STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL091017	A. BUILDING: _____ B. WING _____	04/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RISING HOPE HEALTH CARE SERVICES	233 GHOLSON AVENUE HENDERSON, NC 27536

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C 000	Initial Comments The Adult Care Licensure Section and the Vance County Department of Social Services conducted an annual survey on April 21, 2016.	C 000		
C 236	10A NCAC 13G .0802 (a) Resident Care Plan 10A NCAC 13G .0802 Resident Care Plans (a) A family care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan shall be an individualized, written program of personal care for each resident. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure that a care plan was developed for each resident in conjunction with the resident assessment and revised annually for 3 of 3 sampled residents (#1, #2, #3). The findings are: 1.Review of Resident #1's FL-2 dated 11/24/15 revealed: -Diagnoses included Schizophrenia, Diabetes Mellitus, Obsessive-Compulsive Disorder, Hypertension, Hyperlipidemia, Hepatitis C. -Resident #1 was admitted on 11/10/14. Review of Resident #1's assessment and care plan dated 2/6/15 revealed: -Resident #1's assessment and care plan was dated 2/16/15, 96 days after his admission date of 11/10/14. -There was no assessment and care plan dated for the year 2016. Interview with Medication Aide (MA) on 4/21/16 at	C 236		

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C 236	Continued From page 1 4:30 P.M. revealed that Resident #1 required only supervision with his activities of daily living. Interview with Resident #1 on 4/21/16 at 5:00 P.M. revealed that he did not require assistance with his activities of daily living. Observation of Resident #1 on 4/21/16 at 5:00 P.M. revealed that he was well groomed, dressed in clean and appropriate clothing with no odors. Interview with the Administrator on 4/21/16 at 5:30 P.M. revealed; -He could not remember why it took so long for Resident #1's assessment and care plan to be done after his admission to the facility. -He did not know that the assessment and care plan had to be done annually. 2.Review of Resident #2's FL-2 dated 11/20/15 revealed: -Diagnoses included Schizophrenia, Hypertension, Benign Prostatic Hyperplasia, Hypothyroidism, Diabetes (Non-insulin Dependent Diabetes Mellitus), Hypercholesterol. -Resident #2 was admitted on 11/10/14, Review of Resident #2's assessment and care plan revealed: -Resident #2's assessment and care plan was dated 3/20/15, 130 days after his admission date of 11/10/14. -There was no assessment and care plan dated for the year 2016. Interview with MA on 4/21/16 at 4:30 P.M. revealed that Resident #2 required a lot of assistance with his activities of daily living.	C 236		

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C 236	Continued From page 2 Interview with Resident #2 on 4/21/16 at 11:00 A.M. revealed that he received assistance from staff with all his activities of daily living. Observation of Resident #2 on 4/21/16 at 11:00 A.M. revealed that he was well groomed, dressed in clean and appropriate clothing with no odors. Interview with the Administrator on 4/21/16 at 5:30 P.M. revealed; -He could not remember why it took so long for Resident #2's assessment and care plan to be done after his admission to facility. -He did not know that the assessment and care plan had to be done annually. 3.Review of Resident #3's FL-2 dated 1/26/16 revealed: -Diagnoses included Type II Diabetes, Hypertension, Status Post Left Below the Knee Amputation, Gastroesophageal Reflux Disease, Hyperlipidemia, Anxiety. -Resident #3 was admitted on 2/1/16. Review of Resident #3's assessment and care plan revealed there was no assessment and care plan dated for the year 2016. Interview with MA on 4/21/16 at 4:30 P.M. revealed that Resident #3 required a lot of assistance with his activities of daily living. Interview with Resident #3 on 4/21/16 at 11:20 A.M. revealed that he received assistance from staff with all his activities of daily living. Observation of Resident #3 on 4/21/16 at 11:20 A.M. revealed that he was sitting in a wheelchair, well groomed, he was dressed in clean and	C 236		

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C 236	Continued From page 3 appropriate clothing with no odors. Interview with the Administrator on 4/21/16 at 5:30 P.M. revealed; -Administrator started the assessment and care plan but just never finished it and got it sign. -Administrator will complete assessment and care plan and get signed by physician as soon as possible.	C 236		
C 252	10A NCAC 13G .0903(a) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (a) A family care home shall assure that an appropriate licensed health professional, participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, ted hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or	C 252		

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C 252	Continued From page 4 ileostomy (having a healed surgical site without sutures or drainage); (10) care for pressure ulcers, up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater; (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established); (15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections as stated in Rule .1004(q) of this Subchapter; (16) oxygen administration and monitoring; (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18) oral suctioning; (19) care of well-established tracheostomy, not to include indo-tracheal suctioning; (20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph (14) of this Paragraph); (21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP); (22) application of prescribed heat therapy; (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity; (24) ambulation using assistive devices that requires physical assistance; (25) range of motion exercises; (26) any other prescribed physical or	C 252		

