STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073011	A. BUILDING: _____ B. WING _____	R 01/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS FAMILY CARE HOME	410 MONTFORD DRIVE ROXBORO, NC 27573

(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 and follow-up survey on January 27, 2017.	C 000		
C 112	10A NCAC 13G .0318(a) Outside Premises 10A NCAC 13G .0318 Outside Premises (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the front of the home including the porch and the back patio area were maintained in a clean and safe condition related to paint on the front porch floor and the back patio area floor. The findings are: Observation of the front porch on 1/27/17 at 10:00 a.m. revealed: -The floor of the front porch had white smears and drips of paint scatted throughout the black paint on the floor. -A black chair was observed sitting on the front porch. -The arms of the chair and the seat of the chair had cracked and split areas. -The seat of the chair was covered by a brown towel. Observation of the back patio area on 1/27/17 at 10:30 a.m. revealed: -The floor of the patio area had missing paint throughout the black paint on the floor. -The floor of the patio area had dry leaves scattered on the floor.	C 112		

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C 112	Continued From page 1 -A red cloth chair was observed sitting on the back patio area and the seat of the chair had three black areas on the front portion of the seat. Interview with the supervisor-in-charge (SIC) on 01/27/17 at 3:30 p.m. revealed: - She was not aware of any needed repairs at the facility. -There was no system in place to report needed repairs at the facility. Telephone interview with the Administrator on 01/27/17 at 3:30 p.m. revealed: -She was aware the floor on the front porch needed to be re-painted. -The front porch had been painted black about 6 months ago, and the paint had faded. -She would repaint the floor, but no time frame was given. -She was aware the chair on the front porch had cracked and split areas on the arms and seat of the chair. -She would throw the chair away. -She was aware the floor on the back patio area needed to be re-painted. -The back patio area had been painted black about 6 months ago. -She was not aware the red cloth chair sitting on the back patio area had dark areas on the front portion of the seat. -She would throw the chair away. -There was no system in place to report needed repairs at the facility.	C 112		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis	C 140		

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C 140	Continued From page 2 (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 2 of 2 sampled staff were tested for Tuberculosis (TB) disease in compliance with Tuberculosis (TB) control testing using a 2-step TB testing method. (Staff A, B) The findings are: 1. Review of Staff A's personnel record revealed: -She was hired as an Administrator on 3/24/16. Documentation of a TB skin test given on 8/14/15 and read on 8/17/15 as negative. Interview with Staff A on 1/27/17 at 3:21 p.m. revealed: -She had not completed another 2-step TB skin test since her rehire date of 03/24/16. -The Administrator was responsible for making sure staff had completed a 2-step TB skin test. Interview with the Administrator on 1/27/17 at	C 140		

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C 140	Continued From page 3 3:30 p.m. revealed: -Staff A was rehired on 3/24/16, and she had not completed another 2-step TB skin test. -She did not know a 2-step TB skin test had to be completed on staff rehired at the facility. -She was responsible for making sure staff had the 1st step TB skin test completed, prior to hire, and the 2nd step TB skin test within 30 days of hire. -She was also responsible for auditing the 2-step TB skin test for staff. -No time frame was given on how often she would audit the 2-step TB skin test for staff. 2. Review of Staff B's personnel record revealed: -She was hired as a supervisor-in-charge (SIC) on 01/02/17. -Documentation of a TB skin test read on 04/17/09 as negative. Interview with Staff B on 1/27/16 at 3:15 p.m. revealed: -She was rehired on 1/27/17. -She thought another TB skin test had been completed on her. Interview with the Administrator on 1/27/17 at 3:30 p.m. revealed: -Staff B was rehired on 01/02/17, and she had not completed another 2-step TB skin test. -She did not know a 2-step TB skin test had to be completed on staff rehired at the facility. -She was responsible for making sure staff had the 1st step TB skin test completed, prior to hire, and the 2nd step TB skin test within 30 days of hire. -She was also responsible for auditing the 2-step TB skin test for staff. -No time frame was given on how often she would audit the 2-step TB skin test for staff.	C 140		

