STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092219	A. BUILDING: _____ B. WING _____	11/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARY FAMILY CARE	545 FRONT RIDGE DRIVE CARY, NC 27519

(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 Wake County Department of Social Services conducted an initial survey on November 9, 2016.	C 000		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record review, the facility failed to ensure 1 of 1 staff (Staff B) sampled had been tested for Tuberculosis (TB) disease in compliance with TB control measures adopted by the Commission for Health Services. The findings are: Interview with the Administrator/Owner on	C 140		

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C 140	Continued From page 1 11/09/2016 at 9:00am revealed he was the only person working at the facility. Observation on 11/09/2016 at 10:00am revealed an attendant arrived at the facility and sat in the common area of the facility and engaged in a ball toss game with the resident. Observation of the Attendant on 11/09/2016 at 12:00pm revealed: -The Attendant assisted the resident to the kitchen in a wheelchair. -The Attendant prepared a lunch meal for the resident. -The Attendant stayed in the kitchen with the resident while the resident ate. Review of facility personnel records revealed: -There was no personnel record labeled for Staff B. -There were documents inside a notebook labeled "Employee" for Staff B, Attendant. -There was no hire date documented. -There was no documentation of any TB skin tests (tbst) for Staff B, Attendant. Interview with the Attendant on 11/09/2016 at 12:30pm revealed: -The Attendant was "volunteering". -The Attendant assisted the resident with activities, exercises, ambulation, toileting, and whatever the resident needed to be done. -The Attendant had been "helping out" a couple of months. Interview with the Administrator/Owner on 11/09/2016 at 12:35pm revealed he was in the process of trying out the Attendant with a goal to have the Attendant work at the facility.	C 140		

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C 140	Continued From page 2 Interview with Staff B, Attendant on 11/09/2016 at 1:50pm revealed: -Staff B, Attendant had been working at the facility for 1- 2 months. -Staff B, Attendant had not had a TB skin test since beginning work at the facility. -Staff B, Attendant remembered having a TB skin test placed once, but it was "old". -Staff B, Attendant did not remember the date when the TB skin test was done. -Staff B, Attendant did not have any record available of the "old" TB skin test results. -Staff B, Attendant had not been requested by the Administrator/Owner to get a TB skin test since starting work at the facility. Interview with the Administrator on 11/09/2016 at 2:45pm revealed: -Staff B, Attendant was in training with a goal to be hired. -The Administrator knew the requirement for TB skin testing was a two-step process. -The Administrator had the overall responsibility to ensure TB skin testing was done. -The Administrator had the overall responsibility to ensure documentation for results of TB skin testing were filed in staff records. Interview with the Administrator/Owner on 11/09/2016 at 10:20am revealed: -The resident kept the Administrator/Owner "so busy". -The Administrator/Owner "put getting stuff organized on the back burner". _____ The Administrator/Owner submitted the following Plan of Protection on 11/09/2016: -The staff would not be allowed to return to work/volunteer until a completed TB skin test was	C 140		

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C 140	Continued From page 3 received. -The staff would be required to get the second step TB skin test within two weeks. -The Administrator would develop a checklist and review it quarterly to ensure that the appropriate documentation was in the employee record. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED DECEMBER 24, 2016.	C 140		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interview, and review of personnel files, the facility failed to assure 1 of 1 staff (Staff B) sampled had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) according to G.S. 131E-256. The findings are: Interview with the Administrator/Owner on 11/09/2016 at 9:00am revealed he was the only person working at the facility. Observation on 11/09/2016 at 10:00am revealed	C 145		

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C 145	Continued From page 4	C 145		

an attendant arrived at the facility and sat in the common area of the facility and engaged in a ball toss game with the resident.

Observation of the Attendant on 11/09/2016 at 12:00pm revealed:
-The Attendant assisted the resident to the kitchen in a wheelchair.
-The Attendant prepared a lunch meal for the resident.
-The Attendant stayed in the kitchen with the resident while the resident ate.

