MAR 23 2015 PRINTED: 02/04/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060123	A. BUILDING: _____ B. WING _____	01/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCLAIN'S FAMILY CARE HOME # 1	5963 THE PLAZA ROAD CHARLOTTE, NC 28215

County: Mecklenburg

(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 and the Mecklenburg County Department of Social Services conducted an annual and follow-up survey on 01/15/15 - 01/21/15 with an exit conference via telephone on 01/22/15.	C 000		
C 186	10A NCAC 13G .0901 (b)(1) Management And Other Staff 10A NCAC 13G .0901 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. (1) The administrator shall be in the home or reside within 500 feet of the home with a means of two-way telecommunication with the home at all times. When the administrator 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 administrator shall be directly responsible for assuring that all required duties are carried out in the home; This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews, record review, and observations, the facility failed to ensure that 2	C 186	The Type B violation had been corrected by employing one new staff and shall on the weekend staff	3/8/15 (SR)

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE
Administrator 3/20/15

STATE FORM — SEN11 — If continuation sheet 1 of 1 (SR)

The POC is approved with the additions indicated by SP and discussed by telephone with Patrick McClain on 3/27/15.
Sherry Aplin, MA BSW
FSS

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C 188	Continued From page 1 residents, (Resident #2 and Resident #4) had a staff member present in the home at all times The findings are: Observation on 01/16/15 at 1:35pm revealed: -Two residents (Resident #2 and Resident #4) in the home. -Also present in the facility was a person who was an applicant for employment, but had not been hired as yet by the facility. -The applicant was in the kitchen of the home. -Resident #4 was in his bedroom. -Resident #2 was in the living room watching television. Review of Resident # 2's record revealed: -Most recent FL2 dated 10/10/14 with an admission date of 10/15/14. -Diagnosis listed as unspecified bipolar disorder and hypertension. Interview with Resident #2 on 1/20/15 at 11:00 am revealed: -He was at the facility on 01/16/15 because his back was bothering him and he did not want to attend the day program he normally attended. -He requested and received pain medicine from staff the morning of 1/16/15, but had not needed pain medicine since then. -The person who gave him the pain medicine was a staff person, but he could not recall which staff person gave him the medicine. -He was not aware of ever being in the facility without a staff member being there. Review of Resident #4's record revealed an admission date of 01/14/15. Review of Resident #4's most recent FL2 revealed:	C 188	Staff Response (E) So, [redacted] has moved to the 2nd Shift 6pm monday to Friday 2PM — 9PM. Third shift staff care for all 9pm to 9am in the facility. We also have PRN staff in case there should be an additional staff. If the Resident(s) do not attend the day Program the Administrator will be present until staff arrived. Also, Nurse has been hired by DHHS for one of our staffs to take the Supervisor-in-Charge Exam. So, a Progress has been made on the staffing issue and I hope it will not be rejected again. We have gone back to the facility Policy and Procedures before staffing issue. JMC	

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C 186	Continued From page 2 -Diagnoses of major depressive disorder, recurrent with psychotic features (resolved), other specified personality disorder with borderline dependent and obsessive compulsive traits, and hypertension. -Resident #4 was ambulatory, continent of bowel and bladder, and communicated verbally. Interview with Resident #4 on 01/20/15 at 11:05 am revealed: -He had been admitted to the facility 01/14/15 from a state mental health facility. -He was at the home because he had not been "signed up" for the workshop yet. Interview with Administrator/owner on 1/15/15 at 10:00am revealed the applicant was not identified by the administrator as a staff person when asked for the names of facility staff. Interview with the applicant in the kitchen of the facility on 1/16/15 at 1:40 revealed: - She arrived at the home around 12:30pm on 1/16/15. -She was at the home to meet the Administrator/owner for training. - Administrator/owner and Staff A were at the home when she arrived. Observation on 1/16/15 at 2:00pm revealed Staff B arrived at the home at 2:10pm. Interview with facility owner/administrator on 01/16/15 at 2:45pm revealed: -He came to the facility at 12:20pm. -The applicant had arrived at the facility on 01/16/15 about 12:15pm for training. -Staff A, who was the only staff person working, had to leave early at 12:30pm. -The Administrator was aware that Staff A had to	C 186		

