STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092242	A. BUILDING: _____ B. WING _____	08/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VAL'S PLACE AT DODSWORTH	6021 DODSWORTH DRIVE RALEIGH, NC 27612

(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 conducted an initial survey on August 16 -17, 2018 and August 20, 2018.	C 000		
C 007	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Facility Services, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations. (e) The licensee or the licensee's designee shall notify the Division of Facility Services if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Facility Services for review of any	C 007		

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C 007	Continued From page 1 possible changes that may be required to the building. This Rule is not met as evidenced by: Type B Violation Based on observations, interviews, and record reviews, the facility failed to assure that residents' evacuation capabilities were in accordance with the evacuation capability listed on the home's license for 3 of 3 sampled residents (#1, #2 and #3) residing in the facility who had physical and cognitive impairments which could prevent the residents from independently evacuating the facility. The findings are: Review of the facility's license with an effective date of 04/05/2018 revealed the facility was licensed for a capacity of 6 ambulatory residents. Review of the daily census revealed 5 residents resided in the facility on 08/16/2018. 1. Review of Resident #1's current FL-2 dated 04/27/2018 revealed: -Diagnoses included dementia and generalized anxiety. -Resident #1 was ambulatory. Review of Resident #1's Resident Register dated 04/27/2018 revealed: -She was admitted to the facility on 04/27/2018. -She was ambulatory with assistance Review of Resident #1's care plan dated 04/28/2018 revealed:	C 007		

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C 007	Continued From page 2 -She was totally dependent with eating, toileting, bathing, dressing, ambulation, grooming/ personal hygiene and transfers. -Resident #1 was intermittently disoriented. Observation upon entrance to the facility on 08/16/2018 at 10:30 am and intermittently throughout the day until 6:00 pm revealed Resident #1 was assisted by staff to the dining room, with eating her lunch and for toileting. Interview with the personal care aide (PCA) on 08/16/2018 at 12:00 pm revealed: -Staff had to assist Resident #1 with bathing, grooming/ personal hygiene, dressing, eating, toileting, transfers and ambulation. -Two or more staff were always present and could evacuate the residents of the building in the event of an emergency. Interview with Resident #1's family member 08/17/2018 at 2:04 pm revealed: -Resident #1 needs assistance with all activities including eating. -Resident #1 was disoriented and confused at times. Refer to interview with the Resident Care Coordinator (RCC) on 08/17/2018 at 11:55 am. 2. Review of Resident #2's current FL-2 dated 03/01/2018 revealed: -Diagnoses included coronary artery, hypertension, hypothyroidism and chronic obstructive pulmonary disease. -Resident #2 was ambulatory with no assistive device. Review of Resident #2's Resident Register signed 02/26/2016 revealed:	C 007		

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C 007	Continued From page 3 -No admission date to the facility. -Resident #2 required assistance for dressing, bathing, nail care, ambulation, getting in/ out of bed, toileting, hair/ grooming and skin care. -She is forgetful and needs reminders. -Her special aids were a walker, eyeglasses, hearing aid, dentures, wheelchair for travel and a bath chair. Review of Resident #2's Care Plan signed 3/01/2018 revealed: -Her assessment date as 02/26/2018. -The date of her most recent examination by her primary care physician was 03/01/2018. -She was ambulatory with aide or walker device. -She had a catheter for her bladder. -She was sometimes disoriented. -She was forgetful and needed reminders. -She wore glasses. -She used hearing aids -She required limited assistance with ambulation/ locomotion. -She was totally dependent with toileting, bathing, dressing, and grooming/ personal hygiene. Interview with Resident #2 on 08/20/2018 at 11:15 am revealed: -She was admitted to the facility with a walker. -She was admitted to facility from her family member's home. -She had not done a fire drill before. -This was her first time doing a fire drill since she was admitted to facility. Refer to interview with the RCC on 08/17/2018 at 11:55 am. 3. Review of Resident #3's current FL-2 dated 4/05/2018 revealed: -Diagnoses included edema, anemia,	C 007		

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C 007	Continued From page 4 hypertension, history of urinary tract infection and osteoporosis. -Resident #3 was semi-ambulatory. Review of Resident #3's Resident Register dated 04/05/2018 revealed: -Resident #3 was admitted to the facility on 04/05/2018. -She required assistance with dressing, bathing, nail care, ambulation, getting in/ out of bed and toileting. -She was forgetful and needed reminders. Review of Resident #3's Care Plan dated 04/05/2018 revealed: -She was ambulatory with aide or device (walker, wheelchair) -She needed extensive assistance with toileting, ambulation and limited assistance with transferring. Refer to interview with the RCC on 08/17/2018 at 11:55 am. _____ Interview with the RCC on 8/20/2018 at 11:55 am revealed: -She knew the facility was licensed for 6 ambulatory residents. -She thought as long as the resident's FL-2 did not list resident as non-ambulatory she could admit them to the facility. -She thought all residents could get out of the facility by themselves without direction or assistance from staff. _____ The facility failed to notify the division when the evacuation capability of the residents was	C 007		