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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: Based on record review and interview, the facility failed to assure 1 of 1 sampled staff (Staff B) had no substantiated findings on the North Carolina Personnel Registry (NCHCPR) check. The findings are: Review of Staff B's personnel record revealed: -She was hired as a supervisor-in-charge (SIC) on 01/02/17. -Documentation of a health care personnel registry check dated 3/31/16 was found in Staff B's record. Interview with Staff B on 01/27/17 at 3:15 p.m. revealed she did not know if a HCPR check had been completed for her prior to or since her rehire date of 01/02/17. Telephone interview with the Administrator on 01/27/17 at 3:30 p.m. revealed: -Staff B was rehired on 01/02/17, and she had not completed another HCPR check on Staff B prior to or since her rehire date on 01/02/17. -No time frame was given on when the HCPR check would be completed for Staff B. -HCPR checks for staff should be completed, prior to hire.	C 145		

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C 145	Continued From page 5 -The Administrator was responsible for the completion of the HCPR check for staff, prior to hire.	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: Based on record review and interview, the facility failed to assure 2 of 2 sampled staff had a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40. (Staff A, B) The findings are: 1. Review of Staff A's personnel record revealed: -She was hired as an Administrator on 3/24/16. -Documentation of a criminal background check dated 08/17/15. Interview with Staff A on 1/27/17 at 3:21 p.m. revealed: -She was rehired on 3/24/16. -A criminal background check had not been completed for her prior to or since her rehire date of 3/24/16. Interview with the Administrator on 1/27/17 at 3:21 p.m. revealed: -Staff A was rehired on 3/24/16. -She had not completed another criminal background check prior to or after Staff A's rehire	C 147		

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C 147	Continued From page 6	C 147		

date of 3/24/16.
-She did not know a criminal background check had to be completed for staff rehire at the facility.
-She would complete a criminal background check for Staff A.
-No time frame was given.
-She was responsible for making sure staff had a criminal background check, prior to hire.
-She was responsible for auditing criminal background checks for staff.
-No time frame was given on how often she would audit criminal background checks for staff.

2. Review of Staff B's personnel record revealed:
-She was hired as a supervisor-in-charge (SIC) on 01/02/17.
-Documentation a criminal background check had been completed on 2/08/07.

Interview with Staff B on 01/27/17 at 3:15 p.m. revealed she did not know if a criminal background check had been completed for her prior to or since rehire date of 01/02/17.

Interview with the Administrator on 1/27/17 at 3:21 p.m. revealed:
-Staff B was rehired on 1/02/17.
-She had not completed another criminal background check prior to or after Staff B's rehired date of 1/02/17.
-She did not know a criminal background check had to be completed for staff rehired at the facility.
-She would complete a criminal background check for Staff B.
-No time frame was given.
-She was responsible for making sure staff had a crminal background check, prior to hire.
-She was responsible for auditing criminal background checks for staff.

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C 147	Continued From page 7 -No time frame was given on how often she would audit criminal background checks for staff.	C 147		
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 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 record review and interview, the facility failed to assure 1 of 1 sampled staff (Staff B) was competency validated for Licensed Health Professional Support (LHPS) for fingerstick blood sugar (FSBS) testing, prior to performing the task. The findings are: Review of Staff B's personnel record revealed: -She was hired as a supervisor-in-charge (SIC) on 01/02/17. -No documentation of a LHPS competency validation for FSBS testing was found in Staff B's record. Interview with Staff B on 1/27/17 at 3:15 p.m. revealed she did not know if a LHPS competency	C 171		

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C 171	Continued From page 8 validation for FSBS testing had been completed for her since her rehire date of 01/02/17. Telephone interview with the Administrator on 1/27/17 at 3:30 p.m. revealed: -Staff B was rehired on 01/02/17, and a LHPS competency validation for FSBS testing had not been completed for Staff B since her rehire date of 01/02/17. She did not know a LHPS competency validation for FSBS testing had to be completed for staff rehired at the facility. -She was responsible for making sure staff had a LHPS competency validation for FSBS testing prior to performing the task. -A LHPS competency validation for FSBS testing would be completed for Staff B. -No timeframe on when the LHPS competency validation for Staff B would be completed.	C 171		
C 174	10A NCAC 13G .0505(1)(2) Training On Care Of Diabetic Residents 10A NCAC 13G .0505 Training On Care Of Diabetic Residents A family care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration;	C 174		

