STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	10/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE FAMILY CARE HOME # 1	5820 HOLLAND STREET MORGANTON, NC 28655

(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 Burke County Department of Social Services conducted an annual survey on October 14, 2016 with an exit conference via telephone on October 17, 2016.	C 000		
C 042	10A NCAC 13G .0308 Bedrooms 10A NCAC 13G .0308 Bedrooms (a) There shall be bedrooms sufficient in number and size to meet the individual needs according to age and sex of the residents, the administrator or supervisor-in-charge, other live-in staff and any other persons living in a family care home. Residents are not to share bedrooms with staff or other live-in non-residents. This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure there was sufficient bedrooms to meet the needs of one live-in non-resident who was occupying a designated resident room. The findings are: Review of a Change Licensure Application for Adult Care Facilities, received by the state agency from the Administrator/Owner on 10/21/15 revealed: -The block checked for "Change of Licensee/Ownership." -The block for "Change of Capacity" was unchecked. Review of a letter from the state agency to the	C 042		

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C 042	Continued From page 1 Administrator/Owner dated 10/30/15 revealed: -A license for the facility was issued effective 11/1/15 through 12/31/16. -A licensed capacity of 6 residents. Interview on 10/14/16 at 8:20AM with the Administrator/Owner revealed: -A current census of 5 residents. -A family member of the Administrator/Owner was sleeping in the remaining 6th bed. -This 6th bed was not available for a prospective resident admission. -There was not another room for the family member to sleep in. Observation on 10/14/16 at 8:35AM of the bulletin board by the front door revealed: -A copy of the facility license posted with an expiration date of 12/31/16. -A licensed capacity of 6 residents. Observation on 10/14/16 at 10:40AM of the 6th licensed bed, accompanied by the Supervisor-in-Charge (SIC), revealed: -A bed located in a private room. -The person inhabiting the room was not present. -Aquariums with closed lids, one containing a lizard and another a turtle. -Personal effects which included female clothing. Interview on 10/14/16 at 10:40AM with the SIC revealed: -The aquariums and personal effects belonged to a family member (related to both the SIC and the Administrator/Owner). -There was no other room where the family member can sleep. -She did not know the 6th empty licensed bed could only be used for resident use. -She would contact the state agency to inquire	C 042		

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C 042	Continued From page 2 how to change the number of licensed beds from 6 to 5 beds.	C 042		
C 059	10A NCAC 13G .0310 (b) Storage Areas 10A NCAC 13G .0310 Storage Areas (b) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be supervised while in use. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to secure 3 containers of alcohol-based mouthwash and 1 container of povidone iodine in a common bathroom, 6 containers of household chemicals and 1 container of petroleum product from the front porch and 2 containers of petroleum product outside of the storage shed, with 1 of 5 residents residing in the facility diagnosed with dementia (Resident #1). The findings are: Review of Resident #1's current FL-2 dated 6/1/16 revealed: -Diagnoses which included dementia. -In the section labeled "Disoriented" a checked block next to "constantly." -No checked blocks in the categories under the heading of "inappropriate behavior." Review of a Provider Note for Resident #1 dated 7/5/16 revealed:	C 059		

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C 059	Continued From page 3 -Under the heading "Recheck of History of dementia without behaviors" revealed symptoms included "impaired judgement" but did not include wandering. -Under the heading of "Assessment & Plan" was the diagnosis of dementia and "stable, no med[ication] changes, no decline" and "requires cues and redirection." Review of a Physician Order entry for Resident #1 dated 9/6/16 revealed "Dementia- no decline, [no] med[ication] [changes]." Review of Resident #1's record revealed no documentation of accidents or unsafe resident behaviors. Interview on 10/14/16 at 9:25AM with Resident #1 revealed: -He could not recall how long he had lived at the facility. -Coherent and appropriate responses to general screening questions with no concerns voiced regarding his safety in the facility. Observation on 10/14/16 at 9:40AM of the common bathroom on the left side of the hallway (and across from Resident #1's room) revealed: -Under the sink in the cabinet was a clear bottle labeled mouthwash, 5.5% alcohol per the content label, the label printed with "Keep out of the reach of children" with approximately 3 ounces of a clear blue-green liquid (the cap was on). -Under the sink in the cabinet was an opaque bottle labeled teeth whitener, 8% alcohol per the content label, the label printed with "Keep out of the reach of children " and approximately 1/3 full by weight (the cap was on). -Under the sink in the cabinet was a full 4 ounce bottle of 10% povidone iodine, the label printed	C 059		

