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	FCL098032	A. BUILDING: _____ B. WING _____	11/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	502 POE STREET WILSON, NC 27893

(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 November 21, 2016.	C 000		
C 105	10A NCAC 13G .0317(d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to assure that water temperatures were maintained between 100 degrees Fahrenheit and 116 degrees Fahrenheit for 3 of 3 assessed fixtures at the facility. The findings are: Observation of the front bathroom in the living rooms sink on 11/21/16 at 7:35 AM revealed the water temperature was 112 degrees Fahrenheit. Observation of the middle bathroom down the hallways sink on 11/21/16 at 7:38 Am revealed the water temperature was 114 degrees Fahrenheit. Observation of the back bedroom bathrooms sink on 11/21/16 at 7:55 AM revealed the water temperature was 126 degrees Fahrenheit. Interview with the Administrator on 11/21/16 at	C 105		

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C 105	Continued From page 1 8:10 AM revealed: -She went outside to check the hot water heater and stated that the valve was turned all the way up to scalding. -She was not aware of who had changed the water temperature. -She changed the setting back on the hot water heater at this time. Observation of the facility's thermometer used to check water temps on 11/21/16 at 8:15 AM revealed the facility was using a meat thermometer to check water temperatures. Review of the facilities log for water temperatures revealed the last time the water temperature had been checked was on 11/01/16 and all the fixtures were at 100 degrees Fahrenheit. Observation of the front bathroom in the living rooms sink on 11/21/16 at 9:12 AM revealed the water temperature was 118 degrees Fahrenheit. Observation of the middle bathroom down the hallways sink on 11/21/16 at 9:10 Am revealed the water temperature was 120 degrees Fahrenheit. Observation of the back bedroom bathrooms sink on 11/21/16 at 9:20 AM revealed the water temperature was 118 degrees Fahrenheit. Second interview with the Administrator on 11/21/16 at 9:25 AM revealed she felt that since her hot water heater was run by gas that it would take longer for the temperatures to re-adjust. Observation of the front bathroom in the living rooms sink on 11/21/16 at 11:15 AM revealed the water temperature was 108 degrees Fahrenheit.	C 105		

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C 105	Continued From page 2 Observation of the middle bathroom down the hallways sink on 11/21/16 at 11:17 Am revealed the water temperature was 110 degrees Fahrenheit. Observation of the back bedroom bathrooms sink on 11/21/16 at 11:45 AM revealed the water temperature was 106 degrees Fahrenheit. Third interview with the Administrator on 11/21/16 at 11:55 AM revealed: -She is checking the water temperatures once a month and they have all been reading the same temperature on her thermometer. -She had been using the same thermometer for the last five years to check water temperatures and has never had any issues. -All staff were responsible for checking the water temperatures. -The last time that she checked the water temperature was on 11/01/16 and all the fixtures were at 100 degrees Fahrenheit. -She was aware that the water temperature were to be maintained between 100 degrees Fahrenheit and 116 degrees Fahrenheit.	C 105		
C 171	10A NCAC 13G .0504(a) Competency Validation For Licensed Health 10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks (a) A family care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of	C 171		

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C 171	Continued From page 3	C 171		

Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision.

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews the facility failed to assure that all sampled staff (Staff A, B, and C) had been competency validated to perform Licensed Health Professional Support (LHPS) task including assistance with ambulation, use of assistive devices, Foley catheter care, and providing nebulizer treatments for residents requires these task.

The findings are:

1. Review of Staff A's personnel file revealed:
-She was hired at the facility sometime in March of 2016 as a Personal Care Aide and a Medication Aide.
-There was no documentation that Staff A had been competency validated to perform LHPS task.

Observation of Staff A on 11/21/16 at 8:20 AM revealed:
-Resident #2 and Resident #3 were ambulating with a walker.
-Staff A assisted Resident #2 and Resident #3 in sitting down at the table for breakfast.
-Resident #2 had a Foley catheter bag hanging from his walker.

Interview with a Medication Aide on 11/21/16 at 12:20 PM revealed she gives Resident #2 his baths and she does his Foley catheter care.

