to supervise the residents. The findings are: Observation upon arrival to the facility on 03/26/24 at 8:15pm revealed: -No vehicles were in the driveway. -There was no light on under the carport only the front porch light was on outside. -Two residents were sitting outside on the porch. -The other 4 residents came outside on the porch. -There was a dog barking upon arrival and a resident said it was located in the staff's room. -The door to the kitchen which led to the staff's room was locked. Observation of the staff's room window from the outside walkway on 03/26/24 at 8:30pm revealed a small dog on the bed looking out the window	C 187		

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C 187	Continued From page 4	C 187		

and barking.

Interview with a first resident on 03/26/24 at 8:33pm revealed there was no staff at the facility and they would not be back until morning.

Interview with a second resident on 03/26/24 at 8:35pm revealed:
-The facility staff were gone many nights.
-They would leave the facility at night to go to the store.
-The dog would bark while the staff were gone.

Observation of the facility on 03/26/24 at 8:45pm revealed:
-Two staff members entered the facility from the kitchen door that led to the unlit carport .
-The dog stopped barking.
-Two vehicles were in the driveway.

Observation of the medication aide (MA)/Supervisor in Charge (SIC) on 03/26/24 at 8:55pm revealed:
-She identified herself as the MA/SIC.
-She was dressed with her hair pulled up on her head.

Interview with a medication aide (MA)/Supervisor in Charge (SIC) on 03/26/24 at 8:45pm revealed:
-She had been in the bathtub.
-She worked dayshift and another MA worked nightshift.
-The one truck belonged to her and the other MA/SIC.
-The other truck belonged to their relative who lived next door but parked in the facility's driveway.

Interview with the second MA on 03/26/24 at 8:51pm revealed:

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C 187	Continued From page 5	C 187		

-He had only been gone from the facility a few minutes and the first MA/SIC was in the bathtub.
-The MA/SIC called him to tell him someone was at the house.

Interview with a third resident on 03/27/24 at 1:45pm revealed:
-The staff would go to the store at night to get gas, food, and cigarettes and residents were left alone.
-He was not sure what he would have done if he needed help and staff was off site.

Interview with a fourth resident on 03/27/24 at 1:35pm revealed:
-The staff would go "visiting" at night.
-He was not sure how often but regularly.
-He was not sure what he would have done if help was needed, and staff was off site.

Interview with a fifth resident on 03/27/24 at 2:00pm revealed:
-The staff would leave the facility in the evening.
-Staff would go to the store for food and gas.
-She would call another resident if help was needed, and staff were not on site.

Interview with a sixth resident on 03/27/24 at 1:50pm revealed:
-The staff would leave them alone in the evenings and some nights.
-He would call 911 if help was needed.

Second interview with the first resident on 03/27/24 at 10:42am revealed she would ask one of the other residents for help if staff were not on site or call 911.

Second interview with the second resident on 03/27/24 at 10:00am revealed he would call 911 if

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C 187	Continued From page 6 staff was not on site and help was needed. Interview with the Administrator on 03/27/24 at 2:30pm revealed: -The MA/SIC was at the facility taking a bath. -The residents were not left alone. -The second MA/SIC had gone up to the house located up the road behind the facility (another family members home). -He had not stayed very long (did not give an exact time). -The residents had a call button they could use if they needed help while the MA/SIC was bathing. ________________________ The facility failed to ensure there was Supervisor-in-Charge who was directly responsible for ensuring that all required duties were carried out in the home and for ensuring that at no time were residents left alone in the home without a staff member. This failure resulted in the residents who required staff at all times to be left alone on ore than one occasion. The failure resulted in substantial risk for serious physical harm and neglect and constitutes a Type A2 Violation. ________________________ The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/26/24 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 26, 2024.	C 187		
C 336	10A NCAC 13G .1004(f)(2) Medication Administration 10A NCAC 13G .1004 Medication Administration (f) If medications are prepared for administration	C 336		

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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:
(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;

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to ensure medications prepared in advance for residents were not kept in a sealed package where the medications were identified and protected from contamination and spillage.

The findings are:

Observation of the medication cart on 03/26/24 at 8:46pm revealed:
-There were medications prepared in 7 plastic cups sitting on top of the medication cart.
-The cups were not covered or protected from contamination or spillage.
-Six plastic cups were labeled with a first name and one plastic cup was not labeled.
-The specific time of administration and the names and strengths of the medications were not labeled on the plastic cups.
-There was one loose capsule laying on top of the medication cart.
-There was a plastic cup with a colored liquid that did not have the name of the resident or the name and strength of the medication.

Interview with the medication aide

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C 336	Continued From page 8 (MA)/Supervisor in Charge (SIC) on 03/26/24 at 8:45pm revealed: -She had prepared the medications to be administered in the morning. -She did not know that she could not prepare medications ahead of time without labeling what medications were in the cups and that the cups needed to be covered. Interview with the Administrator on 03/27/24 at 2:30pm revealed: -She did not know that the MA/SIC was preparing medications ahead of time. -Medications should not be prepared ahead of time. -The MA/SIC had been educated not to prepare medications ahead of time.	C 336		
C 346	10A NCAC 13G .1004(n) Medication Administration 10A NCAC 13G .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure to promote medications that were safe to administer related to 1 of 1 sampled resident who had Epinephrine injections to be administered as needed for an allergy to any bites. The findings are:	C 346		

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C 346	Continued From page 9 Review of Resident #1's FL-2 dated 01/05/24 revealed: -Diagnoses included obsessive compulsive disorder, somatic disorder, bipolar, mild intellectual disorder, gastroesophageal reflux disease, and chronic constipation. -There was an order for Epinephrine Pen (Epi Pen) inject 0.3mg as needed for anaphylactic reaction. Observation of the medications on hand on 03/27/24 at 9:35am revealed: -There were two Epi Pens in a medication box dispensed on 09/22/22. -The expiration date on the medication box was September 2023. Interview with Resident #1 on 03/27/2024 at 2:35pm revealed she was allergic to ants. Interview with the medication aide (MA)/Supervisor in Charge (SIC) on 03/27/24 at 9:35am revealed she did not know that the medication had an expiration date on it and that it was expired. Interview with the facility's contracted primary care provider (PCP) on 03/27/24 at 1:10pm revealed: -Resident #1 was allergic to ants. -She could develop anaphylactic reaction. -She could develop trouble breathing, swelling of the face, and tongue. -She could potentially stop breathing. -The expired Epi Pen may not be effective in treating an allergic reaction. Interview with the Administrator on 03/27/24 at 2:30pm revealed: -She did not know that the Epi Pen was expired.	C 346		

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C 346	Continued From page 10 -The MA/SIC was responsible for ensuring all medications were available.	C 346		