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C 186	Continued From page 3 leave early and he left a voice mail message for Staff B to arrive early for work at 12:30pm on 01/16/15. -Staff A left the facility at 12:30pm. -Staff B had not arrived at the facility by 1:00pm. -The Administrator was aware that Resident #2 and Resident #4 were at the home. -Resident #2 was at the home because he was sick and had not wanted to attend the day program on 01/16/15. -Resident #4 was a new admission and had not yet been enrolled in the day program, so he was at the home on 01/16/15. -The Administrator left the home at 1:00pm on 01/16/15 to pick up other residents from their day program and left the applicant at the home with the Resident #2 and Resident #4. -He thought that Staff B was on his way to the facility and would be there within a few minutes so he left to go pick up the other residents. Interview with Staff B on 1/16/15 at 2:45pm revealed: -Normally staff is not scheduled to work at the home from 9am-2pm during the week because residents attending a day program off site. -He was not aware, prior to coming in for shift today, that Staff A had to leave early and that he needed to arrive at 12:30 pm for his shift. -He had problems with his phone the morning of 1/16/15 and did not receive a voice mail message from the administrator/owner. -He would expect staff to stay at the home with residents until another staff member arrived to relieve them. -He had never arrived at the home for his shift and found residents in the home without a staff member present. Based on observation and interviews, it was	C 186		

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C 186	Continued From page 4 determined that the total time residents were left alone with the applicant on 10/16/15 was from 1:00pm to 2:10pm. Interview with facility owner/administrator on 01/20/2015 at 10:30 am revealed: -The applicant who was left at the home with Resident #2 and Resident #4 had not yet been hired and he did not consider her a staff member yet. -He left the home and knew a potential staff member was with the residents and they were not alone. -He was aware there had to be a staff member in the home as long as residents were physically in the home. -He thought Staff B would be arriving at the home soon after he left. -He was not aware Staff B had not received his voice mail message. Further interview with the applicant by phone on 1/22/15 at 3:00pm revealed: -She was at the home on 01/16/15 to get money from the Administrator for the TB skin test. -She was not aware there were residents currently in the home. -She was not given any instructions about caring for the residents. -She was not instructed by staff to provide care for the residents. Review of the facility's Plan of Protection dated 01/16/15 revealed: -Immediate action taken by the family care home was to ensure there were trained staff on each shift and trained staff are available as needed. -The facility's plan to ensure residents are protected from further risk was to only have	C 186		

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C 186	Continued From page 5 trained staff with the residents. -The administrator/owner would be responsible for ensuring this. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 8, 2015.	C 186	Correction for The Type B Violation has been Corrected The facility have ~~enough~~ staff members to cover all shift. First shift, ib the resident(s) did not attend their program. Second shift ~~has cover~~ staff has been Put in Place, and third shift staff too.	
C 328	10A NCAC 13G .1003(f) Medication Labels 10A NCAC 13G .1003 Medication Labels (f) Prescription medications leaving the facility shall be in a form packaged and labeled by a pharmacist or a dispensing practitioner. Non-prescription medications that are not packaged or labeled by a pharmacist or dispensing practitioner must be released in the original container and directions for administration must be provided to the resident or responsible party. The facility shall assure documentation of medications, including quantity released and returned to the facility. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure documentation of medications, including quantity, released and returned to the facility for 1 of 1 resident (Resident #3). The findings are: Review of Resident #3's most current FL2 dated 09/09/2014 revealed diagnoses of schizoaffective disorder, bipolar type, obesity, and hyperprolactinemia. Review of Resident #3's record revealed: -A physician's order dated 01/07/15 for Tylenol #3	C 328	Medication (s) The facility Medication documenation has been Put in Place accordance to our Policy and Procedures. We are having discussion with Pharmacist for all our medications to be buddly packaged But this will take a time	

