PRINTED: 02/15/2018
FORM APPROVED

Division of Health Service Regulation

RECEIVED
MAY 23 2018
BY: JSpear

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096009	A. BUILDING: _____ B. WING _____	02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTHAM FAMILY CARE #II	107 N GEORGIA AVENUE GOLDSBORO, NC 27530

(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 the Wayne County Department of Social Services conducted an annual survey on February 7, 2018.	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 facility failed to assure the floors, walls and ceilings in the residents' bathrooms, living room and hallway, entrance ramp and railings were kept clean and in good repair. The findings are: Observation of the living room on 2/7/18 at 9:00am revealed: -There was a 3-foot by 3-foot stained area of patched ceiling next to the ceiling fan. -The 18-inch metal screen door arm was detached from the door and stuck out into the doorway. Observation of the residents' bathroom #1 on 2/7/18 at 9:12am revealed: -The light switch cover was covered in a brown grime. -The 3 walls of the shower stall above the edge of the tub had black grime extending 2-feet above the tub. -The areas of grime on the shower walls had a	C 074	Stain has been painted, Will make sure that ceiling stay in good condition. Admi will monitor every month.	4-6-18
			screen door has been fix will make sure the screw stay in the door will monitor in weekly	4-6-18
			Lightswitch and walls have been clean will make sure Supervisor Keep it clean I will monitor it monthly	3-A-18

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Elizabeth Grantham | TITLE: Administrator | (X6) DATE: 5-14-18

STATE FORM 6899 3XXW11 If continuation sheet 1 of 18

Reviewed & Accepted
Christopher Clark RN MSN
Facility Survey Consultant
5/24/18

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C 074	Continued From page 1 residue of white spray paint which covered the chrome handle bar and the faucet knobs. -The shower's knobs had round chrome base plates that were detached from the wall exposing 3 holes with black grime around the edges. -There was a 4-inch diameter hole around the 1-inch diameter rusted water pipe which was attached to a rusted shower head. -There was excessive caulking approximately 3-inches thick on all walls behind the toilet where the wall meets the baseboard which was covered in a brown mildew extending 5-feet in length. -The inside of the entry door had 3 vertical 1-foot tears in the wood extending from the base of the door. -There were 2 metal floor vents measuring approximately 4-inches by 18-inches that were heavily rusted. -There was a 2-foot tear in the linoleum floor in front of the bathtub exposing the wood flooring. Observation of the hallway on 2/7/18 at 9:19am revealed: -There was a 3-inch diameter pipe extending from the floor to a 4-inch diameter hole the ceiling that had stained caulking around the pipe where it entered the ceiling. -There was a section of the 3-inch pipe at waist level that extended into a 4-inch hole in the wall leaving a 1-inch gap around the pipe that was covered in a black substance. -There was a 2-foot long rusted metal vent at the base of the wall between bathroom #1 and bathroom #2. Observation of the residents' bathroom #2 on 2/7/18 at 9:22am revealed: -The light switch cover was covered in a brown grime. -There was a 2-foot by 2-foot section of patched	C 074	spray paint has been removed and the shower head and knobs to the tub has been fix, and behind the toilet has been clean will make the bathroom stay clean monitor it wkly. 3-16-18 has been covered make sure it stay in good condition 3-17-18 The vents have been replaced check the vents will replace when need monitor monthly. 3-17-18 linoleum has been covered will keep check on the floor make sure they stay in good condition monthly. 3-17-18 the holes around pipe has been filled 3-17-18 has been painted make sure the pipe + vent stay in good condition I Administer will check monthly 3-17-18	