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C 007	Continued From page 5 different from that on the license. The facility's inability to admit the appropriate residents to the facility placed the residents' safety and welfare in detriment and constitutes a Type B violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 8/17/2018 for this violation. _____ CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 4, 2018.	C 007		
C 022	10A NCAC 13G .0302 (b) Design And Construction 10A NCAC 13G .0302 Design And Construction (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: Type B Violation Based on observations, interviews, and record reviews, the facility failed to assure the building was equipped and maintained to meet the evacuation capability of 3 of 3 residents (#1, #2, #3) who were cognitively and physically unable to evacuate the facility independently. The findings are: Review of the facility's license effective 4/05/2018	C 022		

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C 022	Continued From page 6 revealed the facility was licensed for 6 ambulatory residents. Observation during initial tour of facility on 08/16/2018 at 9:30 am revealed: -The home is a single story elevated ranch with three steps leading to the front door. -There was no ramp at the front entrance of facility. -There were two ramps to the entrance/exit doors to the back of the facility. -There were four residents residing at the facility. -There were three staff member working at the facility. -There was no sprinkler system installed. Observations upon entrance to the facility on 08/16/2018 at 9:30 am and intermittently throughout the day until 6:00 pm revealed that residents #1, #2 and #3 were assisted to and from the dining area to eat and to the bathroom for toileting. Interview with the personal care aide (PCA) on 08/16/2018 at 12:00 pm revealed: -Staff had to assist all of the residents with ambulation. -Two or more staff were present during the day and could evacuate the residents from the building in the event of an emergency. 1. Review of Resident #1's current FL-2 dated 04/27/2018 revealed: -Diagnoses included dementia and generalized anxiety. -Resident #1 was ambulatory. Review of Resident #1's Resident Register dated 04/27/2018 revealed:	C 022		

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C 022	Continued From page 7 -She was admitted to the facility on 04/27/2018. -She was ambulatory with assistance Review of Resident #1's care plan dated 04/28/2018 revealed: -She was totally dependent with eating, toileting, bathing, dressing, ambulation, grooming/ personal hygiene and transfers. -Resident #1 was intermittently disoriented. Observation upon entrance to the facility on 08/16/2018 at 9:30 am and intermittently throughout the day until 6:00 pm revealed Resident #1 was assisted by staff to the dining room, with eating her lunch and for toileting. Interview with the PCA on 08/16/2018 at 12:00 pm revealed: -Staff had to assist Resident #1 with bathing, grooming/ personal hygiene, dressing, eating, toileting, transfers and ambulation. -Two or more staff were present during the day and could evacuate the residents from the building in the event of an emergency. Interview with Resident #1's family member 08/17/2018 at 2:04 pm revealed: -Resident #1 needs assistance with all activities including eating. -Resident #1 was disoriented and confused at times. Refer to interview with the RCC on 08/17/2018 at 11:55 am. Refer to observation of fire drill at facility on 8/20/2018 at 10:39 am. 2. Review of Resident #2's current FL-2 dated 03/01/2018 revealed:	C 022		

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C 022	Continued From page 8 -Diagnoses included coronary artery, hypertension, hypothyroidism and chronic obstructive pulmonary disease. -Resident #2 was ambulatory with no assistive device. Review of Resident #2's Resident Register signed 02/26/2016 revealed: -No admission date to the facility. -Resident #2 required assistance for dressing, bathing, nail care, ambulation, getting in/ out of bed, toileting, hair/ grooming and skin care. -She is forgetful and needs reminders. -Her special aids were a walker, eyeglasses, hearing aid, dentures, wheelchair for travel and a bath chair. Review of Resident #2's Care Plan signed 3/01/2018 revealed: -Her assessment date as 02/26/2018. -The date of her most recent examination by her primary care physician was 03/01/2018. -She was ambulatory with aide or walker device. -She had a catheter for her bladder. -She was sometimes disoriented. -She was forgetful and needed reminders. -She wore glasses. -She used hearing aids -She required limited assistance with ambulation/ locomotion. -She was totally dependent with toileting, bathing, dressing, and grooming/ personal hygiene. Interview with Resident #2 on 08/20/2018 at 11:15 am revealed: -She was admitted to the facility with a walker. -She was admitted to facility from her family member's home. -She had not done a fire drill before. -This was her first time doing a fire drill since she	C 022		

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C 022	Continued From page 9 was admitted to facility. Refer to interview with the RCC on 08/17/2018 at 11:55 am. Refer to observation of fire drill at facility on 8/20/2018 at 10:39 am. 3. Review of Resident #3's current FL-2 dated 4/05/2018 revealed: -Diagnoses included edema, anemia, hypertension, history of urinary tract infection and osteoporosis. -Resident #3 was semi-ambulatory. Review of Resident #3's Resident Register dated 04/05/2018 revealed: -Resident #3 was admitted to the facility on 04/05/2018. -She required assistance with dressing, bathing, nail care, ambulation, getting in/ out of bed and toileting. -She was forgetful and needed reminders. Review of Resident #3's Care Plan dated 04/05/2018 revealed: -She was ambulatory with aide or device (walker, wheelchair) -She needed extensive assistance with toileting, ambulation, dressing, grooming/ personal hygiene and totally dependent with bathing, limited assistance with transferring. Refer to interview with the RCC on 08/17/2018 at 11:55 am. Refer to observation of fire drill at facility on 8/20/2018 at 10:39 am.	C 022		

