STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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SUBURBAN GUARDIANSHIP	1061 UNION STREET SOUTH CONCORD, NC 28025

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C 000	Initial Comments The Adult Care Licensure Section conducted an Initial survey on April 3, 2018.	C 000		
C 073	10A NCAC 13G .0314 (c) Floors 10A NCAC 13G .0314 Floors (c) All floors shall be kept in good repair This Rule is not met as evidenced by: Based on interviews and observation, the facility failed to assure the floor was kept in good repair in the kitchen, dining room and den. The findings are: Observation of the floor in the kitchen on 4/3/18 at 10:43 am revealed a 0.5" X 6" gap and a .02" X 6" gap. Observation of the floor in the dining room on 4/3/18 at 10:43 am revealed three .02" X 6" gaps. Observation of the floor of the dining room and den on 4/3/18 at 10:43 am revealed a missing transitional strip causing a .05" X 3' gap in the flooring in the doorway of the dining room and den. Observation of the floor of the den on 4/3/18 at 10:43 am revealed the floor was scrapped up, peeling and damaged near the desk. Observation of the floor of the den/laundry area on 4/3/18 at 10:43 am revealed the floor in front to the washer was not in good repair. Interview with 3 of the 6 residents on 4/3/18 at 10:50 am revealed:	C 073		

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C 073	Continued From page 1 -The floors were that way for a long time. -One of the 3 residents interviewed stated that he"stumbles" between the dining room and the den. -The floors look bad and needs repaired. -The den is used for the staff as well as the residents. -Part of the den is where the washer and dryer was located and the residents used those to wash their clothes every day. Interview with the Administrator on 4/3/18 at 3:00 pm revealed: -She was aware of the floors condition. -She called the maintenance director about the floors about 3 weeks ago to get an estimate or to fix them. -She would ensure that the floors were repaired promptly. -She was not aware of an issue with the floors and resident safety.	C 073		
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 reviews and interviews the facility failed to assure 5 of 5 staff sampled had a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40.	C 147		

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C 147	Continued From page 2 The findings are: 1. Review of Staff A's personal file revealed: -Staff A was hired on 9/4/17 as a medication aide (MA)/personal care assistant (PCA). -A countywide criminal background check was completed on 8/24/17. -There was no documentation of a statewide criminal background check. -Staff A had resided in the state for greater than five years. Interview with Staff A on 4/3/18 at 2:00pm revealed: -She knew the facility performed a criminal background check upon hire. -She had worked for the facility since 9/4/17. -She did not know if a state or county criminal background check was completed. Refer to interview with Administrator on 4/3/17 at 4:30pm. 2. Review of Staff B's personal file revealed: -Staff B was hired on 10/31/17 as a MA/PCA. -A countywide criminal background check was completed on 8/3/17. -There was no documentation of a statewide criminal background check. -Staff B had resided in the state for greater than five years. Interview with Staff B on 4/3/18 at 10:00am revealed: -She knew the facility performed a criminal background check upon hire. -She had worked for the facility since 10/31/17. -She did not know if a state or county criminal background check was completed.	C 147		

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C 147	Continued From page 3 Refer to interview with Administrator on 4/3/17 at 4:30pm. 3. Review of Staff C's personal file revealed: -Staff C was hired on 3/30/17 as a MA/PCA. -A countywide criminal background check was completed on 8/2/17. -There was no documentation of a statewide criminal background check. -Staff C had resided in the state for greater than five years. Interview with Staff C on 4/3/18 at 4:00pm revealed: -She knew the facility performed a criminal background check upon hire. -She had worked for the facility since 3/30/17. -She did not know if a state or county background check was completed. -She did not know a statewide criminal background check should be completed prior to her date of hire. Refer to interview with Administrator on 4/3/18 at 4:30pm. 4. Review of Staff D's personal file revealed: -Staff D was hired on 10/17/17 as a MA/PCA. -A countywide criminal background check was completed on 10/17/17. -There was no documentation of a statewide criminal background check. -Staff D had resided in the state for greater than five years. Interview with Staff D on 4/3/18 at 3:00pm revealed: -She knew the facility performed a criminal background check upon hire.	C 147		