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C 074	Continued From page 2 wall in an area below the light switch where partially broken tiles were still attached to the wall. -The ceiling molding above the shower stall on all 3 walls was detached creating a gap in the wall. Observation of the resident bedroom #1 on 2/7/18 at 9:31am revealed: -There was a 4-foot by 2-foot rectangular area of ceiling above the bed to the left of the fireplace with brown stains and peeling paint. -The area of the door around the door knobs on both sides of the door was heavily covered in black grime and had peeling paint extending 1 foot above the door knob. -The knob on the closet door was loose and detached 1-inch from the surface of the door. -There were 3 missing greenish-brown clay floor tiles at the base of the fireplace. Observation of the resident bedroom #2 on 2/7/18 at 9:38am revealed: -The light switch cover was covered in a brown grime. -There was a 4-inch by 10-inch of unpainted area above the door knob that had worn off. Observation of the 8-foot long wooden railings on the left and right side of the stairs at the entrance of the facility on 2/7/18 at 9:54am revealed the paint was peeling throughout the entire length of each railing. Observation of the floor and railings of the exterior wooden ramp on 2/7/18 at 9:57am revealed the paint was peeling throughout the entire length. Observation of the kitchen entry door on 2/7/18 at 10:00am revealed a heavy brown grime on the	C 074	has has been Six, make sure this stay in good condition will check on it monthly. has been done and the doors have been clean Will make sure they stay clean will check weekly. replaced them has been clean will keep coders clean door has been painted Will keep all doors painted and clean monitor them monthly Rails has been painted will Keep Painted will Keep check weekly Has painted Rails and ramp will make sure it stay in good condition. Keep check on monthly	4-6-18 4-6-18 4-6-18 4-6-18 4-6-18

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C 074	Continued From page 3 two 18-inch by 6-inch acrylic cover plates behind the door knobs on both sides of the door. Attempted interview with 5 residents sitting in the living room on 2/7/18 at 10:30am was unsuccessful. Interview with Supervisor-in-Charge (SIC) on 2/7/18 at 10:42am revealed: -She was aware that the floors, walls and ceilings needed repairs. -A building inspector had visited the facility 8 months ago and identified needed repairs at the facility. -The Administrator of the facility had not completed the repairs identified 8 months ago. -The entire facility needed paint and a deep cleaning. -The building was old and much of the drywall and wood needed to be replaced. -The residents had not complained about the condition of the facility. -She had asked the Administrator on several occasions when the repairs would be completed but received no reply. -The ceiling had leaked in the past and the patched areas of repair were failing. -All the repairs at the facility were performed by the Administrator and the SIC. -She did not know when the repairs would be completed. -She did not know why the Administrator had not made repairs to the facility since the inspection 8 months ago. -She did not know when the repairs would be completed. -The Administrator determined the time frame for the completion of any repair at the facility. Attempted interview with the Administrator on	C 074	Remodel and painted behind the door knobs will keep clean Check on them monthly	4-6-18

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C 074	Continued From page 4 2/7/18 at 11:08am unsuccessful.	C 074		
C 076	10A NCAC 13G .0315(a)(3) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (3) have furniture 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 facility failed to assure a living room sofa, a living room chair and outdoor patio chairs were clean and in good repair. The findings are: Observation of the outdoor patio chairs on 2/7/18 at 11:01am revealed: -All 3 beige fabric covered metal chairs were not able to be used. -The seats on 2 of the chairs had torn cloth along the right side of the chair from extending from the front of the chair to the back. -A third chair had a cloth seat that was torn on left and back side that was hanging on the ground. Observation of the brown living room sofa on 2/7/18 at 10:45am revealed there were three 6-inch diameter worn areas of the left vinyl seat cushion that exposed white threads of the base fabric. Observation of the living room chair on 2/7/18 at 10:46am revealed: -The entire length of the right 1-foot wide padded arm rest had several areas of peeling brown vinyl along the edges.	C 076	have been thrown away 3-10-18 Will make sure that outside chairs are in good condition will keep a check monthly have replaced living room set that one abs about a year and half ago just bad leather, will make sure chairs stay in good condition check them monthly. 5-1-18	