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C 022	Continued From page 10 Interview with the RCC on 8/20/2018 at 11:55 am revealed: -She knew the facility was licensed for 6 ambulatory residents. -She thought as long as the resident's FL-2 did not list residents as non-ambulatory she could admit them to the facility. -The facility had two ramps to the back but did not have one to the front of the facility. -She thought that was okay because no one that came to inspect the home said anything different. -She thought all residents could get out of the facility by themselves without direction or assistance from staff. Observation of fire drill at facility on 8/20/2018 at 10:39 am. Revealed: -The Fire alarm sounded. -There were two staff in the facility, the Medication Aide (MA) and the RCC. -There were five residents, Residents #1, #2, #3, #4 and #5 residing in the facility at the time of the fire drill. -Four residents, Residents #1, #3, #4 and #5 were seated in the living room common area next to the front door. -Resident #2 was seated in a chair in her room down the hall. -The MA was in the kitchen area at the time the fire alarm sounded and came into the living room common area to inform the residents there was a fire drill. -The MA made the announcement that it was a fire drill to residents. -The MA assisted Resident #3 to stand up from her seated position on the couch. -The MA assisted Resident #2 to ambulate. -The MA told Resident #4 to move very fast to get	C 022		

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C 022	Continued From page 11 out and told her which way to go to exit out of the facility. -A Resident #5 who was recently admitted to facility was unable to get out of his chair without assistance. -The RCC was holding the back door to the ramp and directed residents to exit facility. -Resident #3 fell to her bottom on the ramp and MA told the Resident Care Coordinator (RCC) that resident "is not good at going down the ramp". -At 10:43 am residents are outside with MA holding Resident #1 around the waist from behind and pulling Resident #3 in her rollator. -At 10:45 am Resident #5 was unable to stand by himself and MA was propping him up with her body until RCC brought a wheelchair. -Resident #3 stated "that was a hard thing to do!" "I can do better than this but it was just that it was unexpected." _____ The facility failed to admit residents to the facility who were cognitively and physically able to evacuate the facility independently during a fire. The facility's inability to admit the appropriate residents to the facility placed the residents' safety and welfare in detriment and constitutes a Type B violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 8/17/2018 for this violation. _____ CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 4, 2018.	C 022		

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C 249	Continued From page 12	C 249		
C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to implement physician orders for 1 of 3 sampled residents (#1) who had an order for her feet to be elevated due to a pressure ulcer. The findings are: Review of Resident #1's current FL-2 dated 4/27/18 included diagnoses of dementia and generalized anxiety. Review of doctor's orders dated 08/14/18 revealed an order for Resident #1's feet to be elevated while she was sitting. Observation of Resident #1 on 08/16/18 from 10:30am - 12:08pm revealed she was sitting on the couch in the living room with her feet not elevated. Observation of Resident #1 on 08/16/18 from 1:26pm - 4:17pm revealed: -The resident was sitting on the couch in the living room with her feet not elevated. -The resident was wearing (bunny) boots and her	C 249		

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C 249	Continued From page 13 feet were not exposed. -At approximately 4:10pm the facility staff brought a chair to the resident so her feet could be elevated. Interview with a medication aide (MA) on 08/16/18 at 5:00pm revealed: -There was an order for the resident's feet to be raised because the resident's feet were swollen. -Resident #1's feet were elevated at night. -Resident #1's feet were elevated today. Observation of Resident #1 on 08/17/18 from 9:10am - 12:04pm revealed she was sitting on the couch in the living room with her feet not elevated. Interview with a second MA on 08/17/18 at 9:43am revealed: -Resident #1 did not have an order for her feet to be elevated. -Resident #1 had swelling in her feet so her feet should be elevated. Observation of Resident #1 on 08/17/18 from 12:30pm - 12:51pm revealed she was sitting on the couch in the living room with her feet not elevated. Observation of Resident #1 on 08/17/18 from 1:56pm - 4:45pm revealed she was sitting on the couch in the living room with her feet not elevated. Interview with a personal care aide (PCA) on 08/17/08 at 4:09pm revealed: -Resident #1 did not have her feet elevated during the day. -Resident #1 had a pillow under her feet by staff when the resident was in bed.	C 249		

