Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL009022	A. BUILDING: _____ B. WING _____	02/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT LIVING FAMILY CARE HOME	7264 NC HWY 211 W BLADENBORO, NC 28320

(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 Bladen County DSS conducted an anual survey on February 09, 2017.	C 000		
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the failed to assure that the walls and ceilings were kept clean and in good repair. The findings are: Observations in the community bathroom on 02/09/17 at 9:20am revealed: -The walls of the shower were covered with painted- over black stains and black stains that could be wiped off.	C 074		
	-The knob on the hot water faucet in the tub fell off when turned on. (this will be repair by 4-21-17)		The door knob on the hot water side is going to be replaced and a weekly inspection will be performed by 1st and 2nd shift.	
	-An area approximately 1inch wide and 6 inches long below the bathroom door knob was missing paint.		The bathroom door will be painted and a weekly inspection will be performed by staff to prevent this from happening again this will be repainted by 4-21-17.	
	-An area approximately 1 inch wide by 12 inches long above the bathroom door knob was missing paint.		The bathroom door will be painted and a weekly inspection will be performed by staff to prevent this from happening again. This will be repainted by 4-21-17	
	-The bathroom door knob was loose.		The door knob has been tighten and a weekly check will prevent this.	
	-A section of the bathroom door frame approximately 1 inch wide by 14 inches long was missing paint.		The door frame will be painted and a weekly inspection will be performed from staff to prevent this from happening again. This will be repainted by 4-21-17	
	Observation of bedroom #1 on 02/09/17 at			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 3-14-17

Renewed & accepted
03/22/17

Division of Health Service Regulation

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C 074	Continued From page 1 9:40am revealed: -There was no door knob on the closet door. -A section of bare wood approximately 3 inches wide and 18 inches long was beneath the doorknob cutout on the closet door. -The resident of bedroom #1 could not remember what had happened to the closet door.	C 074	The closet will be repainted and have a door knob installed by 4-21-17. A weekly inspection of door hardware will be performed to prevent this from happening again.	
	Observations of bedroom #3 on 02/09/17 at 9:45am revealed ten ceiling tiles were discolored and "bubbled" in appearance. Interview with the resident of bedroom #3 on 02/09/17 at 9:45 am revealed: -The resident thought that the roof leaked when it rained. -The Administrator had attempted to fix the roof and ceiling multiple times in the past. -The resident thought the last repairs were done "a couple of weeks ago." -The resident was unclear when the last repair had been done.		The roof was repaired after Hurricane Matthew so there is no leak to fix. The tiles in the ceiling will be replaced on or before May 1, 2017. The staff will start to do a weekly inspection on condition of each room.	
	Observation of the facility's kitchen on 02/09/17 at 10:20am revealed: -All the kitchen cabinets needed cleaning or painting. -Two of the upper cabinets handles were only attached at 1 end. -The kitchen wall behind the dining table chairs was missing paint. Interview with the Medication Aide (MA)/Personal Care Aide (PCA) on 02/09/17 at 10:20am revealed: -The facility did not have a cleaning schedule. -She thought that the Administrator and his family members did deep cleaning on the weekends. -She did not know why the ceiling tiles in bedroom #3 were stained and sagging.		All of the kitchen cabinets were cleaned and painted on March 8, 2017. All of the handles on the kitchen cabinets were replaced on March 8, 2017 with new handles. The kitchen wall behind the dining table chairs will be sanded and repainted before 4-28-17. A weekly inspection and daily cleaning will be performed on the kitchen to insure the cleanly and good repair of the kitchen	

3-14-17

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C 074	Continued From page 2 -She thought it could have been the result of a hurricane several months ago. -The Administrator did repairs as needed in the facility. The Administrator was not available for interview.	C 074	The tiles will be replaced in the ceiling before May 1, 2017. The staff will do a weekly inspection on each room to make sure everything is in good repair.	
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, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 3 residents (Resident #1) was tested for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Residents #1 Resident Register on 02/07/17 at 11:20am revealed: -He was admitted to the facility on 07/18/09. -Resident #1 was admitted from a family member's home. Review of Resident #1's record revealed: -A TB test was placed on 05/21/07 and read as	C 202	Next page →	

PRINTED: 03/03/2017
FORM APPROVED

Division of Health Service Regulation

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dents chart to prevent this
pening again.

02/09/17 at 11:25am revealed:
-The Administrator was responsible for obtaining documentation of TB tests.
-The PCA was not aware that Resident #1 needed another TB test.
-The PCA will discuss the missing TB test with the Administrator when he returned.