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C 059	Continued From page 4	C 059		

with "Keep out of the reach of children" and a flip-top cap.
-On the bottom shelf of a four shelf unit was a clear bottle labeled mouthwash, 15% alcohol by weight per the content label, the label printed with "Keep out of the reach of children" and approximately 1/5th full with a clear blue-green liquid (the cap was on).

Combined interview on 10/14/16 at 9:55AM with the Administrator/Owner and the Supervisor-in-Charge revealed:
-Resident #1 used this common bathroom so staff could keep an eye on him due to his dementia.
-Staff also used this bathroom.
-Residents could use whatever personal hygiene items they wanted that were kept in this bathroom.

Observation on 10/14/16 at 10:15AM of the front porch revealed:
-A full 10 ounce bottle of nail polish remover, containing a clear liquid, the label printed with "Keep out of the reach of children" and stating the contents included acetone.
-Two 8 ounce spray cans of insect repellant, both approximately 1/2 full by weight and the label printed with "Keep out of the reach of children.".
-A 1 gallon bottle of insecticide with a spray hose attachment, completely full by weight with the label printed with "Keep out of the reach of children."
-A 32 ounce bottle of insecticide with a connection for a garden hose, completely full by weight with the label printed with "Keep out of the reach of children."
-A 16 ounce spray bottle of flea and tick killer for pets, approximately 1/3 full by weight with the label printed with "Keep out of the reach of

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C 059	Continued From page 5	C 059		

children."
-A 1 quart opaque black bottle labeled 4 cycle engine oil, approximately 1/2 full by weight.
-An unlabeled 1 gallon milk jug full of a yellow-orange colored liquid.

Interview on 10/14/16 at 10:15AM with the Administrator/Owner revealed:
-Resident #1 would come out to the porch to smoke then go inside the facility.
-Resident #1 had dementia but he was not "stupid."
-The unlabeled gallon milk jug contained cooking oil.
-He was recently using the chemicals on the porch and did not have time to secure them away from residents.

Observation on 10/14/16 at 10:35AM of the area around the storage shed revealed:
-One 2 1/2 gallon red petroleum container partially full by weight with a odorless liquid.
-One full 5 gallon red petroleum container with a clear liquid having a gasoline odor.
-A riding lawn mower and a push lawn mower in vicinity of the petroleum containers.
-The door to the storage shed had a lock and was closed, but turning the handle permitted the door to open.
-No chemicals or petroleum products were identified in the unlocked storage shed.

Interview on 10/14/16 at 10:35AM with the Administrator/Owner revealed he was told by the local fire authority that he could not store petroleum products in the storage shed.

Telephone interview on 10/14/16 at 12:50PM with the Power-of-Attorney for Resident #1 revealed:
-Resident #1 had dementia and required

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C 059	Continued From page 6 direction. -He had "good days" and "bad days." -He was was not a wanderer and she did not think he would ingest anything dangerous or non-edible, but she was not sure. -She had last visited the facility a week ago and at that time she did not recall seeing chemicals on the front porch. -Resident #1 sat on the front porch to smoke. -She felt the facility was a safe place for Resident #1 to live. _____ A Plan of Protection was provided by the Supervisor-in-Charge on 10/14/16 which revealed: -All noted items had been removed and either discarded or stored elsewhere. -All items deemed dangerous to resident would be locked and only made accessible by staff as required for use. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 28, 2016.	C 059		
C 292	10A NCAC 13G .0905 (d) Activities Program 10A NCAC 13G .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities.	C 292		