Observation of the Administrator on 11/09/2016 at 12:30pm revealed the Administrator went into the kitchen and joined the resident and attendant.

Interview with the Attendant on 11/09/2016 at 12:30pm revealed:
-The Attendant was "volunteering".
-The Attendant assisted the resident with activities, exercises, ambulation, toileting, and whatever the resident needed to be done.
-The Attendant had been "helping out" a couple of months.

Interview with the Administrator/Owner on 11/09/2016 at 12:35pm revealed he was in the process of trying out the Attendant with a goal to have the Attendant work at the facility.

Review of documents in a notebook labeled "Employees" revealed documents included:
-A form dated September 29, 2016 documenting drug test results performed.
-There was no date of hire.
-There was no documentation of a Health Care Personnel Registry (HCPR) check.

Second interview with the Attendant on

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C 145	Continued From page 5 11/09/2016 at 1:50pm revealed: -The Attendant worked at the facility two days a week. -The Attendant usually stayed at the facility "a couple of hours, not really that long". -The Attendant had been helping out for 1 - 2 months. -The Attendant was paid by the Owner when the Attendant provided services at the facility. -The Attendant was only at the facility to help and get a job. -The Attendant was never left alone with the resident. Interview with the Administrator/Owner on 11/09/2016 at 2:35pm revealed: -He was responsible to ensure the healthcare personnel registry checks were completed and filed. -He was aware the HCPR check had not been completed for the attendant staff since 10/18/2016 when the Adult Home Specialist made a visit to the facility and informed him the HCPR needed to be completed. -He had not had time to complete the HCPR check. -He tried to complete the HCPR check earlier on 11/09/2016 but his computer was not working properly. -He needed to develop a checklist of things he needed to complete. -The attendant started working at the facility on 09/29/2016. -The attendant did not work at the facility on a consistent basis. Interview with the Administrator/Owner on 11/09/2016 at 10:20am revealed: -The resident kept the Administrator/Owner "so busy".	C 145		

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C 145	Continued From page 6 -The Administrator/Owner "put getting stuff organized on the back burner". Review of the Plan of Protection submitted by the Administrator/Owner on 11/09/2016 revealed: -The Administrator/Owner would perform a HCPR check on the employee by the end of the day (11/09/2016) and maintain a printed copy of the HCPR check on file. -Upon receipt of a new potential volunteer or employee, the Administrator/Owner will access the HCPR to ensure there are no allegations of abuse or neglect. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED DECEMBER 24, 2016.	C 145		
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 1 of 1 staff (Staff B) sampled had a criminal background check in accordance with G.S 131D-40. The findings are:	C 147		

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C 147	Continued From page 7 Interview with the Administrator/Owner on 11/09/2016 at 9:00am revealed he was the only person working at the facility. Observation on 11/09/2016 at 10:00am revealed an attendant arrived at the facility and sat in the common area of the facility and engaged in a ball toss game with the resident. Observation of the Attendant on 11/09/2016 at 12:00pm revealed: -The Attendant assisted the resident to the kitchen in a wheelchair. -The Attendant prepared a lunch meal for the resident. -The Attendant stayed in the kitchen with the resident while the resident ate. Observation of the Administrator on 11/09/2016 at 12:30pm revealed the Administrator went into the kitchen and joined the resident and attendant. Interview with the Attendant on 11/09/2016 at 12:30pm revealed: -The Attendant was "volunteering". -The Attendant assisted the resident with activities, exercises, ambulation, toileting, and whatever the resident needed to be done. -The Attendant had been "helping out" a couple of months. Interview with the Administrator/Owner on 11/09/2016 at 12:35pm revealed he was in the process of trying out the Attendant with a goal to have the Attendant work at the facility. Review of documents in a notebook labeled "Employees" revealed: -There was documentation for a state driver	C 147		

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C 147	Continued From page 8	C 147		

license background check performed 03/15/2015 for Staff B.
-There was documentation for a current CPR certification.
-There was a form dated September 29, 2016 documenting drug test results performed.
-There was no date of hire documented.
-There was no documentation signed by Staff B consenting to have a criminal background check performed.
-There was no documentation for a criminal background check performed after 03/15/2015.