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(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 249	Continued From page 14 -The wound nurse told her to put a pillow under Resident #1's feet when the resident was in bed. A second interview with a MA on 08/17/18 at 4:13pm revealed: -"As far as I know, we are supposed to put her (Resident #1's) feet up". -Resident #1 did not like to have her feet elevated, she would not keep them elevated for long. -When Resident #1 refused to have her feet elevated, the MA might document the refusal in the progress notes. -If Resident #1 continued to refuse to elevate her feet, the MA would tell the administrator. Interview with the registered nurse at the wound care clinic on 08/21/18 at 2:27pm revealed: -Resident #1 had a pressure ulcer on her right heel, left heel and left ear. -Resident #1 had an order for her feet to be elevated to help with pressure relief for her wounds. -Resident #1's wounds would break down more if pressure relief was not provided and "that was not a good thing". -Resident #1's wound did not "have much progress" in healing as documented the last two visits to the wound clinic. -Resident #1 should have her feet elevated as much as she could. -The facility was expected to follow through on orders and do what the doctor asked them to do. -The facility was expected to ask for a new plan of care if they were unable to follow doctor's orders. Attempted interview with the primary care physician on 08/17/18 at 12:04pm, and on 08/20/18 at 10:15am was unsuccessful.	C 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092242	A. BUILDING: _____ B. WING _____	08/20/2018

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C 249	Continued From page 15 Attempted interview with administrator on 08/17/18 at 11:56am, and on 08/20/18 at 10:13am was unsuccessful.	C 249		
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure a registered nurse completed an evaluation and assessment within thirty days for 1 of 3 sampled residents (#1) who developed a pressure sore and required	C 254		

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 254	Continued From page 16 daily wound care. The findings are: Review of Resident #1's current FL-2 dated 4/27/18 revealed diagnoses of dementia and generalized anxiety. Review of the current Licensed Health Professional Support (LHPS) quarterly review dated 06/12/18 revealed there were no tasks identified. Review of wound care clinic chart notes from 07/11/18 to 8/14/18 revealed: -Resident #1 went to the wound care clinic for treatment of a pressure ulcer on 07/11/18. -Daily treatment of the pressure ulcer wound included washing the wound, applying a topical ointment and wrapping the wound in gauze. Review of staff progress notes from 07/06/18 to 07/27/18 revealed: -The wound was found on 07/06/18 on the bottom of Resident #1's foot by a medication aide (MA). -The wound was dressed by a MA on a daily basis from 07/07/18 to 07/09/18. -Dressing the wound included washing the area with soap and water, applying topical ointment and rolling in gauze. Interview with a home health registered nurse on 08/20/18 at 12:53pm revealed Resident #1 had a physician's order for daily dressing changes to be completed by the facility staff. Interview with the wound clinic registered nurse on 08/20/18 at 2:37pm revealed MA were able to do daily wound dressing changes for Resident #1.	C 254		

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C 254	Continued From page 17 Attempted interview with the primary care physician on 08/17/18 at 12:04pm, and on 08/20/18 at 10:15am was unsuccessful. Attempted interview with administrator on 08/17/18 at 11:56am, and on 08/20/18 at 10:13am was unsuccessful.	C 254		
C 315	10A NCAC 13G .1002(a) Medication Orders 10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Type B Violation Based on observations, interviews and record reviews, the facility failed to clarify and verify medication orders for 3 of 3 sampled residents (#1, #2, 3#) to include calcium supplement (#3), nutritional supplement (#1), medications used to treat constipation (linzess, stool softner, miralax), various supplements caltrate with vitamin D3, vitamin A, cranberry supplement, probiatic and oxygen for shortness of breathing (#2).	C 315		

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C 315	Continued From page 18 The findings are: 1. Review of Resident #3's current FL-2 dated 04/05/2018 revealed: -Diagnoses included edema, anemia, hypertension, history of urinary tract infection and osteoporosis. -There was an order for oyster shell (calcium) 500mg by mouth (used to prevent or to treat a calcium deficiency). -The daily dosage for the calcium looked like either QD (once per day) or BID (twice per day). Review of the April 2018 Medication Administration Record (MAR) for Resident #3 revealed the calcium was handwritten as once per day. Review of the May 2018 MAR for Resident #3 revealed: -The calcium was printed from the pharmacy to be given as twice per day at 8am and 8 pm. -The word twice and the 8 pm dosage was crossed off. -The calcium was documentated as given once per day. Review of the June 2018 MAR for Resident #3 revealed: -The calcium was printed from the pharmacy to be given as twice per day at 8am and 8 pm. -The word twice and the 8 pm dosage was crossed off. -The calcium was documentated as given once per day. Review of the July 2018 MAR for Resident #3 revealed:	C 315		