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C 328	Continued From page 8 with codeine every 4 hours as needed for pain. (Tylenol 3 with codeine is narcotic pain medication used to relieve moderate to severe pain.) -A physician's order dated 01/08/15 for Penicillin-VK 500mg, 1 tablet four times daily with quantity of 28 tablets. (Penicillin-VK is used to reduce the development of drug-resistant bacteria.) -Resident #3 went on a home visit on 01/09/15 and return date was not documented. Review of the January 2015 facility Medication Release Form for Resident #3 revealed: -Medications signed out to Resident #3 on 01/09/15 included: Penicillin VK 500 mg four times a day, Citalopram HBR 40 mg daily, Trazadone 100 mg 2 tablets at bedtime, Loratadine 10 mg daily, Diphenhydramine 25 mg at bedtime, Latuda 80 mg daily with dinner, Famotidine 20mg one tablet two times daily, Gabapentin 300 mg three times a day, Benztropine Mesj 1 mg twice a day, Ibuprofen 600 mg every six hours as needed, Tylenol #3 with Codeine one tablet every four hours as needed. -There were no amounts listed in the columns titled quantity released and quantity returned. -Resident #3's signature documented on the signature line for medications released and dated 01/09/15. -No signature or date by the line titled "signature/date for returned medications." -No documentation detailing the number of medication doses released to Resident #3 on 01/09/15. -No documentation of the number of medication doses returned to the facility by Resident #3 upon return and no return date specified. Review of medications on-hand on 01/15/15	C 328	because of Co-Payment issue for the clients. I want at least 60days Sixty days to handle this Problem. We are looking at all directions if residents will pay their own Co-Payment and the facility. Presently, the residents are not paying Co-Payment for their medications. Completion date for Tag 328 3/8/15. SE	

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C 328	Continued From page 7 revealed: -Tylenol #3 with codeine was filled by the pharmacy on 01/08/15 with 15 pills dispensed. -There was one pill in the bottle labeled Tylenol #3 with codeine with Resident #3's name and fill date of 01/08/15. Review of January 2015 MAR revealed Tylenol #3 with codeine was administered to Resident #3 once on 01/09/15, twice on 01/13/15, three times on 01/14/15, and three times on 01/15/15 for a total of 9 pills administered. Review of the facility's "Dispensing Medications to Residents on Leave/pass Policy" revealed: -Residents who were going to be on leave would be given all of his/her medications after a count had been done. -A list would be made of all medications on a medication release form and the form would be signed by the staff and resident before the resident left the home. -Upon the return of the resident, all of the medications would be counted again and both staff and resident would sign the list. Interview with Resident #3 on 1/16/15 at 4:15pm revealed: -She remembered taking all of her medications with her when she went home for a visit on 01/09/15. -She remembered taking her pain medicine, but was not sure how many she took. -She remembered bringing her medication back to the facility, but did not remember how many were returned or if staff counted them when she returned the medications. Interview with the Administrator/Owner on 1/16/2015 at 3:05 pm revealed:	C 328	The Medication Packs will be Completed AM at the end of AM entry. But the Personnel issue has been settled. We have staff on all shifts.	

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C 326	Continued From page 8 -The facility did have a policy for providing medications to residents who are on leave from the facility. -Staff was to document and count the medication when the resident left the facility and upon return to the facility. -He was not aware that staff had not reconciled medications for Resident #3 when she left for a home visit on 01/09/15 and upon her return to the facility. -He was not aware that there was only 1 Tylenol #3 with Codeine pill in the prescription bottle for Resident #3 that was filed on 01/08/15. -He did not know what happened to the 5 Tylenol #3 with Codeine pills that were not accounted for in the documentation. -He would re-educate staff regarding the policy for reconciling medications when a resident leaves and returns to the facility.	C 326		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: This rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations regarding residents not being left without a staff member at the home and documentation of	C 912		3/8/15 SP

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C 912	Continued From page 9 medications provided to residents on leave from the facility. The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure that 2 residents, (Resident #2 and Resident #4) had a staff member present in the home at all times. [Refer to Tag C 186, 10 A NCAC 13G .0601(b) (Type B Violation).]	C 912	Medications documentation has been put in placed based on or with the facility policy and procedure. The Mistake has been Corrected, and I hope Should not be repeated again. The facility has staff on duty at all times to the need Comes. The facility has 1st Shift staff, Second shift staff, and Third shift staff, and Weekend staff too. The staff issue has be settled.	

Shook, Linda

From: Shook, Linda
Sent: Friday, March 27, 2015 1:56 PM
To: Nina Anderson (Nina.Anderson@mecklenburgcountync.gov)
Cc: Poplin, Sherry S; Harrison, Carolyn
Subject: McCLAIN'S FAMILY CARE HOME #1 - MECKLENBURG COUNTY
Attachments: McClain FCH #1 2015-03-20 POCA-SENJ11.pdf

Please find attached copy of the approved "Amended" Plan of Correction (POC) for the above referenced facility.

Thank you.

Linda Y. Shook, Processing Assistant
Adult Care Licensure Section
NC Department of Health and Human Services
Division of Health Service Regulation
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