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C 076	Continued From page 5 -The brown vinyl on the right armrest had completely worn off on the top section exposing the white base fabric underneath/ Interview with two residents on 2/7/18 at 10:58am revealed: -They used the outdoor patio chairs when they smoked. -They would not explain how they were able to sit on the torn seats. -They did not respond when asked how long the chairs had been torn. -They did not respond when asked if they would prefer new chairs. -The did not respond if they had notified staff of the condition of the chairs. Interview with the SIC on 2/7/18 at 11:15am revealed: -She was aware of the worn area on the living room sofa. -She was aware of the worn armrest on the living room chair. -She was aware of the 3 torn patio chairs on the side of the house. -The residents "didn't really use the chairs on the side of the house." -The Administrator was the only one that could replace the living room sofa, chair and outdoor chairs "because she controlled the spending at the facility." -None of the residents had complained about the furniture in the past. -The Administrator and the SIC performed all repairs at the facility. -She was unaware of any plans to repair or replace the worn furniture at the facility. Attempted interview with the Administrator on 2/7/18 at 11:08am unsuccessful.	C 076	Living Room suit has been replaced that set was about a year an half old just bad leather, but will keep set in good condition monitor it monthly	5-1-18

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C 093	10A NCAC 13G .0315(b)(8) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (b) Each bedroom shall have th e following furnishing in good repair and clean for each resident: (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading. This rule apply to new and existing homes. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure 3 of 3 resident bedrooms had a bedside lamp or overhead light within reach while lying in bed (resident room #1, #2, and #3). The findings are: Observation on 2/7/18 at 8:15am of resident room #1 revealed: -The room had had two residents. -The bed to the left of the window had a bedside lamp with a missing bulb. -The bed to the right of the window had a bedside lamp with a missing bulb and was broken at the bulb socket causing the shade to hang on the side of the lamp. -There was no overhead light switch within reach of the resident's bed. -The light switch for the ceiling light was next to the entrance door to the room. Observation on 2/7/18 at 8:26am of resident room #2 revealed: -The room had two residents. -The bed to the left of the window had a lamp with	C 093	bulb have been replace in the lamp and lamp is in good condition and working. will make sure they will have a bulb in them Supervisor will check wkly I will check monthly. 3-10-18 bulb has been replaced 3-10-18	

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C 093	Continued From page 7 a blown bulb. -The bed to the right of the window had a lamp with a missing bulb. -There was no overhead light switch within reach of the resident's bed. -The light switch for the ceiling light was next to the entrance door to the room. Observation on 2/7/18 at 8:37am of resident room #3 revealed: -The room had two residents. -The bed to the left of the window had a lamp with a blown bulb. -The bed to the right of the window had a lamp with a missing bulb. -There was no overhead light switch within reach of the resident's bed. -The light switch for the ceiling light was next to the entrance door to the room. Interview with the SIC on 2/7/18 at 11:15am revealed: -She was unaware of that the lamps in all 3 resident rooms were not working. -The residents must have removed the bulbs. -The residents had not complained about the lamps or the light in their rooms. -The residents did not use the nightstand lamps. -She had no idea how long the lamps were not working. -There were no replacement bulbs at the facility. -She would purchase new bulbs immediately. -She did not control the "spending" at the facility to be able to replace the lamps. -She would ensure that the lamps would be repaired for replaced with working lamps as soon as possible. Attempted interview with the Administrator on 2/7/18 at 11:08am unsuccessful.	C 093	has long as they have a working lamp never been told that have been told they have to get head light with from there bed. bulb has been replaced in the lamp, will make sure one remain in the lamps and remaind in good working condition check weekly. 3-10-18	

