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	FCL092206	A. BUILDING: _____ B. WING _____	11/29/2016

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on November 29, 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: Based on record review and interview, the facility failed to assure that 1 of 3 sampled staff (Staff A) was tested for tuberculosis (TB) disease in compliance with the two step control measures. The findings are: Review of Staff A's personnel file revealed: -Staff A was hired on 9/10/2016 as a Supervisor in Charge. -There was documentation of a TB skin test done on 8/13/2014. -There was no documentation of a two-step TB skin test done before or after hire on 9/10/2016	C 140		

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C 140	Continued From page 1 for this facility. Staff A was not available for an interview. Interview with the Administrator on 11/29/2016 at 3:54 p.m. revealed: -The Administrator was not aware that she could not use a TB skin test done 8/13/2014 for a new staff hired 9/10/2016. -Administrator was responsible for making sure that new hire personnel files were completed. -There was no system in place to make sure staff received the necessary two-step TB skin testing.	C 140		
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: Based on interviews and record reviews, the facility failed to assure that Criminal Background Checks were completed for 2 of 3 staff (B, C) upon hire in accordance with G.S. 131D-40. The findings are: 1. Review of Staff B's personnel file revealed: -He was hired as a Supervisor in Charge on 10/12/2016. -There was a Criminal Background check dated 2/29/2016, eight months prior to Staff B's hire date of 10/12/2016. -There was no documentation that a Criminal Background check was done closer to Staff B's	C 147		

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C 147	Continued From page 2 hire date of 10/12/2016. Interview with Staff B on 11/29/2016 at 4:30 p.m. revealed that he provided the facility with a Criminal Background check which was done at the beginning of the year. Refer to interview with the Administrator on 11/29/2016 at 3:54 p.m. 2. Review of Staff C's personnel file revealed: -He was hired as a Supervisor in Charge on 8/06/2015. -There was a Criminal Background check dated 2/13/2015, six months prior to Staff C's hire date of 8/06/2015. -There was no documentation that a Criminal Background check was done closer to Staff C's hire date of 8/06/2015. Staff C was not available for an interview. Refer to interview with the Administrator on 11/29/2016 at 3:54 p.m. Interview with the Administrator on 11/29/2016 at 3:54 p.m. revealed: -She thought that it was okay to use the Criminal Background checks from February 2015 and February 2016 because it was only done months before staff were hired. -The Administrator would do new Criminal Background checks on Staff B and Staff C.	C 147		
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily	C 367		

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retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.

This Rule is not met as evidenced by:
TYPE B VIOLATION

Based on observations, interviews and record reviews, the facility failed to account for the use and administration of controlled medications for 2 of 2 residents (#1, #3) sampled, including a resident who was receiving Ativan (#1) and a resident who was receiving Klonopin (#3) were accurate when reconciled. The findings are:

1. Review of Resident #1's current FL-2 dated 10/13/2016 revealed:
-Diagnoses included Schizophrenia and Tardive Dyskinesia.
-An order for Lorazepam (Ativan- used to treat anxiety disorders) 0.5 mg every day as needed.

Review of Resident #1's Medication Administration Records (MAR) revealed:
-There was documentation that Resident #1 received Ativan 0.5 mg once daily 9/09/2016 to 9/30/2016.
-There was documentation that Resident #1 received Ativan 0.5 mg seven times from 10/01/2016 to 10/31/2016.
-There was documentation that Resident #1 received Ativan 0.5 mg nine times from 11/1/2016 to 11/29/2016.

Review of label on Resident #1's controlled drug records revealed:
-A quantity of 30 Ativan 0.5 mg tablets were

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dispensed on 9/09/2016.
-A quantity of 30 Ativan 0.5 mg tablets were dispensed on 10/06/2016.
-According to the count on the controlled drug records there should have been 13 tablets remaining in the bubble package.

Observation of medications on hand for Resident #1 on 11/29/2016 revealed a bubble package of Ativan filled on 10/06/2016 had a quantity of 11 tablets remaining in the package.