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C 147	Continued From page 4 -She had worked for the facility since 10/17/17. -She did not know if a state or county background check was completed. Refer to interview with Administrator on 4/3/18 at 4:30pm. 5. Review of Staff E's personal file revealed: -Staff E was hired on 3/30/18 as a MA/PCA. -A countywide criminal background check was completed on 3/15/18. -There was no documentation of a statewide criminal background check. -Staff E had resided in the state for greater than five years. Attempted interview with Staff E on 4/3/18 at 3:15pm was unsuccessful. Refer to interview with Administrator on 4/3/18 at 4:30pm. Interview with Administrator revealed on 4/3/18 at 4:30pm revealed: -She had worked for the facility since March 2018 as the Administrator. -She knew a statewide criminal background check should be obtained prior to the hire date of all newly hired staff. -She did not know county rather than statewide criminal background checks had been completed for the staff. -All of the criminal background checks had been completed prior to her hire date. The facility failed to check the criminal record history of 5 of 5 staff (Staff A, B, C, D, and E) prior to hire who were employed at the facility. This failure of the Administrator not knowing the	C 147		

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C 147	Continued From page 5 staff's criminal record history with possible findings was detrimental to the residents and constitutes a Type B Violation. The facility submitted a Plan of Protection on 4/3/18 as follows: -All of the staff will immediately have a State of NC criminal background documentation. -Upon offers of employment a NC State Criminal Background check will be completed before employment. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 18, 2018.	C 147		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training. This Rule is not met as evidenced by:	C 176		

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C 176	Continued From page 6 TYPE B VIOLATION Based on record reviews and interviews, the facility failed to assure at least one staff person on the premises at all times had completed a course on Cardio-pulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver, within the last 24 months for 3 of 5 staff sampled (Staff A, B, D). The findings are: Review of the facility work schedule revealed: -The shifts were as follows; 6:00am - 6:00pm, 6:00pm - 10:00pm, and 10:00pm - 6:00am. -There were 102 shifts worked from 3/1/18 to 4/3/18. -There were 92 of the 102 shifts not covered with a staff member certified in CPR. 1. Review of Staff A's personnel file revealed: -Staff A was hired as a medication aide (MA)/personal care assistant (PCA) on 9/4/17. -There was no documentation of CPR training with the last 24 months. Interview with Staff A on 4/3/18 at 2:00pm revealed: -She took CPR training in the past. -She did not know the date she took CPR and did not have a copy of her certification. -She worked both first and second shift but mostly first shift. -She did not know the facility did not have documentation of her CPR training. Refer to interview with Administrator on 4/3/17 at 4:30pm. 2. Review of Staff B's personnel file revealed:	C 176		

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C 176	Continued From page 7 -Staff B was hired as a MA/PCA on 10/31/17. -There was no documentation of CPR training with the last 24 months. Interview with Staff B on 4/3/18 at 10:00am revealed: -She took CPR training in the past. -She worked both first and second shift but mostly first shift. -She did not know her CPR had expired February 2018. Refer to interview with Administrator on 4/3/18 at 4:30pm. 3. Review of Staff D's personnel file revealed: -Staff D was hired as a MA/PCA on 10/17/17. -There was no documentation of CPR training with the last 24 months. Interview with Staff D on 4/3/18 at 3:00pm revealed: -She took CPR training in the past. -She did not know the date she took CPR and did not have a copy of her certification. -She worked both first and second shift but mostly first shift. -She did not know the facility did not have documentation of her CPR training. Refer to interview with Administrator on 4/3/18 at 4:30pm. Interview with Administrator revealed on 4/3/18 at 4:30pm revealed: -She had worked for the facility since March 2018 as the Administrator. -She knew that one person had to be CPR certified on each shift at all times. -She was not aware this requirement was not	C 176		

