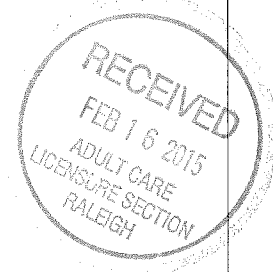


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL033006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/06/2015
NAME OF PROVIDER OR SUPPLIER YOUR LOVING FAMILY CARE HOME I		STREET ADDRESS, CITY, STATE, ZIP CODE 730 MARIGOLD STREET DORTCHES, NC 27801		
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C 000	Initial Comments An Annual Survey was conducted by Adult Care Licensure on 1/6/15.	C 000		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others. This Rule is not met as evidenced by: Based on interview and record review; the facility failed to assure 3 out of 5 sampled staff received their tuberculosis (TB) testing upon hire or 2 TB tests within 12 months (Staff B, D, E). The findings are: 1. Review of Staff E's personnel record revealed: -Staff E's hire date was documented as 7/23/14. -No documentation of a TB skin test. Refer to interview with Administrator on 1/6/15.	C 140	To correct this problem, every staff is to do a tuberculosis test now, so that each one will be up today. In the future each staff will have documentation of a 2-step tuberculosis test on file before hired. The administrator will make sure have a copy before or the day of hire.	



Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

5R6R11

If continuation sheet 1 of 11

Bentrice Letway

Owner

2-10-15

Approved

J. Wood, RN, BSN

2-17-15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL033006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/06/2015
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**730 MARIGOLD STREET
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C 140	Continued From page 1 2. Review of Staff D's personnel record revealed: -Staff D's hire date was documented as 7/8/13. -Documentation of a TB skin test read as negative on 11/1/13. -No documentation of a 2nd TB skin test. Refer to interview with Administrator on 1/6/15. 3. Review of Staff B's personnel record revealed: -Staff B's hire date was documented as 5/6/11. -Documentation of TB skin test placed 5/6/11 and read as negative on 5/9/11. -No documentation of a 2nd step TB skin test. Refer to Administrator interview on 1/6/15 An interview with the Administrator on 1/6/15 at 1pm revealed: -She required proof of a TB skin test upon hire to her facility. -She was under the impression that it was the 2-step TB testing applied to the residents instead of the staff. -She would schedule the necessary appointment to ensure compliance with the 2-step TB testing for her staff.	C 140	<i>Staff completed her last 2-step on 2/6/15</i> <i>Staff E has both of her 2-step.</i> <i>Staff B haven't done her because she has a PR visit at the end of February. She ask to do hers at her PR visit!</i>	<i>2/6/15</i> <i>1-23-15</i> <i>2/4/15</i> <i>2/6/15</i>
C 153	10A NCAC 13G .0501 (a) Personal Care Training And Competency 10A NCAC 13G .0501 Personal Care Training And Competency (a) The facility shall assure that personal care staff and those who directly supervise them in	C 153		

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C 153	Continued From page 2 facilities without heavy care residents successfully complete a 25-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section. For the purposes of this Subchapter, heavy care residents are those for whom the facility is providing personal care tasks listed in Paragraph (i) of this Rule. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties. This Rule is not met as evidenced by: Based on interview and record review; the facility failed to assure 2 out of 5 sampled staff met 25 hour Personal Care training and competency requirements (Staff B,D). The finding are: 1. Review of Staff B's personnel record revealed: -Staff B's hire date was documented as 5/6/11. -No documentation of Personal Care Training. -No documentation of Nurses Aide training on the Health Care Personal Registry(HCPR). Refer to Administrator interview on 1/6/15 at 12:10pm. Interview with the Administrator on 1/6/15 at 12:10pm revealed: -Staff B started out as a cook, then a Personal Care Aide (PCA), then a medication aide(MA). -Staff B had told the administrator upon hire she did not have her PCA hours.	C 153	<i>In the future the administrator will make sure that upon a staff being hired that they will take the personal care training and competency evaluation. If they don't have it, it will be offer to them after the hire date.</i> <i>all staff that didn't have the person care and skills evaluation took the training on Januaryⁱⁿ 25 + 26 - 2015 and complete it. A copy of the Certification of completion is in there record.</i>	1-17-25-26 2015