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C 256	10A NCAC 13G .0904(a)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the range hood, dishwasher, and the kitchen cabinets were kept clean. The findings are: Observations during the kitchen tour on 2/7/18 at 9:09am revealed: -All exteriors of the cabinet doors had grayish colored/ stains in multiple areas and the doors were sticky to the touch. -The inside of the bottom cabinet located on the left side of the dishwasher, used to store various containers had black and brown colored debris. -There was grease build-up on the wall behind the range cooktop. -The range hood had a build-up of grease on the outside surface and was sticky to touch. -There was a heavy build-up of grease and rust on the underside of the range hood with many black and brown colored stains. -The inside of the dishwasher was covered in black dust and debris. -The exterior of the dishwasher door was sticky to the touch and had black and brown drip marks at the door's seams. Attempted interview with 5 residents sitting in the	C 256	Kitchen Cabinets has been clean. Cabinet has been clean beside dishwasher done dishwasher has been clean out 4-7-18 the wall behinde the range has been clean the hood have been clean dishwasher door has been clean will make sure Supervisor Reg things clean will check on thing monthly.	

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C 256	Continued From page 9 living room on 2/7/18 at 10:30am unsuccessful. Interview with the SIC on 2/7/18 at 11:15am revealed: -She did not have a regular cleaning schedule for the kitchen. -Cleaning was performed by herself and the Administrator after meals. -The dishwasher was broken and had not been used "in a long, long time." -She preferred to do the dishes by hand. -The range hood needed to be replaced. -She was unaware that the cabinet doors were sticky. -She did not wipe down the cabinet doors on a regular basis. -There was no posted cleaning schedule. -There was no deep cleaning schedule at the facility. -The facility's kitchen was old and required repainting. -The facility had an inspection in July 2017 which identified the cleanliness of the kitchen and same condition of the range hood, the dishwasher and the cabinets. -She was aware that the kitchen needed to be completely cleaned and some appliances replaced. -The Administrator controlled the finances at the facility for needed repairs. -The Administrator was aware of the July 2017 inspection findings but had not performed any repairs or deep cleaning to the facility. Attempted interview with the Administrator on 2/7/18 at 11:08am unsuccessful.	C 256	Never been said about the hood and dishwasher, but it is clean in and out	
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care	C 375		

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C 375	Continued From page 10 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 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	C 375		

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C 375	Continued From page 11 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 7/6/17 revealed diagnoses of schizophrenia, hypertension, chronic kidney disease, vitamin deficiency and hyperlipidemia. Review of Resident #1's Resident Register revealed an admission date of 10/18/14 Review of Resident #1's medication review form revealed: -The most recent medication review was completed on 7/5/17 by a Registered Nurse (RN). -No quarterly medication reviews had been completed since 7/5/17 to identify medication problems. Refer to Interview with the Supervisor-in-Charge (SIC) on 2/7/15 at 11:15am. 2. Review of Resident #2's current FL-2 dated 7/3/17 revealed a diagnosis of mental retardation, mild benign prostatic hypertrophy, vitamin D deficiency and thrombocytopenia. Review of Resident #2's Resident Register revealed an admission date of 8/14/92. Review of Resident #2's record revealed: -The most recent medication review was completed on 7/5/17 by an RN. -No quarterly medication reviews had been completed since 7/5/17 to identify medication problems.	C 375	Review of Resident Medication done & will make sure they are done quarterly Review has been done, will make sure that they done every quarterly	5-5-18 5-5-18

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C 375	Continued From page 12 Refer to interview with the SIC on 2/7/15 at 11:15am 3. Review of Resident #3's current FL-2 dated 7/5/17 revealed diagnoses of paranoid schizophrenia and obesity. Review of Resident #3's Resident Register revealed an admission date of 4/26/11. Review of Resident #3's record revealed: -The most recent medication review was completed on 7/5/17 by an RN. -No quarterly medication reviews had been completed since 7/5/17 to identify medication problems. Refer to interview with the SIC on 2/7/15 at 11:15am Interview with the SIC on 10/12/17 at 11:15am revealed: -She was not aware Residents #1, #2, and #3 did not have quarterly medication reviews. -She could not explain why the quarterly reviews had not been completed. -The Administrator regularly called the RN to visit the facility in the past but she "must have forgotten." -She would call the RN to come to the facility to start quarterly medication reviews for residents as soon as possible. Attempted interview with the Administrator on 2/7/18 at 11:08am unsuccessful.	C 375	Medication Review has been done, will make sure they get done every quarterly 5-5-18	
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements	C 934		