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C 315	Continued From page 19 -The calcium was printed from the pharmacy to be given as twice per day at 8am and 8 pm. -The word twice and the 8 pm dosage was crossed off. -The calcium was documented as given once per day. Review of the August 2018 MAR for Resident #3 revealed: -The calcium was printed from the pharmacy to be given as twice per day at 8am and 8 pm. -The word twice and the 8 pm dosage was crossed off. -The calcium was documented as given once per day. Review of Resident #3's quarterly pharmacy review dated 05/28/18 revealed the pharmacist made a note that the calcium was written as daily on the MAR and twice daily on the order. An interview with the Resident Care Coordinator (RCC) on 08/16/18 at 4:10pm revealed: -She thought the order was for once per day. -The Q for QD might look like a B for BID. -The physician "might bring" an order for medication clarifications when he came to the facility next visit. -"I'm going to figure this out." A second interview with the RCC on 08/17/18 at 10:43am revealed: -The medication aide (MA) was responsible for ensuring the MARs were accurate. -The MAR was signed by the RCC because "it needed to be signed and dated". -The RCC checked the MAR on a monthly basis. -The RCC did not call the doctor to clarify orders. -The pharmacy or the administrator was called to clarify an order.	C 315		

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C 315	Continued From page 20 -"I call the administrator and he does what he does". -She did not call the administrator to clarify the calcium order. -If the MAR was unclear or incorrect, the RCC would make changes "trial and error ... based on what was in the chart". -The RCC copied the handwritten instructions to a new month and reviewed the orders for the new MAR. A third interview with the RCC on 08/17/18 at 12:40pm revealed: -It was difficult to have the physician to clarify the orders because "he was busy with other residents". -The physician was expected to make the necessary changes to the orders to clarify them. -The physician canceled the last two visits to the facility so she was unable to ask for clarification. -She planned to ask the physician to clarify orders on the next visit. -"It was not ok for me to do that (make changes on the MAR without physician input) but it is easier than waiting for the doctor." Attempted interview with administrator on 08/17/18 at 11:56am, and on 08/20/18 at 10:13am was unsuccessful. Interview with the facility's primary care physician on 08/20/18 at 12:21pm revealed: -He expected the facility to contact his office with an order clarification. -No drug should be listed on the MAR without a doctor's order. -Oyster shell calcium is considered a drug. -The order for oyster shell calcium should have been clarified by the facility. -He expected the facility to carry out orders as	C 315		

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C 315	Continued From page 21 written. 2. Review of Resident #1's current FL-2 dated 4/27/18 revealed: -Diagnoses included dementia and generalized anxiety. -There was an order for three bottles of a nutritional supplement to be taken daily as needed. -There was no reason documented to know when to administer the nutritional supplement. -There was no order to discontinue using the nutritional supplement. Review of the May 2018 medication administration record (MAR) revealed: -The nutritional supplement was handwritten without an indicator. -The nutritional supplement order was written in a different handwriting than other orders listed. Review of the June 2018 MAR revealed there was no meal supplement listed. Review of the July 2018 MAR revealed there was no meal supplement listed. Review of the August 2018 MAR revealed there was no meal supplement listed. An interview with the facility's pharmacy technician on 08/17/18 at 9:59am revealed: -The physician or the facility faxed the physician order directly to the pharmacy to be filled. -If an as needed order was unclear as it was written, the facility was expected to follow up with the physician. -When the pharmacy followed up with either the facility or the physician there was an email sent to the facility.	C 315		

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C 315	Continued From page 22 -The monthly MAR was written from the current medications listed in the resident's chart. -The pharmacy had a copy of the FL-2 there was no nutritional supplement order on their copy of the FL-2. -They did not have and order for a nutional supplement for Resident #1. 3. Review of Resident #2's current FL-2 dated 03/01/2018 revealed: -Diagnoses included coronary artery, hypertension, hypothyroidism and chronic obstructive pulmonary disease. -An order for linzess that did not have a frequency that was later written in for every day with a different ink. -A n order for caltrate with vitamin D3 that had the dosage for the vitamin D3 written above with an arrow. -An order for probiatic written next to the physician's signature. -An order for stool softener that had the dosage, route and frequency written above. -An order written on the back of the FL-2 for cranberry supplement that was written in a different ink than the orders on the front. -An order written on the back of the FL-2 for oxygen that was written in a different ink than the orders on the front. -An order written on the back of the FL-2 for miralax that had the frequency, dosage and instructions written in a different ink than the order. Review of Resident #2's June 2018, July 2018 and August 2018 Medication Administration Records (MAR) revealed: -The orders for linzess, caltrate with vitamin D3, probiatic, stool softener, cranberry supplement, vitamin A, oxygen and miralax were all entered by	C 315		

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C 315	Continued From page 23 hand on the MARs. -All the other medications were entered by computer from the pharmacy.` Observation of Resident #2's medications on hand revealed: -The linzess had labeling that was filled by another pharmacy. -The caltrate with vitamin D3, probiatic, stool softener, cranberry supplement and miralax was not have labelled with the resident's name and instructions how to take. Interview with the pharmacy technician on 8/17/2018 at 10:30 am revealed the last set of orders they received from the FL-2 was faxed to them on 03/08/2018 from the facility. Interview with the pharmacy technician on 8/20/2018 at 10:25 am revealed: -The pharmacy was not aware that Resident #2 was receiving probiatic, stool softener, cranberry supplement, miralax, linzess, caltrate with vitamin D, vitamin A and oxygen. -The Pharmacy did not know Resident #2 was taking probiatic, stool softener, cranberry supplement, miralax, linzess, caltrate with vitamin D, vitamin A and oxygen. -The Pharmacy called the facility on 03/08/2018, spoke with the Resident Care Coordinator (RCC) and asked for clarification on the strength of the caltrate with vitamin D, the frequency of linzess, the strength of vitamin A, the strength of stool softener and the frequency of miralax. -Pharmacy did not have an order for the probiatic or the oxygen. -Pharmacy did not receive any response from the facility. -Pharmacy called back the next day but did not get an answer.	C 315		