Refer to telephone interview with a Registered

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C 171	Continued From page 4 Nurse at the facility's provider Pharmacy on 11/21/16 at 11:30 AM. Refer to interview with Administrator on 11/21/16 at 11:55 AM. 2. Review of Staff B's personnel file revealed: -She was hired in March of 2015 as the Administrator and a Medication Aide. -There was no documentation that Staff B had been competency validated to perform LHPS task. Refer to telephone interview with a Registered Nurse at the facility's provider Pharmacy on 11/21/16 at 11:30 AM. Refer to interview with Administrator on 11/21/16 at 11:55 AM. 3. Review of Staff C's personnel file revealed: -She was hired in August of 2015 as Personal Care Aide and a Medication Aide. -There was no documentation that Staff C had been competency validated to perform LHPS task. Telephone interview with a Registered Nurse at the Pharmacy on 11/21/16 at 11:30 AM revealed: -She had not done any Licensed Health Professional Support (LHPS) validations for any of the staff at this facility. -The Administrator had called her sometime around the first week of October of 2016 requesting that she come and perform the LHPS validation for staff but she explained that the Administrator would have to pay an additional fee if she come outside of her quarterly visit. -She told the Administrator that she would come out and do the staff at her next quarterly which	C 171		

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C 171	Continued From page 5 should be coming due soon, and the Administrator told her that would be fine to just come then. Interview with the Administrator on 11/21/16 at 11:55 AM revealed: -She had not got the staff LHPS competency validated due to the facility not having any residents requiring LHPS task at time of hire. -When she got residents who required LHPS task she forgot to get the staff to complete the LHPS competency validated. -Staff does assist Resident #2 and Resident #3 with ambulation and transfer. -Staff assist Resident #2 with Foley catheter care. -All the staff at the facility are required to assist with any residents who require LHPS task. -She was aware that all staff were required to be LHPS competency validated to perform LHPS task for residents. -She would call the Pharmacy and have the Registered Nurse come out and competency validate all staff for LHPS task.	C 171		
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following:	C 254		

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C 254	Continued From page 6 (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure a registered nurse completed an on-site Licensed Health Professional Support (LHPS) review and physical assessment evaluation on a quarterly basis for 2 of 3 residents (#2, #3) sampled with required LHPS tasks of ambulation with assistance, Foley catheter care, and a resident receiving nebulizer treatments. The findings are: A. Review of Resident #2's current FL2 dated for 11/10/16 revealed: -Diagnoses of hypertension, type 2 Diabetes, Dementia, gastro esophageal reflux disease, heart failure, chronic kidney disease stage 3, ischemic cardiomyopathy, and atrial fibrillation. -Resident #2 had an order to ambulate with a walker. -Resident #2 had an order for an indwelling Foley catheter. -Resident #2 was admitted to the facility on 08/08/16 according to the current FL2. Review of Resident #2's current Care Plan dated	C 254		

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C 254	Continued From page 7	C 254		

for 08/8/16 revealed the resident required extensive assistance with dressing, grooming, ambulation, and transferring.

Observation of Resident #2 on 11/21/16 at 8:20 AM revealed:
-The resident was ambulating with a walker.
-The Medication Aide assisted Resident #2 in sitting down at the table for breakfast.
-Resident #2 had a Foley catheter bag hanging from his walker.

Attempted interview with Resident #2 on 11/21/16 at 12:20 PM revealed that based on observations, interviews, and record reviews Resident #2 was no interviewable at this time.

Interview with a Medication Aide on 11/21/16 at 12:20 PM revealed she gives Resident #2 his baths and she does his Foley catheter care.

Refer to telephone interview with a Registered Nurse at the Pharmacy on 11/21/16 at 11:30 AM.

Refer to interview with Administrator on 11/21/16 at 11:55 AM.

B. Review of Resident #3's current FL2 dated for 10/13/16 revealed:
-Diagnoses of chronic obstructive pulmonary disease, atrial fibrillation, hypothyroidism, chronic kidney disease, sleep apnea, hyperlipidemia, and hypertension.
-Resident #2 had orders for semi-ambulatory with a walker.
-Resident #2 had an order for Ipratropium Bromide (used as a nebulizer for treatment of wheezing and shortness of breath) four times per day as needed.
-Resident #2 was admitted to the facility on

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C 254	Continued From page 8 09/01/15 according to the current FL2. Review of Resident #3's current Care Plan dated for 10/18/16 revealed the resident required assistance with dressing, grooming, and ambulation. Observation of Resident #3 on 11/21/16 at 8:15 AM revealed: -The resident was ambulating with a walker. -The Medication Aide assisted Resident #3 in sitting down at the table for breakfast. Attempted interview with Resident #3 on 11/21/16 at 9:05 AM revealed that based on observations, interviews, and record reviews Resident #2 was no interviewable at this time. Telephone interview with a Registered Nurse at the facility provider pharmacy on 1/21/16 at 11:30 AM revealed: -She has been providing Licensed Health Professional Support (LHPS) reviews at the facility since they opened. -The facility has to pay the fee for the LHPS reviews to done and then she would schedule them to be done within two weeks of receiving payment. -The last time she had done LHPS reviews was on 06/30/16. -She has not been notified that the fee had been paid so that she could schedule another review. -The Administrator did call her last week to find out when she would be coming to do the reviews and the Administrator was made aware that her fee had not been paid and services could not be rendered until the fee had been paid. Interview with the Administrator on 11/21/16 at	C 254		

