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
	FCL039011	A. BUILDING: _____ B. WING _____	R 11/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVIS FAMILY CARE HOME	408 MIMOSA STREET OXFORD, NC 27565

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{C 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on November 20, 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: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on record review and interview, the facility failed to assure 1 of 2 staff (Staff B) had a criminal background check in accordance with G.S. 114-19.10 and 131D-40. The findings are: Review of Staff B's personnel record revealed: -There was no hire date documented for Staff B. -She was hired as a housekeeper and cook. -There was no documentation in her records for a criminal background check. Interview on 11/20/17 at 1:12 pm with Staff B revealed: -She was hired in May 2017, but did not remember the date. -She worked as a housekeeper and sometimes helped with cooking. -Her schedule varied, depending on when the	{C 147}		

Reviewed & accepted Edwards 1/2/18

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{C 147}	Continued From page 1 Administrator called her, but she usually worked 4 to 5 days a week from 8:30 am to 2:30 pm. -She did not assist residents; the Administrator was present at all times and provided residents' personal care. -The Administrator was supposed to get the criminal background check for her personnel file. -She did not know if the Administrator had obtained a criminal background check for her. -She did not remember signing a consent for a background check. Interview on 11/20/17 at 3:15 pm with the Administrator revealed: -She went to the county courthouse and had a background check done for Staff B (did not remember the date, but it was after the state survey on 8/04/17). -The county document was not in Staff B's personnel folder; she could not locate it. -The Administrator remembered she got a county background check and she needed a state background check. -The Administrator was responsible for obtaining a state or federal criminal background check on staff prior to hiring. -She would call the SBI (State Bureau of Investigation) today to obtain a state background check for Staff B. _____ The facility failed to ensure that 1 staff had a criminal background check in accordance with G.S. 114-19.10 and 131D-40 upon hire. This failure was detrimental to the safety and welfare of the residents by not knowing if the staff had a history of criminal behavior upon hire and constitutes a Type B Violation. _____ The facility's Plan of Protection dated 11/20/17 revealed:	{C 147}		

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{C 147}	Continued From page 2 -The Administrator would get the SBI criminal background check for Staff B on or before December 30, 2017. -The Administrator would assure a criminal state or federal background check on all current and potential employees was completed upon hiring. -The Administrator gave a date by which the facility would be in compliance with the rule cited which was 12/30/17. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED DECEMBER 30, 2017.	{C 147}	The administrator have updated the information needed at SBI on 12-6-2017. Also sent the consent form in for staff B to get the background check. waiting for background check to come back. Administrator will continue to get background check on potential employees upon hiring.	12/30/17
{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 record review and interview, the facility failed to ensure each resident, upon admission, was tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services for 1 of 3 sampled residents (Resident #2).	{C 202}		

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{C 202}	Continued From page 3 The findings are: Review of Resident #2's current FL-2, dated 6/22/17, revealed diagnoses of mild mental retardation, schizophrenia, anxiety, depression, and asthma. Review of Resident #2's Resident Register revealed an admission date of 6/13/15. Record review for Resident #2 revealed: -There was a physician's office memorandum, signed by the physician, dated 6/10/15 verifying the resident had a negative Tuberculin (TB) test on 6/12/15. -There was no documentation Resident #2 had a 2nd TB test. Interview on 11/20/17 at 12:15 pm with Resident #2 revealed: -She thought she had a TB test done, "that one in the arm", when she was admitted to the facility. -She did not remember if she had a 2nd TB test done for admission to the facility. Interview on 11/20/17 at 10:45 am with Resident #2's Primary Care Provider (PCP) revealed: -There was only one TB test documented for Resident #2 in her records and it was negative. -Resident #2 had shown no signs or symptoms of having respiratory disease; there was no documentation of the resident ever having respiratory disease or infections. Interview on 11/20/17 at 2:05 pm with the Administrator revealed: -The Administrator had reviewed Resident #2's records, found a document she thought was the 2nd TB test for the resident, but was mistaken. -Resident #2 did not have documentation of	{C 202}		