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C 292	Continued From page 7 Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to provide a minimum of 14 hours of planned activities. The findings are: Observation on 10/14/16 at 9:35AM of the closed doors of the closet containing the medication cabinet, located in the resident hallway, revealed: -A dry erase board calender of activities, labeled "August/September." -Documented days started on August 18 (Tuesday) and ended on September 19 (Saturday). -A total of 16 1/2 hours of planned activities were documented for each week. -Documented activities were identical for each day of each week. -Each Saturday was documented as a "Rest Day" with no indicated times for activities. Confidential interviews of 5 of 5 residents revealed: -One resident stated "nothing" regarding planned activities, residents could watch television but there were no crafts and no games, "I feel bored, " this resident had no ideas regarding activity ideas and also denied having any interests or hobbies. -A second resident stated there were no planned activities, residents had to do them "on their own," "once in a while" they would have a bible study	C 292		

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C 292	Continued From page 8 and they felt bored "a little bit." -A third resident stated there were no activities except to watch television. -The fourth and fifth resident stated no concerns regarding activities. Interview on 10/14/16 at 9:35AM with the Administrator/Owner revealed: -He tried to get residents to "socialize" between breakfast and lunch. -Residents liked to watch television. -He had not updated the activity calendar for October due attending to a family member's medical concerns. -Not attending to the activity calendar, "that is on me [Administrator/Owner]." Observation on 10/14/16 from 10:35AM through 12:00PM of residents revealed: -4 residents seated in the living room, watching television. -No group activity supervised or encouraged by facility staff.	C 292		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and	C 342		

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C 342	Continued From page 9	C 342		

documenting the resulting effect on the resident;
(6) date and time of administration;
(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and
(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to transcribe to the Medication Administration Record as needed medications Pro-Air inhaler, Ativan and Phenazopyridine from a provider-signed FL-2 and prescription, for 1 of 3 residents reviewed for medications (Resident #1).

The findings are:

Review of the current FL-2 dated 6/1/16 for Resident #1 revealed:
-Diagnoses which included dementia, depression and chronic obstructive pulmonary disease (COPD).
-Orders for Pro-Air inhaler (a bronchodilator), 2 puffs four times a day as needed (PRN) for shortness of breath (SOB).
-Orders for Ativan (an anti-anxiety medication), 0.5 mg tablet, 1 tablet every six hours as needed for agitation/anxiety.

Review of a Palliative Care provider note dated 7/28/16 for Resident #1 revealed:
-Dementia was stable with no need for medication changes
-COPD was stable with no need for medication changes.
-Urinary Frequency was decreased related to

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C 342	Continued From page 10 resolved sympton of a Urinary Tract Infection (UTI), with an order for AZO Standard (Phenazopyridine, a urinary analgesic three times a day PRN for 90 tablets with no refills. Review of a copy of a handwritten prescription dated 7/28/16 for Resident #1 revealed: -"D/C [discontinuation] AZO" as a scheduled medication -Start AZO three times a day PRN for 90 tablets with no refills. Review of the June 2016 Medication Administration Record (MAR) for Resident #1 revealed: -A computer-printed order for Ativan 0.5mg tablet, take 1 tablet by mouth every 6 hours as needed for anxiety/agitation/insomnia, with the handwritten comment "D/C 3/23/16" written across the date blocks. -A computer-printed order for ProAir inhaler, 90 mcg, inhale 2 puffs by mouth four times daily as needed for shortness of breath/wheezing, with the handwritten comment "D/C 3/23/16" written across the date blocks. Review of the July 2016 MAR for Resident #1 revealed: -No order for Ativan. -No order for Pro Air. -A handwritten order for Phenazopyridine 200mg 1 tablet three times a day, documentation of administration from 7/7/16 through 7/14/15 and with the words "Auto Stop 7/15 (AM)" written across the remaining date blocks. Review of the August 2016, September 2016 and October 2016 MARs for Resident #1 revealed: -No order for Ativan. -No order for Pro Air.	C 342		