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C 254	Continued From page 9 11:55 AM revealed: -To have the Licensed Health Professional Support (LHPS) reviews done she had to call and pay a fee to the facility provider pharmacy that facility used. -Once the payment is received then the faciliy provider pharmacy would schedule to perform the LHPS reviews. -She said sometimes it takes the Pharmacy a month or longer to send someone out to do the LHPS reviews. -She called and paid the Pharmacy for the services on 11/14/16. -She called on 11/18/16 to find out when they would be coming to do the LHPS reviews but the facility provider pharmacy told her that her payment had not been processed. -The last time the LHPS reviews were done was June or July of 2016. -She felt it was her fault that she had forgot to call and pay for the services earlier so that they could be done quarterly. -She was aware that they were required to be done quarterly and within 30 days of admission. -She had called the Pharmacy again today on 11/21/16 and requested that they come out as soon as possible to make sure the LHPS reviews were done.	C 254		
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	C 375		

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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 failed to have medication reviews completed at least quarterly for 3 of 3 residents (#1, #2, #3).

The findings are:

A. Review of Resident #1's current FL2 dated for 07/12/16 revealed diagnosis of alcohol abuse, cognitive disorder, (old) traumatic brain injury, and speech impairment.

Review of the Resident Register revealed

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C 375	Continued From page 11 Resident #1 was admitted to the facility on 07/18/15. Review of Resident #1's medication review form revealed: -The most recent medication review was completed by a Registered Nurse on 6/30/16. -No quarterly medication review had been done since 6/30/16 in order to identify medication related problems. Refer to telephone interview with a Registered Nurse at the Pharmacy on 11/21/16 at 11:30 AM. Refer to interview with Administrator on 11/21/16 at 11:55 AM. B. Review of Resident #2's most current FL-2 dated 01/28/16 revealed diagnoses of hypertension, type 2 Diabetes, Dementia, gastro esophageal reflux disease, heart failure, chronic kidney disease stage 3, ischemic cardiomyopathy, and atrial fibrillation. Review of the Resident Register revealed Resident #2 was admitted to the facility on 08/08/16. Review of Resident #2's medication review form revealed no quarterly medication review had been done on this resident. Attempted interview with Resident #2 on 11/21/16 at 12:20 PM revealed that based on observations, interviews, and record reviews Resident #2 was no interviewable at this time. Refer to telephone interview with a Registered Nurse at the faciliy provider pharmacy on 11/21/16 at 11:30 AM.	C 375		

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C 375	Continued From page 12 Refer to interview with Administrator on 11/21/16 at 11:55 AM. C. Review of Resident #3's current FL-2 dated 09/23/16 revealed the diagnoses of chronic obstructive pulmonary disease, atrial fibrillation, hypothyroidism, chronic kidney disease, sleep apnea, hyperlipidemia, and hypertension. Review of the Resident Register revealed Resident #3 was admitted to the facility on 09/01/15. Review of Resident #3's medication review form revealed: -The most recent medication review was completed by a Registered Nurse on 6/30/16. -No quarterly medication review had been done since 6/30/16 in order to identify medication related problems. Attempted interview with Resident #3 on 11/21/16 at 9:05 AM revealed that based on observations, interviews, and record reviews Resident #2 was no interviewable at this time. Telephone interview with a Registered Nurse at the facility provider pharmacy on 1/21/16 at 11:30 AM revealed: -She has been providing pharmacy reviews at the facility since they opened. -The facility has to pay the fee for the pharmacy reviews to done and then she would schedule them to be done within two weeks of receiving payment. -The last time she done pharmacy reviews was on 06/30/16. -She has not been notified that the fee had been paid so that she could schedule another	C 375		

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C 375	Continued From page 13 pharmacy review. -The Administrator did call her last week to find out when she would be coming to do the pharmacy reviews and the Administrator was made aware that her fee had not been paid and services could not be rendered until the fee had been paid. Interview with the Administrator on 11/21/16 at 11:55 AM revealed: -To have the pharmacy reviews done she had to call and pay a fee to the Pharmacy that facility used. -Once the payment is received then the Pharmacy would schedule someone to perform the pharmacy reviews. -She said sometimes it takes the Pharmacy a month or longer to send someone out to do the pharmacy reviews. -She called and paid the Pharmacy for the services on 11/14/16. -She called on 11/18/16 to find out when they would be coming to do the pharmacy reviews but the Pharmacy told her that her payment had not been processed. -The last time the pharmacy reviews were done was June or July of 2016. -She felt it was her fault that she had forgot to call and pay for the services earlier so that they could be done quarterly. -She was aware that they were required to be done quarterly. -She had called the Pharmacy again today on 11/21/16 and requested that they come out as soon as possible to make sure the pharmacy reviews were done.	C 375		