STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078109	A. BUILDING: _____ B. WING _____	08/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 4	9461 HWY 710 S ROWLAND, NC 28383

(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 Robeson County Department of Social Services conducted an annual survey on 08/24/16.	C 000		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40; This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to assure 3 of 3 staff (A, B, C) sampled had a criminal background check in accordance with G.S. 114-19.10 and 131D-40. The findings are: 1. Review of Staff A's personnel file revealed: -Staff A was hired on 07/13/16. -Staff A was hired as a resident care / nursing assistant and live-in staff. -There was documentation of a consent for a criminal background check by Staff A signed and dated 07/13/16. -There was no documentation of a criminal background check on file for Staff A. Observations on 08/24/16 revealed Staff A was working in the facility including cooking, cleaning, and assisting residents. Interview with Staff A on 08/24/16 at 9:35 a.m. revealed:	C 147		

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-He had worked at the facility about a month.
-He was working at the facility today until 3:00 p.m.
-He usually worked as live-in staff starting Mondays at 3:00 p.m. through Wednesdays at 3:00 p.m.
-He would be off the rest of Wednesday and Thursday and then return to work on Fridays at 3:00 p.m. and worked through Mondays at 3:00 p.m.
- He would rotate this schedule with another live-in staff.
-He cleaned, cooked, and provided care to residents if needed while on duty.

Refer to interview with the Supervisor from a sister facility on 08/24/16 at 4:40 p.m.

Refer to interview with the Administrator on 08/24/16 at 5:38 p.m.

2. Review of Staff B's personnel file revealed:
-Staff B was hired on 02/24/96.
-Staff B was hired as a supervisor-in-charge and medication aide.
-There was documentation of a consent for a criminal background check by Staff B signed and dated 01/15/99.
-There was no documentation of a criminal background check on file for Staff B.

Observations on 08/24/16 revealed Staff B was working in the facility including administering medications and assisting residents.

Interview with Staff B on 08/24/16 at 6:14 p.m. revealed:
-She had worked at the facility as a medication aide for many years.
-She remembered a criminal background check

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being done when she was hired.
-The criminal background check should be on file.
-She did not know where the criminal background checks would be filed.

Refer to interview with the Supervisor from a sister facility on 08/24/16 at 4:40 p.m.

Refer to interview with the Administrator on 08/24/16 at 5:38 p.m.

3. Review of Staff C's personnel file revealed:
-Staff C was hired on 03/18/16.
-Staff C was hired as resident care / nursing assistant, medication aide, and live-in staff.
-There was documentation of a consent for a criminal background check by Staff C signed and dated 03/29/16.
-There was no documentation of a criminal background check on file for Staff C.

Interview with Staff A on 08/24/16 at 9:35 a.m. revealed Staff C was one of two medication aides who worked at the facility but Staff C was not working today.

Staff C was not working and unavailable for interview on 08/24/16.

Refer to interview with the Supervisor from a sister facility on 08/24/16 at 4:40 p.m.

Refer to interview with the Administrator on 08/24/16 at 5:38 p.m.

Interview with the Supervisor from a sister facility on 08/24/16 at 4:40 p.m. revealed:
-The Administrator was at an appointment and unable to be at the facility today.

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C 147	Continued From page 3 -The Supervisor worked at a sister facility but came today to help the staff on duty since the Administrator could not be there. -The former Supervisor for this facility had just left employment with the facility on 08/12/16. -The Administrator and the former Supervisor would have been responsible for the personnel files for this facility. -The criminal background checks should have been done for all staff upon hire but she could not locate them. -She would contact the Administrator to find out where the criminal background checks were filed. Telephone interview with the Administrator on 08/24/16 at 5:38 p.m. revealed: -She usually did criminal background checks for all staff upon hire. -The criminal background checks were usually kept in a sealed envelope in a folder in the office. -She told the Supervisor where to look for the folder with the criminal background checks but the Supervisor could not find them. -The criminal background checks were done for all staff. -She was not sure why the Supervisor could not locate the folder. -She would have the Supervisor to continue to search the office for the criminal background checks. No further information regarding the criminal background checks was provided by the end of the survey on 08/24/16. _____ Review of the facility's plan of protection dated 08/24/16 revealed: -The facility will obtain criminal background checks per compliance with rules and	C 147		

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C 147	Continued From page 4 regulations. -Criminal background checks for Staff A, B, and C will be obtained immediately. -Upon employment of staff, the Administrator will obtain criminal background checks as documented in rules and regulations. -The Administrator and / or Supervisor-in-Charge will audit all employee files to make sure documentation of criminal background checks is available immediately. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 8, 2016.	C 147		
C 284	10A NCAC 13G .0904(e)(4) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (e) Therapeutic Diets in Family Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure therapeutic diets were served as ordered for 1 of 2 residents (#1) who ate lunch on 08/24/16 and had an order for a no added salt diet. The findings are: Review of Resident #1's current FL-2 dated 01/06/16 revealed: -The resident's diagnoses included hemiparesis - late effect traumatic brain injury, head injury, seizure disorder, depression, chronic pain -	C 284		

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shoulder / lumbar / leg, mild chronic obstructive pulmonary disease, allergic rhinitis, and alcohol abuse with history of remission.
-There was an order for a no added salt (NAS) diet.