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C 342	Continued From page 11 -A computer-printed order for Phenazopyridine 200mg 1 tablet three times a day with the handwritten comment "D/C 7/5/16" and initials written across the date blocks. Review of a Palliative Care provider note dated 9/6/16 for Resident #1 revealed: -Dementia was stable with no need for medication changes -COPD was stable with no need for medication changes. Review of a Pharmacist Chart Review entry for Resident #1 dated 9/27/16 revealed: -FL-2 dated 6/1/16. -On 7/28/16 AZO was ordered three times a day PRN. -On 3/23/16 Pro Air was D/C'd. -Recommendations were "MD order- DC Pro Air/Ativan." Interview on 10/14/16 at 9:25AM with Resident #1 revealed: -He could not remember the last time he had a doctor's appointment. -"I am healthy." Telephone interview on 10/14/16 at 12:50PM with the Power of Attorney (POA) for Resident #1 revealed: -Resident #1 had "good days" and "bad days" with regard to responding to questions. -The POA was not aware of Resident #1 having any shortness of breath or anxiety/agitation requiring medication. -Resident #1 was a smoker. Interview on 10/14/16 with the Administrator/Owner and the Supervisor-in-Charge (SIC) revealed:	C 342		

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C 342	Continued From page 12 -The Administrator/Owner was not at the facility on 9/27/16 when the Pharmacist did her reviews and he was not aware of her recommendations. -The SIC filled out the FL-2, in preparation for the provider's signature, by looking at what was on the 2015 FL-2 and copying these orders. -The Pro Air and Ativan were discontinued for non-use in April 2016. -The Pro Air and Ativan should have never been put on the FL-2. -Resident #1 had no respiratory symptoms or behaviors since the Pro Air and Ativan were D/C ' d. -The PRN Phenazopyridine order should have been transcribed to the MAR. -Resident #1 had no UTI symptoms since he was treated in June, 2016. Telephone interview on 10/17/16 at 1:20PM with a nurse from the Palliative Care Clinic revealed: -The provider was not available for interview. -Her records showed the Pro Air and Ativan for Resident #1 were D/C'd "per the caregiver [facility]." -She was unsure if the facility prepared the FL-2, but she did not have a current FL-2 on file for Resident #1. -She would have expected the facility to change the scheduled Phenazopyridine to PRN as ordered. -Once any ordered Phenazopyridine was given, the facility would have to ask for more medication as the order did not have refills. Telephone interview attempt on 10/17/16 at 1:32PM with the Reviewing Pharmacist was unsuccessful. Telephone interview on 10/17/16 at 1:35PM with the Contract Pharmacy pharmacist revealed:	C 342		

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C 342	Continued From page 13 -The Pharmacy never received a copy of the current FL-2 for Resident #1. -Although the Pharmacy received FL-2s for new admissions or facility readmissions, "it would be great for refills to have them." -D/C orders should be forwarded to the Pharmacy. -Her records showed Pro-Air was D/C'd per the SIC and removed from the MAR on 5/31/16. -Her records showed Ativan was D/C'd per the SIC by a "verbal notice." -Her records showed the Phenazopyridine order was changed to PRN. -30 tablets of Phenazopyridine were dispensed on 7/5/16, probably due to the high cost, not being covered by insurance and the Resident know to carry a high payment balance. -The PRN Phenazopyridine order was never filled as the facility told the Pharmacy they had some remaining from when it was ordered TID. -From the Pharmacy's perspective, the PRN Phenazopyridine order was still an active order.	C 342		
C 381	10A NCAC 13G .1009(b) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (b) The facility shall assure action is taken as needed in response to the medication review and documented, including that the physician or appropriate health professional has been informed of the findings when necessary. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to follow up on a recommendation from the Reviewing Pharmacist to verify discontinuation orders for Ativan and Pro-Air for 1 of 3 residents reviewed for medications (Resident #1).	C 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012042	A. BUILDING: _____ B. WING _____	10/17/2016