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C 176	Continued From page 8 being met. The facility failed to assure one staff member was on duty at all times who had completed a CPR and choking management course, including the Heimlich maneuver within the last 24 months. The facility failure was detrimental to the health, welfare, and safety of the residents, and constitutes a Type B violation. The facility provided a Plan of Protection on 4/3/18 as follows: -A CPR instructor will provide a CPR class to all of the staff in the next 2 weeks, 4/3/18 - 4/17/18. -Before accepting employment the CPR certification will be offered or valid. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 18, 2018.	C 176		
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to develop an activity program that promoted active involvement for all 6 residents who resided in the facility. The findings are: Review of the activity calendar on 4/3/18 at 9:00 am revealed a blank activity calendar on the floor	C 288		

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C 288	Continued From page 9 in the den. Interview with 3 of the 6 residents on 4/3/18 at 9:00 am and 10:50 am revealed: -There were not any daily activities offered. -The residents had never seen and did not know there was an activity calendar. -The facility did not have activities; the resident would like to have activities. -There were board games including cards and checkers but no staff at the facility organized games or encouraged participation. -The residents watched movies on television but there was no official "movie night." -There were no activities offered or conducted after the residents returned to the facility from appointments. -Watching television was the main activity at the facility. -They did not remember the last time they did an activity. -Residents mostly watched television. Interview with a medication aide (MA) on 4/3/18 at 10:20 am revealed: -She was responsible for posting the activities every month. -She did not take the class for basic activity director. -The Administrator was responsible for setting up the class. Interview with the Administrator on 4/3/18 at 11:15 am revealed: -A medication aide was responsible for planning and posting the activity calendar each month. -A monthly activity calendar was posted at the beginning of each month. -Staff on duty were responsible for reminding the residents of calendar events.	C 288		

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C 288	Continued From page 10 -The facility does a lot of activities with the residents which is not always reflected on the calendar. -She ensured that the residents had at least 14 hours per week of activities including a weekly outing.	C 288		
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, interview, and record review, the facility failed to assure residents received care and services that were are adequate, appropriate, and in compliance with federal and state laws and rules and regulations regarding health care. The findings are: 1. Based on interviews and record reviews, the facility failed to ensure 3 of 5 staff sampled (Staff B, C, and D) who administered medications had documentation of completion of the written portion of the medication aide examination within 60 days of medication clinical skills validation prior to administration of medications. [Refer to Tag 935 G.S. 131D-4.5B(9b) Ach Medication Aides; Training and Competency (Type B Violation)]. 2. Based on record reviews and interviews the	C 912		

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C 912	Continued From page 11 facility failed to assure 5 of 5 staff sampled had a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40. [Refer to Tag 147 10A NCAC 13G .0407(a)(7) Other Staff Qualifications (Type B Violation)]. 3. Based on record reviews and interviews, the facility failed to assure at least one staff person on the premises at all times had completed a course on Cardio-pulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver, within the last 24 months for 3 of 5 staff sampled (Staff A, B, D). [Refer to Tag 176 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation (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	C935		

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C935	Continued From page 12 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 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: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to ensure 3 of 5 staff sampled (Staff B, C, and D) who administered medications had documentation of completion of the written portion of the medication aide examination within 60 days of medication clinical skills validation prior to administration of medications. 1. Review of Staff B's personal file revealed: -Staff B was hired on 10/31/17 as a medication aide (MA)/personal care assistant (PCA). -She had completed a clinical skills validation portion of the competency evaluation checklist on 10/31/17.	C935		

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C935	Continued From page 13 -There was documentation Staff B completed 15 hour medication training on 10/31/17. -There was no documentation Staff B had successfully passed the written medication exam within 60 days of completion of skills validation checklist. Review of February 2018 Medication Administration Records(MAR) for all 6 residents revealed Staff B had documented administering medications on 2/4/18. Interview with Staff B on 4/3/18 at 10:00am revealed: -She did not know it was required she complete the written exam within 60 days. -She administered medications without completing the written exam since 10/31/17. Interview with 3 of the 6 residents on 4/3/18 at 4:30pm revealed Staff B administered their medications. Refer to interview with the Administrator on 4/3/18 at 4:30pm. 2. Review of Staff C's personal file revealed: -Staff C was hired on 3/30/17 as a MA/PCA. -She had completed a clinical skills validation portion of the competency evaluation checklist on 10/31/17. -There was documentation Staff C completed 15 hour medication training on 10/31/17. -There was no documentation Staff C had successfully passed the written medication exam within 60 days of completion of skills validation checklist. Review of February 2018 Medication Administration Records for all 6 residents	C935		