Second interview with the Attendant on 11/09/2016 at 1:50pm revealed:
-The Attendant worked at the facility two days a week.
-The Attendant usually stayed at the facility "a couple of hours, not really that long".
-The Attendant had been helping out for 1 - 2 months.
-The Attendant was paid by the Owner when the Attendant provided services at the facility.
-The Attendant bought the criminal background check results to the Administrator/Owner that had been done when the attendant worked with another company.
-The Attendant was only at the facility to help and get a job.
-The Attendant was never left alone with the resident.

Interview with the Administrator/Owner on 11/09/2016 at 2:35pm revealed:
-He was responsible to ensure the criminal background checks were completed and filed.
-He saw the criminal background check results the attendant bought to the facility but did not pay attention to the date the background check had been completed.

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C 147	Continued From page 9 Interview with the Administrator/Owner on 11/09/2016 at 10:20am revealed: -The resident kept the Administrator/Owner "so busy". -The Administrator/Owner "put getting stuff organized on the back burner". The facility submitted a Plan of Protection on 11/09/2016 which included the following: -The Administrator would require a completed criminal background check immediately for any volunteer/employee. -No employee would be allowed to work in the facility until the Administrator had received and reviewed the results of the criminal background check. -The Administrator would review the rules and regulations as related to criminal background checks and create a hiring checklist. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED DECEMBER 24, 2016.	C 147		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services,	C 202		

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C 202	Continued From page 10 Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure 1 of 1 resident (#1) sampled was tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Resident #1's current FL-2 dated 10/06/2016 revealed diagnoses included non-traumatic subdural hemorrhage, history of falling, essential primary hypertension, unspecified atrial fibrillation, unspecified dementia, and encephalopathy. Review of Resident #1's Resident Register revealed the resident had been living in the home since 03/19/2016. Review of Resident #1's record for documentation of tuberculosis skin testing revealed there was no documentation for any TB skin tests placed for the resident. Interview with the Administrator/Owner on 11/09/2016 at 11:30am revealed: -He was still working on trying to get a doctor to fax a copy of TB skin testing results. -He knew Resident #1 had documentation of a 2-step TB skin test when the resident came to live in the home. -He remembered reviewing the two-step TB skin testing results when the resident came to live in the home. -The two-step TB skin test results he had reviewed were negative.	C 202		

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C 202	Continued From page 11 -He was not able to put his hands on the results of the TB skin test for Resident #1. -He had called the resident's family member and the family member did not have a copy of TB skin testing for Resident #1. -He thought Resident #1 had TB skin testing performed at a local medical center and would call to see if there was a copy of the TB skin testing. -He had called the doctor's office but they did not have a copy of any TB skin test for Resident #1. -He was responsible for reviewing admission paperwork to ensure all necessary documents were available. Telephone interview with the Primary Care Provider's Nurse on 11/09/2016 at 1:30pm revealed: -There was no record at the physician's office of any TB skin testing performed -There had been no request from the facility Administrator/Owner to perform any TB skin testing for Resident #1. -The previous facility where the resident had been may have results of TB skin testing. Review of a physician's office visit report dated 03/30/2016 for Resident #1 revealed documentation that "the patient had a negative TB skin test when [s/he] was admitted to [a named facility]. I do not think [s/he] needs another one done." Following record review and observation of Resident #1 on 11/09/2016, he was determined not to be interviewable. No additional information was received regarding TB skin testing for Resident #1.	C 202		

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C 375	Continued From page 12	C 375		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record; This Rule is not met as evidenced by: Based on record review, and interview, the facility	C 375		