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C 381	Continued From page 14 The findings are: Review of the current FL-2 dated 6/1/16 for Resident #1 revealed: -Diagnoses which included dementia, depression and chronic obstructive pulmonary disease (COPD). -Orders for Pro-Air inhaler (a bronchodilator), 2 puffs four times a day as needed (PRN) for shortness of breath (SOB). -Orders for Ativan (an anti-anxiety medication), 0.5 mg tablet, 1 tablet every six hours as needed for agitation/anxiety. Review of a Palliative Care provider note dated 7/28/16 for Resident #1 revealed: -Dementia was stable with no need for medication changes -COPD was stable with no need for medication changes. Review of the June 2016 Medication Administration Record (MAR) for Resident #1 revealed: -A computer-printed order for Ativan 0.5mg tablet, take 1 tablet by mouth every 6 hours as needed for anxiety/agitation/insomnia, with the handwritten comment "D/C 3/23/16" written across the date blocks. -A computer-printed order for ProAir inhaler, 90 mcg, inhale 2 puffs by mouth four times daily as needed for shortness of breath/wheezing, with the handwritten comment "D/C 3/23/16" written across the date blocks. Review of the July 2016, August 2016, September 2016 and October 2016 MARs for Resident #1 revealed: -No order for Ativan.	C 381		

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C 381	Continued From page 15 -No order for Pro Air. Review of a Palliative Care provider note dated 9/6/16 for Resident #1 revealed: -Dementia was stable with no need for medication changes -COPD was stable with no need for medication changes. Review of a Pharmacist Chart Review entry for Resident #1 dated 9/27/16 revealed: -FL-2 dated 6/1/16. -On 3/23/16 Pro Air was D/C'd. -Recommendations were "MD order- DC Pro Air/Ativan." Interview on 10/14/16 at 9:25AM with Resident #1 revealed: -He could not remember the last time he had a doctor's appointment. -"I am healthy." Telephone interview on 10/14/16 at 12:50PM with the Power of Attorney (POA) for Resident #1 revealed: -Resident #1 had "good days" and "bad days" with regard to responding to questions. -The POA was not aware of Resident #1 having any shortness of breath or anxiety/agitation requiring medication. -Resident #1 was a smoker. Interview on 10/14/16 with the Administrator/Owner and the Supervisor-in-Charge (SIC) revealed: -The Administrator/Owner was not at the facility on 9/27/16 when the Pharmacist did her reviews and he was not aware of her recommendations. -The SIC filled out the FL-2, in preparation for the provider's signature, by looking at what was on	C 381		

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C 381	Continued From page 16 the 2015 FL-2 and copying these orders. -The Pro Air and Ativan were discontinued for non-use in April 2016. -The Pro Air and Ativan should have never been put on the FL-2. -Resident #1 had no respiratory symptoms or behaviors since the Pro Air and Ativan were D/C'd. Telephone interview on 10/17/16 at 1:20PM with a nurse from the Palliative Care Clinic revealed: -The provider was not available for interview. -Her records showed the Pro Air and Ativan for Resident #1 were D/C'd "per the caregiver [facility]." -She was unsure if the facility prepared the FL-2, but she did not have a current FL-2 on file for Resident #1. Telephone interview attempt on 10/17/16 at 1:32PM with the Reviewing Pharmacist was unsuccessful. Telephone interview on 10/17/16 at 1:35PM with the Contract Pharmacy pharmacist revealed: -The Pharmacy never received a copy of the current FL-2 for Resident #1. -Although the Pharmacy received FL-2s for new admissions or facility readmissions, "it would be great for refills to have them." -D/C orders should be forwarded to the Pharmacy. -Her records showed Pro-Air was D/C'd per the SIC and removed from the MAR on 5/31/16. -Her records showed Ativan was D/C'd per the SIC by a "verbal notice."	C 381		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights	C 912		

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C 912	Continued From page 17 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: Based on observations, interviews and record reviews the facility failed to assure residents received care and services that were adequate, appropriate and in compliance with federal and state laws and rules and regulations related to health care, medication administration, medication administration record accuracy, self-administration of medications and medication storage. Based on observations and interviews, the facility failed to secure 3 containers of alcohol-based mouthwash and 1 container of povidone iodine in a common bathroom, 6 containers of household chemicals and 1 container of petroleum product from the front porch and 2 containers of petroleum product outside of the storage shed, with 1 of 5 residents residing in the facility diagnosed with dementia (Resident #1) [Refer to Tag 059, 10A NCAC 13G .0310(b), Storage Areas (Type B Violation)].	C 912		