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C 315	Continued From page 24 -Pharmacy did not receive clarification so we did not put these orders on the MAR. -It was not the first time we have asked for clarification and did not receive a response from the facility. Interview with the Medication Aide on 8/20/2018 at 12:13 pm revealed: -Resident #2's family brings in her probiatic, stool softener, cranberry supplement, miralax, linzess, caltrate with vitamin D and vitamin A. -They are on the FL-2 but they are not entered by pharmacy on the MAR. -They were hand written in by staff each month. Interview with the Resident Care Coordinator (RCC) on 08/20/2018 at 12:20 pm revealed: -She did speak with pharmacy about needing clarification of medication orders for Resident #2. -She called the physician for clarification of medication orders, and wrote the clarifications on the FL-2, then sent clarification of orders to the pharmacy. -She did not have documentation that she sent clarification of orders to the pharmacy. Attempted interviews with the primary care physician on 08/17/18 at 12:04pm and on 08/20/18 at 10:15am was unsuccessful. Attempted interviews with the administrator on 08/17/18 at 11:56am and on 08/20/18 at 10:13 am was unsuccessful. _____ The facility's failure to clarify physician orders for 3 of 3 residents resulted in Resident #3 receiving a medication for bone health (osteoporosis) only once per day instead of twice per day; and	C 315		

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C 315	Continued From page 25 Resident #1, who had a pressure sore, not receiving added nutrients she needed (nutritional supplement). This non-compliancewas detrimental and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 8/17/2018 for this violation. _____ CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 4, 2018.	C 315		
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 clarify medication orders based on the medication reviews for 1 of 3 sampled residents (#3) which included requesting clarification of medication orders. The findings are: 1. Review of Resident #3's current FL-2 dates 04/05/18 revealed diagnoses included edema, anemia, hypertension, osteoporosis and a history of urinary tract infection. a.. Review of Resident #3's current FL-2 dated	C 381		

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C 381	Continued From page 26 04/05/2018 revealed: -There was an order for oyster shell (calcium) 500mg by mouth. -The daily dosage for the calcium looked like either QD (once per day) or (twice per day). Review of the April 2018 Medication Administration Record (MAR) for Resident #3 revealed the calcium was handwritten as once per day. Review of the May, June, July and August 2018 MAR for Resident #3 revealed: -The calcium was printed from the pharmacy to be given as twice per day at 8:00am and 8:00pm. -The word twice and the 8:00pm dosage was crossed off. -The calcium was documented as given once per day at 8:00pm Review of Resident #3's quarterly pharmacy review dated 05/28/18 revealed the pharmacist questioned the calcium being written as daily on the MAR and twice daily on the order. An interview with the Resident Care Coordinator (RCC) on 08/16/18 at 4:10pm revealed: -She thought the order was for once per day. -The physician "might bring" an order for medication clarifications when he came to the facility next visit. -"I'm going to figure this out." A second interview with the RCC on 08/17/18 at 10:43am revealed: -The medication aide (MA) was responsible for ensuring the medication administration records (MAR) were accurate. -The MAR was signed by the RCC because "it needed to be signed and dated".	C 381		

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C 381	Continued From page 27 -The RCC checked the MAR on a monthly basis. -The RCC did not call the doctor to clarify orders. -The pharmacy or the administrator was called to clarify an order. "I call the administrator and he does what he does". -She did not call the administrator to clarify the calcium order. -If the MAR was unclear or incorrect the RCC would make changes "trial and error ... based on what was in the chart". -The RCC copied the handwritten instructions to a new month and reviewed the orders for new MAR. b. Review of the Resident #3's physician orders revealed: -Tobramycin 0.3% ophthalmic solution (eye drops for an infection of the eye) was ordered after a visit to urgent care on 04/06/18. -The instructions for the eye drops were to give 1-2 drops every 2 hours while awake for 24 hours, then every four hours for seven days. Review of the April, May, June, July and August 2018 Medication Administration Record (MAR) for Resident #3 revealed the eye drops and the instructions were handwritten to be given as needed. Interview with the facility's pharmacy technician on 08/17/18 at 9:59am revealed the order for the eye drops was not in Resident #3's record. Review of the quarterly pharmacy review for Resident #3 dated 05/28/18 revealed the pharmacist questioned the eye drops as being on the MAR as needed. Interview with the Resident Care Coordinator on 08/17/18 at 10:43am revealed:	C 381		