Interview with the Administrator on 11/29/2016 at 9:40 p.m. revealed:
-She administered one 0.5 mg Ativan tablet to Resident #1 yesterday morning and this morning, 11/29/2016 and forgot to sign controlled log.
-She usually signed the controlled log after giving medication but forgot yesterday and today, 11/29/2016.

Resident #1 was not available to be interviewed.

Refer to interview with the Administrator on 11/29/2016 at 9:40 p.m.

2. Review of Resident #3's current FL-2 dated 8/11/2016 revealed:
-Diagnoses included Schizoaffective Disorder and Depression.

Review of Resident #3's records revealed:
-There was an order for Clonazepam (Klonopin-used to treat panic disorders) 1mg tablet twice daily dated 9/06/2016.
-There was another order for Klonopin 1 mg tablettwice daily dated 10/27/2016.

Review of Resident #3's controlled drug records revealed:

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C 367	Continued From page 5 -A quantity of 60 Klonopin tablets was dispensed on 9/06/2016. -The controlled drug record was used from 9/7/2016 to 10/10/2016 showing a count balance of zero. -A quantity of 60 Klonopin tablets was dispensed on 10/05/2016. -The controlled drug record was used from 10/10/2016 to 10/31/2016 showing a count of 17 remaining. -A quantity of 60 Klonopin tablets was dispensed on 10/30/2016. -The controlled drug record was used from 11/01/2016 to 11/29/2016 showing a count of 3 remaining. -One record showed that 60 doses of Klonopin was received by facility 9/06/2016 -All 60 doses of Klonopin was administered between 9/07/2016 and 10/10/2016 -A second record showed that 60 doses of Klonopin was received by facility 10/05/2016. -Only 43 doses of Klonopin was administered between 10/10/2016 and 10/31/2016. -A third record showed that 60 doses of Klonopin was received by facility 10/30/2016. -57 doses was administered between 11/01/2016 and 11/29/2016. Review of Resident #3's Medication Administration Record (MAR) revealed: -Documentation that resident was given Klonopin twice per day starting 9/07/2016 thru 9/30/2016. -Documentation that resident was given Klonopin twice per day for the month of October 2016. -Documentation that resident was given Klonopin twice daily from 11/1/2016 thru 11/29/2016. Observation of medications on hand for Resident #3 on 11/29/2016 revealed: -There was a bubble package of Klonopin	C 367		

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C 367	Continued From page 6 dispensed on 10/30/2016 with a quantity of 21 tablets remaining in the package. -The quantity of 21 tablets remaining in the bubble package did not match the count remaining on the controlled drug record. Interview with Resident #3 on 11/29/2016 at 9:35 p.m. revealed: -His medications were offered as scheduled in the mornings and evenings. -He took all medications when offered. -He had not missed any of his medication doses. Interview with the Administrator on 11/29/2016 at 09:40 p.m. revealed: -Staff used the incorrect control sheet to document medication administration. -Resident #3 had never missed any of his Klonopin doses. -When Resident #3 arrived at the facility all his medications were faxed to the pharmacy and came in the same day. Refer to interview with Administrator on 11/29/2016 at 9:40 p.m. _____ Interview with the Administrator on 11/29/2016 at 09:40 p.m. revealed: -Controlled drugs are counted monthly. -They were counted last month, October at the beginning of the month. -The medications were counted and then compared to the MAR to make sure what was available was what was written on the MAR. -If the count on the controlled substance was not correct, the Administrator would call the pharmacy. -The count was done by the Administrator and	C 367		

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C 367	Continued From page 7 one of the staff. Plan of Protection received from the facility dated 11/29/2016 revealed: -Administrator will call the pharmacy to clarify on how the medication were dispensed and correct the discrepancies. -Also the Administrator will have to interview the staff to figure out what they did. -Administrator will have the pharmacy do an in-service for facility on how to document on controlled substance. -The Administrator will monitor weekly on the staff ' s documentation. -The Administrator will monitor weekly for one month, bi-weekly for another one month and then monthly to make sure the right documentation done. THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY 13, 2017.	C 367		
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, interviews and record review, the facility failed to ensure residents received care and services which were adequate,	C 912		