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C 375	Continued From page 13 failed to assure quarterly pharmaceutical medication reviews were completed quarterly for 1 of 1 resident (Resident #1) sampled for record review. The findings are: Review of Resident #1's current FL-2 dated 10/06/2016 revealed: -Diagnoses included non-traumatic subdural hemorrhage, history of falling, essential primary hypertension, unspecified atrial fibrillation, unspecified dementia, and encephalopathy. -There physician's orders for Aspirin 81mg tablet everyday for atrial fibrillation, Digoxin .125mg everyday (used to treat heart problems), and Lisinopril 5mg tablet everyday (used to treat high blood pressure). Review of Resident #1's Resident Register dated revealed the resident had been living in the home since 03/19/2016 prior to the home becoming a licensed facility effective July 7, 2016. Review of Resident #1's record revealed: -There was a medication review dated 06/28/2016 with no recommendations. -There was no quarterly pharmacy drug review completed for the quarter beginning 07/2016 to 10/2016. -There was no record of a drug review completed since 06/28/2016. Interview with the Administrator/Owner on 11/09/2016 at 10:20am revealed: -The resident kept the Administrator/Owner "so busy". -The Administrator/Owner "put getting stuff organized on the back burner".	C 375		

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CARY FAMILY CARE	545 FRONT RIDGE DRIVE CARY, NC 27519

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C 375	Continued From page 14 Interview with the Administrator/Owner on 11/09/2016 at 1:00pm revealed: -The Provider Pharmacy Consultant was responsible to complete the quarterly pharmacy reviews. -The pharmacy review results were kept in the resident record. -He did not remember when the Provider Pharmacy Consultant had last come to the facility to complete quarterly pharmacy reviews. -He thought the pharmacy kept their own schedule to visit the facility to complete the pharmacy reviews. -He did not have a system in place to ensure the pharmacy reviews were completed timely, but needed to develop a checklist. Telephone interview with a Provider Pharmacy Representative on 11/09/2016 at 1:10pm revealed: -Pharmacy drug reviews were done quarterly by the Clinical Pharmacist. -The Clinical Pharmacist kept a calendar she followed to perform the drug reviews. -If a review was missed, it was the expectation that the facility would call the pharmacy to let them know. Telephone interview with the Clinical Pharmacist on 11/09/2016 at 1:15pm revealed: -She was planning to visit the facility today (11/09/2016) to complete the pharmacy review. -She did a pharmacy review in September 2016 but was not able to deliver the review to the facility. -She tried to visit the facility every three months, but if circumstances did not allow a visit to the home or she was unable to schedule for review, then she did an "in house" pharmacy review. -The September 2016 pharmacy review was an	C 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092219	A. BUILDING: _____ B. WING _____	11/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 375	Continued From page 15 "in house" review done at the pharmacy. -She usually kept track of when pharmacy reviews were due and she had no expectation for the facility to make contact about the need for a pharmacy review. -She would fax a copy of the "in house" pharmacy review conducted in September 2016 for review. Review of the faxed copy of the September 21, 2016 pharmacy review for Resident #1 revealed the following: -"MAR has been reviewed and updated accordingly." -"All prescriptions have been reviewed." -"No reports from patient for side effects or concern." -"No recommendations at this time."	C 375		
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: Based on observation, record review, and interview, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to staff qualifications, and test for tuberculosis. The findings are:	C 912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 912	Continued From page 16 1. Based on observations, interviews, and record review, the facility failed to ensure 1 of 1 staff (Staff B) sampled had been tested for Tuberculosis (TB) disease in compliance with TB control measures adopted by the Commission for Health Services. [Refer to Tag 0140, 10A NCAC 13G .0405 Test For Tuberculosis (Type B Violation)]. 2. Based on observations, interview, and review of personnel files, the facility failed to assure 1 of 1 staff (Staff B) sampled had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) according to G.S. 131E-256. [Refer to Tag 0145, 10A NCAC 13G .0406(a)(5) Other Staff Qualifications (Type B Violation)]. 3. Based on observations, interviews, and record reviews, the facility failed to assure 1 of 1 staff (Staff B) sampled had a criminal background check in accordance with G.S 131D-40. [Refer to Tag 0147, 10A NCAC 13G .0406(a)(7) Other Staff Qualifications (Type B Violation)].	C 912		