

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL070011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOUSE OF LOVE FAMILY CARE HOME

**1904 JOHNSON RD
ELIZ CITY, NC 27909**

(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 survey on April 27, 2016	C 000		
C 174	10A NCAC 13G .0505(1)(2) Training On Care Of Diabetic Residents 10A NCAC 13G .0505 Training On Care Of Diabetic Residents A family care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; appropriate administration times; and (g) sliding scale insulin administration. This Rule is not met as evidenced by: Based on observation interview and record review, the facility failed to ensure 2 of 2 sampled medication aides (Staff A and B) had completed training on the care of the diabetic resident prior to the administration of insulin. The findings are:	C 174		

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER HOUSE OF LOVE FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1904 JOHNSON RD ELIZ CITY, NC 27909		
(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 174	Continued From page 1 1. Review of the personnel record for Staff A revealed: -Staff A was hired as a medication aide and an administrator on 3/21/11. -Her medication administration clinical skills checklist was completed by a registered nurse on 8/26/15. -She had completed 3 hours of continuing education related to the diabetic resident on 6/27/13. Interview with Staff A (Medication Aide/Administrator) on 4/27/16 at 12:50 PM revealed: -She and Staff B were the only two medication aides that worked in the facility. -She and Staff B had completed the medication administration skills checklist and were completed by a registered nurse on 8/26/15. -She was not aware that medication aides were required to have 6 hours of diabetes training prior to administering insulin. -There was one resident in the facility that required insulin to be administered daily. -She or Staff B would administer all medications to residents daily. -She was responsible for maintaining staff records and scheduling trainings. -The facility utilized an outside registered nurse that would come to the facility and completed necessary training competencies. -She would contact the registered nurse and schedule the missing trainings and competency checkoffs. -She thought she should be able to get all trainings required for Staff A and B completed by the end of the week (4/29/16). 2. Review of the personnel record for Staff B on	C 174		

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C 174	Continued From page 2 4/27/16 revealed: -Staff B was hired as a medication aide and an administrator on 3/21/11. -Her medication administration clinical skills checklist was completed by a registered nurse on 8/26/15. -She had completed 3 hours of continuing education related to the diabetic resident on 6/27/13. Interview with Staff B (Medication Aide/Administrator) on 4/27/16 at 12:45 PM revealed: -She worked as a medication aide at the facility. -She and Staff A were the only two medication aides that worked at the facility. -She had one resident that required insulin to be administered daily. -She or Staff A would administer all medications daily, they took turns. -Staff A kept up with the training requirements and she would contact her to see if she knew where the documentation was. Review of the Medication Administration Record (MAR) for February, March and April 2016 revealed Staff A and Staff B had documented they had administered insulin to Resident #4.	C 174		