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C 252	Continued From page 5 occupational therapy; (27) transferring semi-ambulatory or non-ambulatory residents; or (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure an appropriate licensed health professional participated in the on-site review and evaluation of the a resident's health status and care provided for 3 of 3 sampled residents (#1, #2, #3) who required finger stick blood glucose testing and/or insulin administration. The findings are: 1. Review of Resident #1's current FL-2 dated 11/24/15 revealed: -Diagnoses included schizophrenia, hepatitis C, hypertension, and diabetes mellitus type II. -There was a physician's order for fingerstick blood sugar (FSBS) to be obtained ten minutes prior to mealtimes and insulin to be administered two hours after meals. -Medication orders included Lantus (a long acting insulin used to lower blood glucose levels) 70 units at bedtime, Metformin (an oral hyperglycemic that helps to lower blood glucose levels) 1000mg twice daily, and Novolog (a fast acting insulin used to lower blood glucose levels) 25 units before meals. Review of physician orders for Resident #1 revealed: -There was an order dated 4/5/16 to administer 20 units of Novolog at breakfast, 15 units of	C 252		

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C 252	Continued From page 6 Novolog at lunch, and 20 units of Novolog at dinner. -If FSBS was under 80, hold Novolog. Review of Resident #1's record revealed no documentation of a quarterly Licensed Health Professional Support (LHPS) evaluation for the task of finger stick blood sugar monitoring or insulin administration through subcutaneous injection. Refer to interview with the Administrator on 4/21/16 at 5:30pm. 2. Review of Resident #2's current FL-2 dated 11/20/15 revealed: -Diagnoses included schizophrenia, hypertension, benign prostatic hyperplasia, hypothyroidism non-insulin dependent diabetes mellitus, and hypercholesterolemia. -Medication orders included Metformin (an oral hyperglycemic that helps to lower blood glucose levels) 850mg twice daily, and Levemir (a long acting insulin used to lower blood glucose levels) 10 units every morning and 5 units every evening. -There was no order for FSBS. Review of Resident #2's record revealed no documentation of a quarterly Licensed Health Professional Support (LHPS) evaluation for the task of insulin administration through subcutaneous injection. Refer to interview with the Administrator on 4/21/16 at 5:30pm. 3. Review of Resident #3's current FL-2 dated 1/26/16 revealed: -Diagnoses included anxiety, diabetes mellitus type 2, hyperlipidemia, hypertension,	C 252		

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C 252	Continued From page 7 gastroesophageal reflux disease, and status post left below the knee amputation. -Medication orders included Novolog (a fast acting insulin used to lower blood glucose levels) 5 units before meals, hold if blood sugar less than or equal to 100 and Levemir (a long acting insulin used to lower blood glucose levels) 30 units at bedtime. Review of subsequent physician orders for Resident #3 revealed: -There was an order dated 3/21/16 to increase Levemir to 40 units at bedtime and obtain fingerstick blood sugars (FSBS) four times daily. -There was a second order dated 4/20/16 to increase Levemir to 50 units at bedtime and continue Novolog, but if FSBS was greater than 150 before each meal, increase Novolog to 7 units. Review of Resident #3's record revealed no documentation of a quarterly Licensed Health Professional Support (LHPS) evaluation for the task of insulin administration through subcutaneous injection. Refer to interview with the Administrator on 4/21/16 at 5:30pm. _____ Interview with the Administrator on 4/21/16 at 5:30pm revealed: -The Administrator had not been "doing LHPS tasks." -The Administrator had been taking the residents to the physician for assessments. -He was not aware that a nurse had to come to the facility to assess the residents. -He would get a nurse to the facility as soon as possible.	C 252		

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C 934	Continued From page 8	C 934		
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 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 of 3 staff (Staff B) had completed annual state infection control training. The findings are: Review of the personnel file for Staff A revealed: -Staff A was hired as a Medication Aide (MA) on 1/29/15. -There was no documentation that Staff A had completed the annual state infection control training. Interview with Staff A on 4/21/16 at 6:08pm revealed the staff did not recall having any training for infection control.	C 934		

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C 934	Continued From page 9 Interview with the Administrator on 4/21/16 at 6:15pm revealed: -The Administrator did not realize that Staff A had not had any infection control training. -He would get the training scheduled for Staff A to complete as soon as possible.	C 934		
C935	G.S. § 131D-4.5B (b) ACH Medication Aides;Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes	C935		

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C935	Continued From page 10 training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure staff who administers medications had documentation of successfully completing 5/10 or 15 hour training for 1 of 3 sampled staff (Staff A). The findings are: Review of the personnel file for Staff A revealed: -Staff A was hired as a Medication Aide (MA) on 1/29/15. -There was no documentation that Staff A had completed the 5/10 or 15 hour training for medication administration. Interview with Staff A on 4/21/16 at 6:08pm revealed the staff did not recall having taking any additional training other than what was required for the MA test. Interview with the Administrator on 4/21/16 at 6:15pm revealed: -The Administrator did not realize that Staff A had not had completed the 5/10 or 15 hour training for medication administration. -He would get the training scheduled for Staff A to complete as soon as possible.	C935		

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