The Administrator was unavailable for interview.

inspection
each resi
from hap

re served 3 times daily
, 3pm, and 8pm. The
been made aware of
and procedures on snack
e Administrator will do
interveiw with the residents
e snacks are being served
. This has been in place since
informed of problem on 2-9-17

C 272	10A NCAC 13G 0904(d)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to assure that appropriate snacks were offered or made available to all residents 3 times per day. The findings are:	C 272	Snacks a at 10AM staff has the policy times. Th a weekly to insur daily 3x

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STATE FORM case Y5BA11

If continuation sheet 4 of 8

2.14.17

02/09/2017

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BLADENBORO, NC 28320

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COMFORT LIVING FAMILY CARE HOME

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ocal Health was read as date. on admission to the n 02/07/17 at as unsure of when he test. Care Aide (PCA) on	C 202	A TB test and documentation will be performed on Resident #1 before April 1, 2017 and placed in his file so that we will be in Compliance of 10A NCAC 13G.0202 The nurse that performs our chart [illegible] will be asked to check	

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C 202	Continued From page 3 "negative" on 05/23/07. -A TB test was placed by a lo Department on 04/29/08 and "negative" on an unspecified -No TB testing was done upo facility. Interview with Resident #1 o 12:40pm revealed that he wa had received his last TB skin Interview with the Personal C

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C 272	Continued From page 4 Observations on 02/09/17 from 9:15am until 6:40pm revealed: -The lunch and evening meals were served at appropriate times. -The Personal Care Aide (PCA) did not prepare or offer snacks between meals. Review of the posted menu revealed that snacks were not included. Interview with a resident on 02/09/17 at 4:25pm revealed that snacks are only served at night. Interview with a second resident on 02/09/17 at 4:40pm revealed: -The Administrator served snacks before bedtime. -The resident stated that he would like to have snacks during the day. Interview with the PCA on 02/09/17 at 6:00pm revealed: -The PCA usually only worked days at the facility. -The PCA was not aware that snacks should be served or offered between meals and at bedtime. -Snacks were not on the menu. -She would discuss snacks with the Administrator as soon as possible. The Administrator was unavailable for interview.	C 272	Response on Bottom of page 4	
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These	C 367		3-14-17

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C 367	Continued From page 5 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: Based on observations, interviews and record reviews, the facility failed to assure accurate reconciliation of a controlled substance, Ultracet (used to treat pain) by documenting the receipt and administration for 1of 3 residents (Resident #3). The findings are: Review of Resident #3's current FL-2 dated 01/25/17 revealed: -Resident #3's diagnoses included schizophrenia, chronic obesity, hypertension and developmental disorder. -His medication orders included Ultracet, 2 tablets twice a day as needed for pain. Review of the medications on hand for Resident #3 on 02/09/17 at 5:10pm revealed: -A Control Drug Record that indicated that the remaining total was 54 tablets after the last dose was given on 01/30/17 at 8:00am. -A total of 114 tablets of Ultracet tablets were counted on hand. -A punch card dated 02/29/16 with 60 Ultracet tablets was on medication cart . -A punch card dated 02/29/16 with 54 Ultracet tablets was on medication cart. Telephone interview with the facility's providing pharmacy on 02/13/17 at 4:24pm revealed: -A prescription for Ultracet 180 tablets was received on 02/29/16. -Two punch cards of 60 tablets each was dispensed on 02/29/16. -A prescription for Ultracet 180 tablets was received on 10/26/16.	C 367	To insure that a correct drug count on controlled drugs is made. The staff of CLFCH which include the administrator and medication aide will count each controlled drug daily on 1st shift and 2nd shift to insure the medication count is correct. The staff will also check the other person's documentation daily. This form of double checking each controlled drug will take effect Immediately. 3-14-17	

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C 367	Continued From page 6 -Two punch cards of 60 tablets each was dispensed on 10/26/16. -There was no record of Ultracet being returned to the pharmacy. Interview with the Medication Aide (MA) on 02/09/17 at 5:12pm revealed: -She could not explain the difference between the actual counted Ultracet and the indicated amount on the Control Drug Record. -She thought there must be another sheet (Control Drug Record sheet) that had been misplaced. -The Administrator received and added medications to the medication cart. -The MA was sure that the Administrator could explain the discrepancy. The Administrator was not available for interview	C 367		
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 reviews and interviews, the facility failed to assure that action was taken in response to pharmacy reviews for 1 of 3 sampled residents (Resident #1) regarding the clarification of an order for clonazepam (used to treat anxiety). The findings are: Review of Resident #1's current FL-2 dated 01/09/17 revealed:	C 381		

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C 381	Continued From page 7 -Diagnoses that included schizophrenia, diabetes mellitus (unspecified) and history of Hepatitis C. -An order for clonazepam 0.5mg, 1 tablet every day prn (as needed) without a listed specified symptom. Review of Resident #1's record revealed: -A pharmacy review dated 09/20/16 recommended that the "prn" on the order for clonazepam be clarified. -A pharmacy review dated 12/09/16 a second recommendation that the "prn" on the order for clonazepam be clarified. -No communication with the the prescribing physician was found. Review of Resident #1's Medication Administration Record (MAR) for February 2017 revealed: -An entry for clonazepam 0.5mg, 1 tablet every day "prn". -There was no further clarification of when the clonazepam should be given. -There was no documentation that the clonazepam had been given. Interview with the Personal Care Aide (PCA) on 02/09/17 at 4:25pm revealed: -The Administrator reviewed the pharmacy reviews. -She could not describe when the clonazepam should be given to Resident #1. -The PCA did not remember giving Resident #1 the clonazepam. The Administrator was not available for interview.	C 381	The staff of CLFCH has contacted the resident's doctor to clarify the clonazepam or to [redacted] d/c the medication. The last time the medication was taken was 12-12-16. The resident has a doctor appointment on March 30, and if we have not received clarification by March 30 we will get it at the appointment on March 30, 2017 To make sure that the pharmacy review recommendations are handled in the appropate amount of time. We are going to have first shift and 2nd shift work on the recommendation as a team and not independently. 3-14-17	