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C 153	Continued From page 3 Refer to Administrator interview on 1/6/15 at 12:10pm. 2. Review of Staff D's personnel record revealed: -Staff D's hire date was documented as 7/8/13. -No documentation of Personal Care Training. -No documentation of Nurses Aide training on the HCPR. Interview with the Administrator on 1/6/15 at 12:10pm revealed Staff D provided personal care and worked as a MA. Refer to Administrator interview on 1/6/15 at 12:10pm. An interview with the Administrator on 1/6/15 at 12:10pm revealed: -All her staff assisted residents to the bathroom if necessary and helped with showers as necessary. -Since the Administrator opened this facility she was certain staff had not received their PCA training. -She would contact the facility's Registered Nurse trainer and schedule classes for her staff.	C 153		
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	C 249		

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C 249	Continued From page 4 (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 observation, interview and record review; the facility failed to assure documentation of an order for oxygen administration for 1 out of 3 sampled residents (Resident #3). The findings are: Review of Resident #3's current FL-2 dated 9/25/14 revealed diagnoses included: Chronic Obstructive Pulmonary Disease, Hyperlipidemia, paranoid schizophrenia, and tobacco abuse. -Advair Diskus Inhaler 250-500mcg one puff twice daily. -Pro-Air Inhaler 90mcg two puffs 4 times a day. -Nicotine patch 21mg/24hours, apply every AM and remove every PM -No order for oxygen. Review of Resident #3's Resident register revealed an admission date of 7/2/12. Record review of Resident 3# 's current Care Plan dated 9/25/14 revealed no documentation regarding oxygen. Review of Resident #3's recent hospitalization discharge instructions revealed: -The presenting diagnosis was "Exacerbation of Chronic Obstructive Pulmonary Disease." -The hospital stay was from 12/24/14 to 1/5/15. -Prednisone 20mg one by mouth every day x 5 days, the 10mg by mouth every day x 5 days. -No orders for oxygen.	C 249	We have a order in resident book for oxygen received on 1-7-15 from his Dr.	1-7-15

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C 249	Continued From page 5 Observation on 1/6/15 at 7:30am revealed Resident #3 was sitting on a couch watching TV wearing oxygen per nasal cannula. Observation on 1/6/15 at 7:30am of Resident #3's bedroom revealed an oxygen concentrator was at the bedside and a portable tank was on the floor. -The oxygen flow rate was set at 2 liters. Interview with Resident #3 on 1/6/15 at 7:30am revealed he was waiting to go to a day program. -He had been wearing oxygen for a "long time." -He had been wearing oxygen at this facility since admission. -He used oxygen all the time and used a portable tank at the day program. -He was a smoker but he always removed the tubing before going outside to smoke. -His oxygen administration flow rate stayed at 2 liters. An interview on 1/6/15 with Resident #3's the Primary Care Physician's nurse revealed: -The primary care physician was not in the office and unavailable to talk to. -An order for continuous oxygen administration at 2 liters per nasal cannula was ordered in 12/3/13. An interview with the Administrator on 1/6/15 at 11am revealed Resident #3 was scheduled for a follow up appointment on 1/7/15 and the administrator would request an order for continuous oxygen administration.	C 249	<i>All staff has been train on how to clean and use the oxygen for this resident or any other resident that we may get that need it. The training was on 1-17-15. Staff was train on how to trouble shoot and how to place the cannula on the resident face.</i>	<i>1-17-15</i>

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C 254	Continued From page 8 A phone interview was attempted with the facility's LHPS nurse but no call back by the end of survey. Interview with the Administrator on 1/6/15 at 10am revealed: -There had been no training for staff at the facility on how to trouble shoot problems with the oxygen tubing or how to place the nasal cannula back on Resident #3's face properly. -Her staff had not been competency validated for oxygen administration for Resident #3. -The Administrator would keep trying to get in touch with the facility's Licensed Health Professional Nurse(LHPS).	C 254		
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5	C 934		

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C 934	Continued From page 9 This Rule is not met as evidenced by: Based on interview and record review; the facility failed to ensure that 3 out of 5 sampled staff had their required infection control training. (Staff A,B,D) The findings are: 1. Record review of staff A's personnel record revealed: -Staff A was the Administrator of the facility in 2005. -No documentation of annual infection control training. Refer to interview with Administrator on 1/6/15 at 12:10pm. 2. Record review of staff B's personnel record revealed: -Staff B's hire date was documented as 5/6/11. -No documentation of annual infection control training. Refer to interview with Administrator on 1/6/15 at 12:10pm. 3. Record review of staff D's personnel record revealed: -Staff D's hire date was documented as 7/8/13. -No documentation of annual infection control training. Refer to interview with Administrator on 1/6/15 at 12:10pm.	C 934	<i>The administrator will make sure that yearly infection control training is done annual.</i> <i>all staff have on file the Certificate of completion of Universal Precautions, Blood Borne Pathogens, OSHA</i>	1-8-2015