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C 381	Continued From page 28 -Resident #3 went to urgent care for treatment of pink eye. -She wrote the order for the eye drops on the MAR every month "in case the infection comes back" so she could dispense the medication.	C 381		
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, interviews and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to the admission of inappropriate residents to the facility and The findings are: 1.Based on observations, interviews, and record reviews, the facility failed to assure that residents' evacuation capabilities were in accordance with the evacuation capability listed on the home's license for 3 of 3 sampled residents (#1, #2 and #3) residing in the facility who had physical and cognitive impairments which could prevent the residents from independently evacuating the facility. [Refer to Tag C 007, 10A NCAC 13G .0206(e) Capacity (Type B Violation)]. 2. Based on observations, interviews, and record	C 912		

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C 912	Continued From page 29 reviews, the facility failed to assure the building was equipped and maintained to meet the evacuation capability of 3 of 3 sampled residents who were cognitively and physically unable to evacuate the facility independently. [Refer to Tag C 022, 10A NCAC 13G .0302(b) Design and Construction (Type B Violation)]. 3. Based on observations, interviews and record reviews, the facility failed to clarify and verify medication orders for 3 of 3 sampled residents (#1, #2, 3#) to include oyster shell (calcium supplement), meal supplement, medications used to treat constipation (linzess, stool softner, miralax), various supplements (caltrate with vitamin D3, vitamin A, cranberry supplement, probiatic) and oxygen for shortness of breathing. [Refer to Tag C 0315, 10A NCAC 13G .1002(a) Medication Orders (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.	C935		

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C935	Continued From page 30 b. The federal Centers for 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. (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: Based on interviews and record reviews, the facility failed to ensure that 3 of 6 staff (Staff A, Staff E, Staff F) and the Administrator, who administered medications had documentation of successful completion of the clinical skills validation portion of the competency evaluation prior to administration of medications. The findings are: 1. Review of Staff A's personnel record revealed: -Staff A was hired 04/25/2018 as a Nursing Assistant/ Personal Care Aide (NA/ PCA).	C935		

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C935	Continued From page 31 -Staff A passed the Medication Aide test on 01/04/2018. -Staff A completed the 15 hour Medication Training on 06/19/2018. -Staff A's Medication Clinical Skills validation checklist was dated 05/26/2016. Review of Staff A's Medication Clinical Skills validation checklist dated 05/26/2016 revealed: -Staff A completed the Medication Clinical Skills validation checklist 19 months prior to taking and passing the Medication Aide test on 01/04/2018. -On pages 1 thru 4 of Staff A's Medication Clinical Skills validation checklist there appeared to be areas that were slightly whiter than the page itself and had a lumpy texture under where Staff A's name was written. -On the last page of Staff A's Medication Clinical Skills validation checklist at the employee signature and date line, there was a signature with letters that did not match the employee name. -When the last pages of Staff A's Medication Clinical Skills validation checklist was compared to the last page of Staff E's Medication Clinical Skills validation checklist they both had what appears to be very simular markings. Review of Medication Administration Record (MARs) for August 2018 revealed that Staff A administered medications to residents on 08/16/2018. Interview with Staff A on 08/16/2018 at 2:00 pm revealed: -Staff A's first day on duty as a Medication Aide (MA) and she was orienting. -Staff A did administer medication to the residents. -Staff A could not recall having done the	C935		

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C935	Continued From page 32 medication clinical skills validation checklist. Interview with the Resident Care Coordinator (RCC) on 08/16/2018 at 4:10 pm revealed: -Staff A started working at facility on 08/16/2018. -She thought that the 15 hours medication training was the medication clinical skills validation checklist. Interview with the Resident Care Coordinator (RCC) on 08/20/2018 at 4:03 pm revealed: -The Administrator or RCC does the new hire paperwork. -The RCC did Staff A's paperwork including the skills check. -Staff A trained at a sister facility. -Every employee signs their own paperwork. -If there is an error, the RCC scratch it out with a single line and initial with the date. -Staff A's medication clinical skills validation checklist has May 26, 2016 date because she was training at sister facility. -Staff A completed the training. -Staff A had to leave the country and had to have time in between. -The RCC was aware Staff A had 60 days to take the Medication Aide test after completing the medication clinical skills validation checklist. -Staff A came to facility as a MA. -The RCC did not know whose signature was on the signature page of Staff A's Medication Clinical Skills validation checklist because she did not have Staff A's signature to compare it to. -The RCC thought that the first letter of the signature looked like a "C". -The RCC agreed the pages for Staff A and Staff E looked the same. -Staff E was not supposed to sign that and she probably did not. -The RCC had no idea if the page with the	C935		