Review of the facility's diet list posted on the refrigerator revealed Resident #1 was on a NAS diet.

Review of the therapeutic menu revealed:
-The menu included a diet column for a NAS diet.
-There was a notation at the bottom of the page for NAS diet follow diet above and put no salt on tray.

Review of the therapeutic menu for lunch on 08/24/16 for a NAS diet revealed:
-The NAS diet was the same as the regular diet except put no salt on the tray.
-The NAS lunch menu included 8 ounce salmon pattie, ½ cup black eyed peas, ½ cup cabbage, 1 square of cornbread, ½ cup banana pudding, 1 teaspoon margarine, and 1 cup coffee, tea / water.

Interview with the live-in staff on duty on 08/24/16 at 11:15 a.m. revealed:
-All residents were on a regular diet and were served the same thing.
-He was going to make some substitutions to the menu.
-He was cooking hamburger patties instead of salmon patties.
-He was cooking a mixed can of green snaps and peas instead of blackeyed peas.
-He was cooking potatoes instead of cabbage.

Observation of the lunch meal on 08/24/16 at 12:15 p.m. revealed:

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C 284	Continued From page 6 -Resident #1 was served 1 hamburger pattie, about 1 cup of mixed snaps and peas, about ½ cup of sliced potatoes, about ½ cup of sugar free vanilla pudding, about 8 ounces of water and tea. -The live-in staff on duty put the salt and pepper shaker on the table and did not instruct any residents that they should not eat salt with their diet.. -Resident #1 added salt to the mixture of snaps and peas and ate about 75 percent of the mixture. -The live-in staff on duty did not say anything when Resident #1 added salt to the mixture. Interview with the live-in staff on duty on 08/24/16 at 12:55 p.m. revealed: -He had seen the diet list posted on the refrigerator door but he did not realize what it was for. -He did not usually cook with salt. -He did not realize Resident #1 was not supposed to add salt at the table. -He usually used the regular diet menu for all residents. Interview with Resident #1 on 08/24/16 at 3:35 p.m. revealed: -She was on a regular diet and got the same food as the other residents. -She was allowed to have salt to her knowledge. -No one had told the resident she should not add salt to her food. -Her blood pressure had been running okay to her knowledge. Review of the blood pressure log for Resident #1 revealed the resident's daily blood pressure ranged from 100/62 - 132/64 in 08/2016. Telephone interview with the Administrator on	C 284		

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C 284	Continued From page 7 08/24/16 at 4:50 p.m. revealed: -Facility staff who cook have been trained on how to use and follow the therapeutic diet menu. -They are supposed to use the diet list to know which diet to serve to each resident. -She would retrain the staff on using the diet list and menu.	C 284		
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule is not met as evidenced by: Based on observations, interviews, and review of the facility's Activity Program calendar, the facility failed to develop a program of activities designed to promote the residents' active involvement. The findings are: Review of the activity program calendar posted in the dining room on 08/24/16 revealed: -The activity calendar was written on a dry erase board and dated July 2016. -There was no activity calendar for August 2016. -Activities listed on the July 2016 calendar included: sittercise, arts / crafts, bible study, board games, word seek, nail care, beauty / barber, beads / bracelets, bingo, movie day, Sunday school, and books / magazines. -Activities were scheduled to last from 30 minutes to 2 hours. Confidential interview with a resident revealed: -No activities had been offered in over a year. -At one time there was a staff person who did	C 288		

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activities, but since she left over a year ago there had been no activities.
-The resident would like to see more activities offered.

Confidential interview with a second resident revealed:
-They do not have a lot of activities at the facility.
-They sometimes went on shopping trips.
-They watch movies sometimes at the facility.
-Church comes sometimes.
-The resident had a puzzle book to do crossword puzzles.
-The resident usually got bored at the facility.

Confidential interview with a third resident revealed:
-The resident did not recall any activities at the facility.
-The resident did not know if activities were offered at the facility.

Confidential interview with a fourth resident revealed:
-They sometimes went on outings.
-They only activity they had at the facility was watching television.

Interview with the live-in staff on duty on 08/24/16 at 12:55 p.m. revealed:
-He had worked at the facility for about a month.
-He had not noticed the activity calendar posted on the wall in the dining room.
-They do not do any scheduled activities at the facility.
-He did not know activities were supposed to be done.
-They just watch television and go outside.