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C935	Continued From page 14 revealed Staff C had documented administering medications on 2/2/18, 2/3/18, 2/5/18, 2/9/18, 2/13/18, and 2/17/18. Interview with Staff C on 4/3/18 at 4:00pm revealed: -She was not aware that it was required she complete the written exam within 60 days. -She administered medications without completing the written exam since 10/31/17. Interview with 3 of the 6 residents on 4/3/18 at 4:30pm revealed Staff C administered their medications. Refer to interview with the Administrator on 4/3/18 at 4:30pm. 3. Review of Staff D's personal file revealed: -Staff D was hired on 10/17/17 as a MA/PCA. -She had completed a clinical skills validation portion of the competency evaluation checklist on 10/31/17. -There was documentation Staff A completed 15 hour medication training on 10/31/17. -There was no documentation Staff D had successfully passed the written medication exam within 60 days of completion of skills validation checklist. Review of February 2018 MAR for all 6 residents revealed: -Staff D had documented administering medications on 2/1/18, 2/7/18, 2/8/18, 2/19/18, 2/21/18, and 2/23/18. Interview with Staff D on 4/3/18 at 3:00pm revealed: -She was not aware that it was required she complete the written exam within 60 days.	C935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013047	A. BUILDING: _____ B. WING _____	04/03/2018

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C935	Continued From page 15 -She administered medications without completing the written exam since 10/31/17. Interview with 3 of the 6 residents on 4/3/18 at 4:30pm revealed Staff D administered their medications. Refer to interview with the Administrator on 4/3/18 at 4:30pm. Interview with Administrator revealed on 4/3/18 at 4:30pm revealed: -She had worked for the facility since March 2018 as the Administrator. -Another Nurse previously employed by the facility had completed the staff medication validation checklists 10/31/17, and she was responsible at that time to ensure the staff was adequately trained. -She did not know the staff had not taken the written medication exam within 60 days of completion of skills validation checklist. The failure of the facility to assure staff who administer medications had documentation of successfully completing the written portion of the medication aide examination with 60 days of the Clinical Skills portion of the medication aide competency evaluation for 3 of 5 staff sampled (Staff B, C, and D). This failure was detrimental to the health, safety and welfare to all 6 of the residents and constitutes a Type B Violation. The facility provided a Plan of Protection on 4/3/18 as follows: -Any staff that did not pass the medication aide test would be pulled off of the cart immediately. -All new staff and current staff will be reviewed on the HCPR and the Medication Aide Registry upon hire and every 6 months.	C935		

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C935	Continued From page 16 -Random medication observations of medication administration will be conducted for correct administration process. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 18, 2018.	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 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	C992		

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C992	Continued From page 17 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 examination and screening for the presence of controlled substance for 2 of 5 sampled staff (Staff A and E) that were hired after 10/1/13. The findings are: 1. Review of Staff A's personnel folder revealed: -Staff was hired as a medication aide(MA) on 9/4/17. -There was no documentation Staff A of completed consent for a drug screen prior to hire. Interview with Staff A on 4/3/18 at 2:12 pm revealed: -She was hired 9/4/17. -She had a screening for controlled substances prior to her hire date. -It must be in her record at the other facility owned by her employer. Refer to interview with Administrator on 4/3/18 at 4:30pm. 2. Review of Staff E's personnel folder revealed: -She was hired as a MA on 3/30/18. -There was no documentation Staff E of completed consent for a drug screen prior to hire.	C992		

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C992	Continued From page 18 Attempted interview with Staff E on 4/3/18 at 3:15pm was unsuccessful. Refer to interview with Administrator on 4/3/18 at 4:30pm. Interview with Administrator revealed on 4/3/18 at 4:30pm revealed: -She knew screenings for controlled substances were required for newly hired staff. -She did not know the two sampled staff did not have urine screening for controlled substances in their personnel folders. -She felt confident the drug screens had been completed but misplaced.	C992		