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{C 202}	Continued From page 4 having the 2 step TB testing in her records. -Two step TB testing was required for admission to the facility. -The Administrator was responsible for assuring residents had 2 step testing for admission. -The Administrator would take Resident #2 to her physician's office to have the 2 step testing done.	{C 202}	Administrator have started the 2 step process for resident #2. The first step was read on 12-14-17. Administrator will have the 2 step completed by 12-30-17. Administrator will continue to ensure all Residents will have the 2 step TB testing completed within the year of admission	12/30/17
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure accurate documentation including staff initials and /or signature on the Medication Administration	C 342		

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C 342	Continued From page 5 Records (MARs) for 3 of 3 sampled residents (#1, #2, #3) including all medications for (#2, #3) from 11/01/17-11/20/17and all medications for (#1) from 11/15/17-11/20/17. The findings are: 1. Review of Resident #3's current FL-2 dated 10/25/17 revealed: -Diagnoses included glaucoma, type 2 diabetes, morbid obesity, over-active bladder (OAB) hypertension (HTN), gout and schizophrenia. -A physician's order for Cozaar 100 mg (used to treat high blood pressure) once a day. -A physician's order for Lasix 40 mg (used to treat fluid retention) once a day. -A physician's order for Amlodopine 10 mg (used to treat high blood pressure) once a day. -A physician's order for Advair Diskus 250/50 (used to treat symptoms of asthma and chronic obstructive pulmonary disease) inhale 1 puff by mouth twice a day. -A physician's order for Alphagan drops 0.1% (used to lower high eye pressure) one drop in each eye twice a day. -A physician's order for Aspirin 81 mg (used to lower risk of heart attack and stroke) once a day. -A physician's order for Plavix 75 mg (blood thinner used to prevent heart problems) once a day. -A physician's order for Imdur 30 mg (used to prevent angina attacks) once a day. -A physician's order for Lipitor 80 mg (used to treat high cholesterol) daily. -A physician's order for Janumet XR 50 (used to treat type 2 diabetes) daily. -A physician's order for Toviaz 4 mg (used to treat overactive bladder symptoms) daily. -A physician's order for Metoprolol Succ 25 mg (used to treat high blood pressure, angina and	C 342		

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C 342	Continued From page 6 heart failure) daily. -A physician's order for Vitamin D 1000 units (used to treat Vitamin D deficiency) daily. Review of Resident #3's Medical Record on 11/20/17 revealed no Medication Administration Record (MAR) for November 2017. Observation of medications on hand on 11/20/17 for Resident #3 revealed there was a supply of Cozaar 100 mg, Lasix 40 mg, Amlodopine 10 mg, Advair Diskus 250/50, Alphagan drops 0.1%, Aspirin 81 mg, Plavix 75 mg, Imdur 30mg, Lipitor 80 mg, Janumet XR 50, Toviaz 4mg, Metoprolol Succ 25 mg and Vitamin D 1000u. Interview on 11/20/17 at 1:20 p.m. with Resident #3 revealed: -She had not had any problems with her medications; the same MA always brought her the medications. -She had not missed any medications, she was given them every day. Interview with the Administrator/MA on 11/20/17 at 2:25 p.m. revealed: -She had not located the November 2017 MAR's for Resident #3. -She had the Physician's Order for Resident #3 which matched the MARs. -She knew she had the November 2017 MAR for Resident #3 and just needed to find them. Telephone interview with Resident #3's guardian on 11/20/17 at 1:13 p.m. was unsuccessful. Refer to the Interview with the Administrator/MA on 11/20/17 at 2:25 p.m. 2. Review of Resident #2's current FL-2 dated	C 342		