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C935	Continued From page 33 signature was photocopied. -The RCC stated that "maybe I made that mistake". -The facility would have another medication clinical skills validation checklist done. Refer to interview with the Registered Nurse on 08/17/2018 at 3:50 p.m. Refer to interview with the RCC on 08/20/2018 at 4:03 pm. The Administrator was not available for interview. He was out of the country. 2. Review of Staff E's personnel record revealed: -Staff E was hired 12/06/2017 as a Medication Aide (MA). -Staff E passed the Medication Aide test on 02/25/2018. -Staff E completed the 15 hour Medication Training on 05/26/2016 at a sister facility. -Staff E's Medication Clinical Skills validation checklist was dated 05/26/2016. Review of Staff E's Medication Clinical Skills validation checklist dated 05/26/2016 revealed: -Staff E completed the Medication Clinical Skills validation checklist 1 month after she took and passed the Medication Aide test on 04/13/2016. -When the last pages of Staff E's Medication Clinical Skills validation checklist was compared to the last page of Staff A's Medication Clinical Skills validation checklist they both had what appears to be very simular markings. Review of the Medication Administration Records (MARs) for June 2018, July 2018 and August 2018 revealed that Staff E administered medications to residents throughout these	C935		

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C935	Continued From page 34 months. Interview with Staff E on 08/20/2018 at 3:40 pm revealed: -Staff E administered medication to the residents. -Staff E remembered having done the medication clinical skills validation checklist. -She did not know why her signature would be on another employee's medication clinical skills validation checklist. Refer to interview with the Registered Nurse on 08/17/2018 at 3:50 p.m. Refer to interview with the RCC on 08/20/2018 at 4:03 pm. The Administrator was not available for interview. He was out of the country. 3. Review of Staff F's personnel record revealed: -Staff F was hired 12/23/2016 as a Nursing Assistant/ Personal Care Aide (NA/ PCA) and MA. -Staff F passed the Medication Aide test on 10/24/2017. -Staff F completed the 15 hour Medication Training on 09/29/2017. -Staff F Medication Clinical Skills validation checklist was dated 07/28/2017, which did not have an employee's signature or name at the bottom of the pages. -Without the employee's name at the bottom of the three pages prior to the last page, the signature page, it made it difficult to identify who the pages belonged to. Review of Staff F's Medication Clinical Skills validation checklist dated 07/28/2017 revealed: -The year on all four pages of Staff F's	C935		

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C935	Continued From page 35 Medication Clinical Skills validation checklist appeared to have been altered. -Staff F completed the Medication Clinical Skills validation checklist 3 month prior to taking and passing the Medication Aide test on 10/24/2017. -When the pages of Staff F's Medication Clinical Skills validation checklist was compared to the pages of the Administrator's Medication Clinical Skills validation checklist they both had what appears to be very simular markings, the month and the day were the same. -There was no employee's name or signature on any of the pages of Staff F's Medication Clinical Skills validation checklist. Review of Medication Administration Record (MARs) for June 2018, July 2018 and August 2018 revealed that Staff F administered medications to residents throughout these months. Staff F was not available for interview. Refer to interview with the Registered Nurse on 08/17/2018 at 3:50 p.m. Refer to interview with the RCC on 08/20/2018 at 4:03 pm. The Administrator was not available for interview. He was out of the country. 4. Review of the Administrator's personnel record revealed: -The Administrator was hired 11/20/2017 as an Administrator and on 11/22/2017 as a MA. -The Administrator passed the Medication Aide test on 02/24/2016. -The Administrator completed his 15 hour Medication Training on 05/26/2016.	C935		

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C935	Continued From page 36 -The Administrator's Medication Clinical Skills validation checklist was dated 07/28/2016, the date next to the employee's signature was 02/28/16 and his name was not at the bottom of pages 1 thru 3. Review of Medication Administration Record (MARs) for August 2018 revealed that Staff I administered medications to residents on 08/08/2018. The Administrator was not available for interview. He was out of the country. Refer to interview with the Registered Nurse on 08/17/2018 at 3:50 p.m. Refer to interview with the RCC on 08/20/2018 at 4:03 pm. --- Interview with Registered Nurse (RN) on 08/17/2018 at 3:50 p.m. revealed: -When she left the facility after performing a Medication Clinical Skills validation checklist the employee's name was on all of the pages, at the bottom and on the last page with their signature. -The RN did not know why there would be Medication Clinical Skills validation checklists that did not have the employees' names on the bottom of the first 3 pages and their names and signature on the last page. -The RN did not know why there would be Medication Clinical Skills validation checklists with areas of what appears to be whiteout under the names and dates. -The RN stated that she would never use whiteout on any of her paperwork. -If there was an error she would place a line through it and initial and date the error.	C935		

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C935	Continued From page 37 Interview with the RCC on 08/20/2018 at 4:03 pm. Revealed: -The RCC stated that usually they sign the last page. -The RCC will make them sign each page so they won't make mistakes. -The reason there is no name on the bottom is because we don't oversee the trainings. -The facility does not photocopy. -The RCC did not know why there would be bumps on the pages. -The paperworks were not originals because the employee took it to another house. -Maybe the copy has the imperfections. -"Maybe there was a mistake and I made a photocopy, I don't know, I'll do all of them. Brand new ones. Then we can be on the same page. I don't see how this effects my resident's care and attention."	C935		