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	FCL096009	A. BUILDING: _____ B. WING _____	02/07/2018

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C 934	Continued From page 13 G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (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 record reviews and interviews, the facility failed to assure 2 of 2 Medication Aides sampled (Staff A and B) completed the state mandated infection control training annually. The findings are: 1. Review of personnel records for Staff A (Supervisor-in-Charge) revealed: -She was hired at the facility on 8/4/97 as a Medication Aide/Supervisor-in-Charge. -She had yearly infection control training certificates available -The most recent infection control training was dated 11/23/16. Refer to Interview with Supervisor-in-Charge on 2/7/18 at 11:15am.	C 934		

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C 934	Continued From page 14 2. Review of personnel records for Staff B (Administrator) revealed: -She was hired at the facility on 8/4/97 as a Medication Aide/Administrator. -She had yearly infection control training certificates available -The most recent infection control training was dated 11/23/16. Refer to interview with Supervisor-in-Charge on 2/7/18 at 11:15am. Interview with the Supervisor-in-Charge (SIC) on 2/7/18 at 11:15am revealed: -The Administrator and the SIC were responsible for maintaining staff personnel records. -She had forgotten that infection control training had to be completed yearly for Medication Aides. -The nurse who taught infection control last visited the facility in October 2017 but did not recertify Staff A and B. -Staff A and B had taken the infection control course yearly until 11/23/16. -She would ensure Staff B and herself receive the required infection control training immediately. Attempted interview with the Administrator on 2/7/18 at 11:08am unsuccessful.	C 934	Had gotten Infection Control training. will make sure the nurse give it to us yearly. 5-5-18 Had Infection Control Training, will make sure we get the traing yearly 5-5-18	
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	C992		

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C992	Continued From page 15 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 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 interview and record review, the facility failed to ensure examination and screening for the presence of controlled substances was performed for 1 of 3 staff (Staff C) hired after 10/01/13. The findings are: Review of the personnel file for Staff C on 2/7/17 revealed:	C992		

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C992	Continued From page 16 -Staff C was hired on 8/4/14 to work at the facility as a Personal Care Aide. -There was no documentation of completion of controlled substance examination and screening. Telephone interview with Staff C on 8/14/18 at 12:05pm revealed: -He began working at the facility in August 2014. -He had a drug screen performed at a local clinic upon hire. -He remembered the provider's name who performed the drug screen and telephone number. -He did not keep a record of his results. Telephone interview with a Registered Nurse at Staff C's medical clinic on 2/7/18 at 12:10pm revealed: -The clinic performed drug screens for patients of the clinic. -The provider who would have performed Staff C's drug screen was no longer employed at the clinic. -The clinic retained records from Staff C but could not provide details about any of Staff C's history with the clinic. -There was a drug screen performed on Staff C in August 2014 but no results could be provided due to privacy issues. Interview with the SIC on 2/7/18 at 11:15am revealed: -Staff C was hired as a Personal Care Aide. -The Administrator and the SIC were responsible for ensuring all new employees were drug screened. -She did not know why the results of the drug screen were not in Staff C's personnel file. -She was certain Staff C had a drug screen. -She would ensure that Staff C's drug test results	C992	Have drug screening on staff C don't know what happen to the first but will make sure from now on that anyone hire the drug test and other forms be in their file	5-21-18

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C992	Continued From page 17 be resent and placed in the personnel file. Attempted interview with the Administrator on 2/7/18 at 11:08am unsuccessful.	C992	Just for the record! no one told me you wanted to talk to me sorry about that.	