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C 342	Continued From page 7 6/22/17 and signed by the physician revealed: -Diagnoses included mild retardation, schizophrenia, anxiety/depression, hypertension, and asthma. -A physician's order for Cetirizine HCL 10 mg (1) po (by mouth) at bedtime (used to treat allergy symptoms). -A physician's order for Risperidone 3 mg (1) po at bedtime (used to treat schizophrenia). -A physician's order for Fluoxetine 40 mg (1) po at bedtime (used to treat depression). -A physician's order for Benztropine 0.5 mg (1) po at bedtime (used to control side effects that may result from taking anti-psychotic medications). -A physician's order for Pramipexole 0.5 mg (1 and 1/2) po at bedtime (used to treat restless legs syndrome). -A physician's order for Lorazepam 0.5 mg (1) po twice a day prn (used to treat anxiety disorders). -A physician's order for Atorvastatin 20 mg (1) po daily (used to treat high cholesterol). -A physician's order for Symbicort 160/4.5 mcg INH inhale 2 puffs po 2 times a day (used to treat asthma). -A physician's order for ProAir HFA mcg inhaler, inhale 2 puffs po every 6 hrs. as needed (used to treat wheezing and shortness of breath). -A physician's order for Vitamin D3 1,000 units, (3) po daily (used to treat Vitamin D deficiency) -A physician's order for Aspirin 81 mg (1) po daily (used to lower risk of heart attack and stroke) Record review for Resident #2 revealed on 6/26/17 Resident #2 was diagnosed with diabetes Type II and had a physician's order dated 6/26/17 for Glipizide ER 10 mg. (1) po daily (oral diabetes medication used to control blood sugar) and for Metformin HCL 500 mg (1) po twice a day (used to manage blood sugar levels).	C 342		

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C 342	Continued From page 8 Review of Resident #2's November 2017 MAR revealed no medications were documented as administered from 11/01/17 - 11/20/17. Observation of medications on hand on 11/20/17 for Resident #2 revealed there was a supply of Cetirizine HCL 10 mg, Risperidone 3 mg, Fluoxetine 40 mg, Benztropine 0.5 mg, Pramipexole 0.5 mg, Lorazepam 0.5 mg, Atorvastatin 20 mg, Symbicort 160/4.5 mcg INH, ProAir HFA mcg inhaler, Vitamin D3 1,000 units, Aspirin 81 mg, Glipizide ER 10 mg, and Metformin HCL 500 mg. Interview with Resident #2 on 11/20/17 at 12:15 p.m. revealed: -The MA was the only staff who administered her medications; she received her medications in the morning and in the evening. -She had been taking the same medications for several months; she had not missed any medications, there had not been any gaps in her medication administration. Interview with the Administrator on 11/20/17 at 2:12 p.m. revealed: -She was the only staff who passed medications. -She forgot where she put the November MAR for Resident #2 and did not call the pharmacy to get a replacement. -Resident #2 did not miss any medications; there had been no order changes. -She gave the medicine according to the pharmacy bubble packs. Telephone interview with Resident #2's Primary Care Provider (PCP) on 11/20/17 at 10:45 a.m. was unsuccessful. Refer to interview with the Administrator on	C 342		

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C 342	Continued From page 9 11/20/17 at 2:25 p.m. 3. Review of Resident #1's current FL-2 dated 01/24/17 revealed: -Diagnoses included DM II (type 2 diabetes mellitus), gastro esophageal reflux, cervical disc disorder with myelopathy, muscle weakness generalized dysphagia, oropharyngeal phase, constipation. -A physician's order for Metformin HCL 500 mg (used to treat Type II diabetes) twice daily. -A physician's order for Zantac 150 mg (used to treat heartburn) twice daily. -A physician's order for Reglan 10 mg (used for reflux) three times per day. -A physician's order for Lantus Solostar 15 units (used to treat diabetes) at bedtime. -A physician's order for Novolog 6 units (used to treat diabetes) before meals. -A physician's order for Aspirin 81 mg (used to lower the risk of heart attack and stroke) daily. Review of Resident #1's November 2017 MAR revealed: -All medications were documented as administered from 11/01/17 7:00 a.m. through 11/15/17 12:00 p.m. -All medications were not documented as administered from 11/15/17 5:00 p.m. through 11/20/17 12:00 p.m. Observation of medications on hand on 11/20/17 for Resident #1 revealed there was a supply of Metformin HCL 500 mg, Xantac 150 mg, Reglan 10 mg, Lantus Solostar 15 units, Novolog 6 units and Aspirin 81 mg. Interview with Resident #1 on 11/20/17 at 3:15 p.m. revealed: -He took medication every day.	C 342		