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C 912	Continued From page 8 appropriate and in compliance with relevant federal and state laws and rules and regulations related to accounting for controlled substances. The findings are: 1. Based on observations, interviews and record reviews, the facility failed to account for the use and administration of controlled medications for 2 of 2 residents (#1, #3) sampled, including a resident who was receiving Ativan (#1) and a resident who was receiving Klonopin (#3). [Refer to Tag C367 10A NCAC 13G .1008. (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 procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.	C935		

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C935	Continued From page 9 (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 interview and record review, the facility failed to assure that 1 of 3 staff (Staff B) had the 5 hour medication training or previously worked as a medication aide during the previous 24 months prior to performing unsupervised medication aide duties. The findings are: Review of Staff B's personnel file revealed: -He was hired on 10/12/2016 as a Supervisor in Charge. -There was no 5 hour medication training documented in Staff B's personnel file. -There was documentation of the 10 hour medication training done on 7/12/2016. -There was no verification that Staff B had previously worked as a medication aide during the previous 24 months. -There was documentation that Staff B completed the Medication Clinical skills checklist on 7/16/2016.	C935		

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C935	Continued From page 10 -There was no documentation that Staff B passed the Medication Aide test. Interview with Staff B on 11/29/2016 at 4:30 p.m. revealed: -He had been working at the facility since last month, October 2016. -He did not administer medication to residents. Review of facility's resident records revealed that Staff B had not been documenting administration of medications since been hired 10/12/2016. Interview with the Administrator on 11/29/2016 at 3:54 p.m. revealed: -Staff B had been working at the facility as a Supervisor in Charge since 10/12/2016. -His duties included cooking, housekeeping, supervision and transportation of residents to doctor's appointments. -He did not administer medications to residents. -One of the other staff or myself administer medications to the residents. -He had taken the 10 hour medication training but not the 5 hour medication training. -The Administrator will call pharmacy to have them do the 5 hour medication training and do a new Medication Clinical skills check-off. -He had an appointment to take the Medication Aide test again on 12/09/2016. -He did take the Medication Aide test but did not pass it.	C935		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care	C992		

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C992	Continued From page 11 homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 2 of 3 sampled staff (A, C) hired after 10/01/2013 received a controlled substance testing and screening upon hire. The findings are:	C992		

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C992	Continued From page 12 1. Review of Staff A's personnel file revealed: -Staff A was hired on 9/10/2016 as a Supervisor in Charge (SIC). -There was no documentation of consent given or controlled substance testing and screening being done upon hire. Staff A was not available for an interview. Interview with the Administrator on 11/29/2016 at 3:54 p.m. revealed that there was "no drug screening done for Staff A". Refer to interview with the Administrator on 11/29/2016 at 3:54 p.m. 2. Review of Staff C's personnel file revealed: -Staff C was hired on 8/06/2015 as a Supervisor in Charge. -There was documentation of a controlled substance testing and screening done 09/19/2000 which was negative. -There was no documentation of consent given or controlled substance testing and screening being done upon hire. Staff C was not available for an interview. Interview with the Administrator on 11/29/2016 at 3:54 p.m. revealed: -She did not know that the facility could not use a controlled substance testing and screening from September 2000 for a new staff hired 8/06/2015. -She stated that she just accepted what Staff C gave to her. Refer to interview with the Administrator on 11/29/2016 at 3:54 p.m.	C992		

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C992	Continued From page 13 Interview with Administrator on 11/29/2016 at 3:54 p.m. revealed: -Administrator would be responsible for "drug screening" of new hires. -Will have Staff A and Staff C do a "drug screen". -There was no system in place to make sure that staff received the necessary requirements before and upon hire.	C992		