STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL091018	A. BUILDING: _____ B. WING _____	R 10/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF BLESSINGS FAMILY CARE HOME	1421 ROSS MILL ROAD HENDERSON, NC 27537

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on October 12, 2017.	C 000		
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 record review and interview, the facility failed to assure 1 of 1 sampled staff (Staff A) had a criminal background check. The findings are: Review of the personnel record for Staff A revealed: -Staff A was hired as a Supervisor-in-Charge (SIC) and Medication Aide (MA) on 10/09/17. -There was no documentation of a criminal background check in the staff's record. Observation on 10/12/17 of Staff A revealed: -She assisted residents, preparing to leave the facility for a day program, with personal care tasks. -She did cleaning and housekeeping tasks in resident rooms and bathrooms. -She prepared lunch for 1 resident, who did not attend a day program, and prepared the dinner meal for all residents. -She took 1 resident, who did not attend a day	C 147		

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C 147	Continued From page 1 program, with her in a car, to do an errand. Interview on 10/12/17 at 6:15 pm with Staff A revealed: -She was hired as an SIC and MA on 10/09/2017. -She was a live-in staff and had her own room. -She was asked by the Administrator to obtain a criminal background check before she came to work at the facility. -Staff A had not obtained a criminal background check. -The Administrator had not asked Staff A for the background check report before she started work. Interview on 10/12/17 at 6:30 pm with the Administrator revealed: -Staff A was a live-in staff; today was her 4th day of work. -She asked Staff A to obtain a criminal background check prior to starting work. -She thought Staff A had obtained the background check, but she had not asked her for the report. -There was no criminal background check in Staff A's personnel records. -The Administrator was responsible for having criminal background checks done upon hire for staff. -She would obtain a background check for Staff A as soon as possible. _____ The failure of the facility to assure 1 of 1 staff sampled had a state-wide criminal background check upon hire resulted in the facility being unaware of any criminal findings that could be detrimental to the welfare and safety of the residents. This constitutes a Type B Violation. _____ Review of the facility's Plan of Protection dated	C 147		

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C 147	Continued From page 2 10/13/17 revealed: -(The Administrator) would immediately send Staff A to obtain a NC state criminal background report. -Going forward, the Administrator would ensure that all future employees would have criminal background (checks) in-hand before starting work at (the facility) to ensure the safety of the residents. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 26, 2017.	C 147		
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	C 375		

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C 375	Continued From page 3 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 reviews and interviews, the facility failed to obtain the services of a licensed pharmacist, prescribing practitioner, or registered nurse for the provision of pharmaceutical care at least quarterly for 3 of 3 sampled residents (Residents #1, #2, #3). The findings are: 1. Review of Resident #1's current FL-2 dated 7/25/17 revealed diagnoses of major depressive disorder, mental retardation, and speech/language deficits. Review of Resident #1's Resident Register revealed an admission date of 9/10/14. Review of Resident #1's medication review form revealed: -There was a medication review completed on 8/20/16 by a Registered Nurse (RN) -There was a medication review completed on 2/17/17 by an RN. -No quarterly medication reviews had been done since 2/17/17 to identify medication problems. -There were no additional medication reviews completed for Resident #1 by 10/12/17.	C 375		

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C 375	Continued From page 4 Refer to interview on 10/12/17 with the Administrator at 11:30 am. 2. Review of Resident #2's current FL-2, dated 3/13/17, revealed a diagnosis of schizophrenia. Review of Resident #2's Resident Register revealed an admission date of 3/14/17. Review of Resident #2's record revealed: -There were no quarterly medication reviews completed for Resident #2. -No quarterly medication reviews had been done to identify medication problems. Refer to interview on 10/12/17 with the Administrator at 11:30 am. 3. Review of Resident #3's current FL-2 dated 8/03/17 revealed diagnoses of depression, diabetes type II, mild cognitive disorder, and hypertension. Review of Resident #3's Resident Register revealed an admission date of 9/19/15. Review of Resident #3's record revealed: -There was a medication review completed on 11/19/16 by an RN. -There was a medication review completed on 2/19/17 by an RN. -No quarterly medication reviews had been done after 2/19/17 in order to identify medication problems. -There were no additional medication reviews completed for Resident #1 by 10/12/17.	C 375		

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C 375	Continued From page 5 Refer to interview on 10/12/17 with the Administrator at 11:30 am. _____ Interview on 10/12/17 with the Administrator at 11:30 am revealed: -She was not aware Residents #1, #2, and #3 did not have quarterly medication reviews. -She was not aware medication reviews were required to be done quarterly. -The Administrator took over the facility on 1/25/17; the previous owner had a contract with a pharmacy RN to do the reviews and she thought the contract had continued. -She did not know why the pharmacy RN stopped coming to do the medication reviews. -She would call the pharmacy RN to come to the facility to start quarterly medication reviews for residents as soon as possible.	C 375		
C 914	G.S 131D-21(4) Declaration Of Resident's Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure every resident had the right to be free of mental and physical abuse, neglect, and exploitation as related to criminal background checks for 1 of 1 staff (Staff A). The findings are: Based on record review and interview, the facility failed to assure 1 of 1 sampled staff (Staff A), had a criminal background check. [Refer to Tag C 147 10A NCAC 13G .0406(a)(7) Other Staff	C 914		

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C 914	Continued From page 6 Qualifications (Type B Violation)].	C 914		