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C 342	Continued From page 10 -He did not know what his medications were. -He had not missed any medications. -He took medications in the morning, at lunch and in the evening. -He had taken medication this morning (11/20/17). Refer to the Interview with the Administrator/MA on 11/20/17 at 2:25 p.m. Telephone interview with Resident #1's PCP on 11/20/17 at 3:00 p.m. was unsuccessful. Interview with the Administrator/MA on 11/20/17 at 2:25 p.m. revealed: -She forgot where she filed the November MARs, for the residents' medication administration, when they were received from the pharmacy. -She thought she would find the MARs and did not think to call the pharmacy to request new ones. -She had found the November MAR's last night (11/19/17) in other paperwork. -She continued to administer the residents' medications during November, but had not documented on the November MARs. -She knew what medicine to give because it stayed the same and no one had any changes. -She gave the medicine according to the pharmacy bubble packs -There had been no medication changes in November.-She knew what medicine to give because it stayed the same and no one had any changes. -She gave the medicine according to the pharmacy bubble packs. -All residents had received their medications as ordered. -She was the only staff person who administered medications.	C 342		

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C 342	Continued From page 11 -Until last night (11/19/17) she had not documented on the November 2017 MAR's. -She would have to make a note on the residents' MARs indicating why there were no initials for administering the medications until today (11/20/17).	C 342	Administrator will continue to ensure all resident MARS are documented on MARS	11/20/17
{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 observations, record review, and interviews, the facility failed to assure every resident had the right to receive care and services which were adequate, and in compliance with rules and regulations as related to other staff qualifications for criminal background checks. The findings are: Based on record review and interview, the facility failed to assure 1 of 2 staff (Staff B) had a criminal background check in accordance with G. S. 114-19.10 and 131D-40. [Refer to Tag C 0147, 10A NCAC 13G .0406 Other Staff Qualifications (Unabated Type B Violation)].	{C 912}	Administrator will continue to give adequate, appropriate care and service to all residents	11/20/17
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements	C 934		

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DAVIS FAMILY CARE HOME	408 MIMOSA STREET OXFORD, NC 27565

(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 934	Continued From page 12 (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 staff (Administrator/Medication Aide) had received the annual state mandated infection control training. The findings are: Review of the Administrator's personnel record revealed: -The Administrator was hired in December, 2017 (no day given) as a Medication Aide (MA). -She became the Administrator on 5/07/17. -There was documentation of state infection control training on 8/16/12 and 9/12/13. -There was no documentation of state infection control training for 2014, 2015, or 2016. -There was documentation of an infection control class taken in 2016, but it was not the required state infection control training. Interview on 11/20/17 at 3:30 pm with the Administrator revealed:	C 934	Administrator became the Administrator in 5/2007 Administrator became a MA on 8/15/2000	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 934	Continued From page 13 -She had not been able to get the state infection control training due to classes being scheduled too far away for her to travel. -She had taken the class before with her pharmacy, but the next infection control class (since the survey on 8/04/17) was in Greensboro, NC, and that was too far for her to attend. -She would try to find a registered nurse (RN) or facility offering the class. -It was her responsibility to assure she had the required state infection control class yearly. -She had a check-off list for staff qualifications, but had not used it to keep up with her required infection control class.	C 934	Administrator have contacted a RN to complete the infection control class ~~and the Date~~ was set up for 12-22-17. Administrator will continue to complete the annual infection control class.	12/30/17