Interview with a medication aide on 08/24/16 at

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C 288	Continued From page 9 4:43 p.m. revealed: -She had worked at the facility as a medication aide for many years. -She did not do activities with the residents. -She thought other staff were doing activities with the residents. Telephone interview with the Administrator on 08/24/16 at 4:50 p.m. revealed: -She was the Activity Director and had taken the activities course years ago. -The personal care aide (PCA) who bathed the residents was responsible for making the activity calendar each month and doing the activities. -She was not aware there was no activity calendar for August 2016. -She was not aware the activities were not being done as required. -Some of the residents did not want to do activities but wanted to watch television or read books. -They probably had not documented residents' refusals to participate in activities. Interview with the PCA on 08/24/16 at 5:50 p.m. revealed: -She usually made the activity calendar each month and posted it on the dry erase board hanging in the dining room. -She had not done the activity calendar for August 2016 because the markers for the dry erase board were not working. -She had not had a chance to go to the store to buy new markers. -She usually worked on Monday through Friday from 8:00 a.m. - 2:00 p.m. and on Saturday from 8:00 a.m to 1:00 p.m. -She was responsible for bathing the residents in the four facilities on the premises when she was working.	C 288		

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C 288	Continued From page 10 -She usually got to this facility around 10:45 a.m. each morning and stayed until about 1:00 p.m. -She would bathe the residents first and when the residents finished eating lunch (served at 12:00 noon), then she would do activities before she left about 1:00 p.m. -They usually did things like word puzzles. -Sometimes the residents would participate and sometimes they would not participate. -She did not usually document if residents refused to do activities. -The activity supplies were kept in a sister facility on the premises. -The live-in staff person was supposed to do other scheduled activities. -If the other staff needed activity supplies, they would have to get them from the other facility. -She did not do activities while she was at the facility today because she had to leave early. Observation throughout the survey on 08/24/16 revealed: -No activities were observed to be done or offered in the facility. -The residents either stayed in their rooms, watched television, or went outside to sit on the porch.	C 288		
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:	C 912		

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C 912	Continued From page 11 Based on observations, record reviews, and interviews, the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with rules and regulations as related to other staff qualifications (criminal background checks). The findings are: Based on observations, interviews and record reviews, the facility failed to assure 3 of 3 staff (A, B, C) sampled had a criminal background check in accordance with G.S. 114-19.10 and 131D-40. [Refer to Tag C147 10A NCAC 13G .0406(a)(7) Other Staff Qualifications (Type B Violation).]	C 912		
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	C935		

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C935	Continued From page 12 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 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 interviews and record reviews, the facility failed to assure 1 of 2 staff (C) who administered medications in the facility had completed the 5 hour and 10 hour or the 15 hour state approved medication administration courses as required. The findings are: Review of Staff C's personnel file revealed: -Staff C was hired on 03/18/16. -Staff C was hired as resident care / nursing assistant, medication aide, and live-in staff. -Staff C completed the Medication Aide Clinical Skills checklist on 03/18/16. -Staff C passed the written Medication Aide Exam	C935		

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(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
C935	Continued From page 13 on 07/13/15. -There was a medication aide verification form indicating Staff C's qualifying date of working as a medication aide at another assisted living facility was 03/15/16. -There was no documentation on the verification form of Staff C working as a medication aide prior to 03/15/16. -There was no documentation of Staff C completing the 5 hour, 10 hour, or 15 hour state approved medication aide training courses. Review of the March 2016 medication administration records (MARs) - August 2016 MARs revealed: -Staff C started administered medications on 03/19/16. -Staff C had administered medications each month from 03/2016 - 08/2016. Interview with Staff A (medication aide) on 08/24/16 at 9:35 a.m. revealed Staff C was one of two medication aides who worked at the facility but Staff C was not working today. Staff C was not working and unavailable for interview on 08/24/16. Interview with the Supervisor from a sister facility on 08/24/16 at 4:40 p.m. revealed: -The Administrator was at an appointment and unable to be at the facility today. -The Supervisor worked at a sister facility but came today to help the staff on duty since the Administrator could not be there. -The former Supervisor for this facility had just left employment with the facility on 08/12/16. -The Administrator and former Supervisor would have been responsible for the personnel files for this facility.	C935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078109	A. BUILDING: _____ B. WING _____	08/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 4	9461 HWY 710 S ROWLAND, NC 28383

(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
C935	Continued From page 14 -The Supervisor was not aware Staff C was required to take the 5 hour, 10 hour, or 15 hour state approved medication aide training course since he passed the written exam after 10/01/13. -Staff C and Staff A were the only two staff who administered medications in the facility. -She would let the Administrator know that Staff C would need to complete the training. Telephone interview with the Administrator on 08/24/16 at 5:38 p.m. revealed: -She usually made sure all medication aides met the requirements to administer medications. -Staff C had worked as a medication aide at another facility. -She did not realize the 5 hour, 10 hour, or 15 hour state approved medication aide training was required if the written exam was passed after 10/01/13. -Staff C and Staff A were currently the only two medication aides for this facility. -She would get the required training for Staff C completed.	C935		