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C 174	Continued From page 9 (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; appropriate administration times; and (g) sliding scale insulin administration. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 sampled staff (Staff B) had completed training on the care of the diabetic residents prior to the administration of insulin. The findings are: Review of Staff B's personnel record revealed: -She was hired as a supervisor-in-charge (SIC) on 01/02/17. -No documentation of any diabetic care training was found in Staff B's record. -Documentation of a medication clinical skills checklist was found in Staff B's record. Interview with Staff B on 1/27/17 at 3:15 p.m. revealed: - She had not completed diabetic care training since her hire date of 01/02/17. -She gave medications to the residents when she worked including insulin to one resident in the facility. Review of the January 2017 medication administration records (MARs) revealed Staff A documented the administration of insulin in January 2017. Telephone interview with the Administrator on 1/27/17 at 3:30 p.m. revealed:	C 174		

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C 174	Continued From page 10 -Diabetic training had not been completed for Staff B since her rehire date of 01/02/17. She did not know diabetic training had to be completed for staff rehired at the facility. -She was responsible for making sure staff had diabetic training prior to administering insulin to residents. -Diabetic training would be completed for Staff B. -No timeframe on when diabetic training for Staff B would be completed.	C 174		
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. (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	C935		

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C935	Continued From page 11 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 record review and interview, the facility failed to assure 1 of 1 sampled medication aide (Staff B) had completed 5, 10 or 15 hours medication aide training. The findings are: Review of Staff B's personnel record revealed: -She was hired as a supervisor-in-charge (SIC) on 01/02/17. -No documentation Staff B had completed 5, 10 or 15 hours medication aide training. . Interview with the Staff B on 01/27/17 at 3:15 p.m. revealed she had not completed 5, 10 or 15 hours medication aide training since her rehire date of 01/02/17. Telephone interview with the Administrator on 1/27/17 at 3:30 p.m. revealed: -Staff B had not completed the 5, 10 or 15 hours of medication aide training since her rehire date	C935		

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C935	Continued From page 12 of 01/02/17. She did not know the 5, 10 or 15 hours of medication aide training had to be completed for staff rehired at the facility. -She was responsible for making sure staff had completed the 5, 10 or 15 hours of medication aide training. -The 5, 10 or 15 hours of medication aide training would be completed for Staff B. -No timeframe on when the 5, 10 or 15 hours of medication aide training for Staff B would be completed.	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 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	C992		

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C992	Continued From page 13 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 review and interview, the facility failed to assure examination and screening for the presence of controlled substance was performed for 1 of 1 sampled staff (Staff B) that were hired after 10/01/13. The findings are: Review of Staff B's personnel record revealed: -She was hired as a supervisor-in-charge (SIC) on 01/02/17. -No documentation of a controlled substance screen test was found in Staff B's record. Interview with Staff B on 01/27/17 at 3:15 p.m. revealed she had not had a controlled substance screen test completed prior to or since her rehire date of 01/02/17. Telephone interview with the Administrator on 01/27/17 at 3:30 p.m. revealed: -A controlled substance screen test had not been completed for Staff B prior to or since her rehire date of 01/02/17. -She did not know a controlled substance screen	C992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073011	A. BUILDING: _____ B. WING _____	R 01/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS FAMILY CARE HOME	410 MONTFORD DRIVE ROXBORO, NC 27573

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C992	Continued From page 14 test had to be completed for staff rehired at the facility. -She was responsible for making sure staff had a controlled substance screen test completed, prior to hire. -A controlled substance screen test would be completed for Staff B. -No timeframe on when a controlled substance screen test for Staff B would be completed.	C992		