Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING: _____ B. WING _____	08/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLED 2 CARE FAMILY CARE HOME # 2	502 POE STREET WILSON, NC 27893

(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 annual survey on August 02 and August 03, 2018.	C 000		
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 met the North Carolina Building Code requirements for non-ambulatory residents as evidenced by 1 of 6 residents (Resident #3) who was physically impaired residing in the facility and being unable to evacuate the facility independently without verbal or physical assistance. The findings are: Interview with the Medication Aide/Supervisor in Charge (MA/SIC) on 08/02/18 at 8:30 am revealed the wheelchair parked in the hallway outside of the kitchen belonged to Resident #3. Review of a letter dated 06/28/18 from the Adult Care Licensure Section revealed a new license effective 06/01/18, with a capacity of 6 ambulatory residents.	C 022	C-022 Resident was discharged/placed in another facility that can provide her present level of care on 9-7-18	9-7-18

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 9-7-18

Received & Acknowledged
9/13/18

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C 022	Continued From page 1 Observations on 08/02/2018 at 9:25am revealed there was one resident being pushed in a wheelchair down the hall into her room by staff. Review of Resident #3's current FL-2 dated 07/02/18 revealed: -Diagnoses included chronic obstructive pulmonary disease hyperlipidemia, depression, anxiety, arthritis, seizures, urinary incontinence and coronary artery disease. -There was an entry that Resident #3 was intermittently disoriented. -Resident #3 was semi-ambulatory. Review of Resident #3's care plan dated 02/02/18 revealed: -Resident #3 was totally dependent with performing activities of daily living including ambulation and transfers. -Resident #3 was totally dependent with ambulation/locomotion and transferring. -The resident was ambulatory with aide or device quad-walker and wheelchair. -The resident was sometimes disoriented. -The resident was forgetful and needed reminders. -The resident's vision was limited. Review of Resident #3's Licensed Health Professional Support evaluation (LHPS) dated 07/26/18 revealed: -Resident #3's personal care task included ambulation using assistive devices and transferring semi-(or)non ambulatory residents. -Resident #3 had left side weakness. -Staff assists with transfers. Observation of Resident #3 on 08/02/18 at 1:50pm revealed Resident #3 being rolled out side to front porch by staff.	C 022		

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C 022	Continued From page 3 revealed: -The MA/SIC would run down and throw Resident #3 over her shoulder and get her out of the facility in case of a fire. -A male resident in the room next to Resident#3 knew to go to the resident's room and get her out of the facility in case of a fire. Interview with the Administrator on 08/02/18 at 5:10pm revealed Resident #3 could get out of the facility with assistance from the staff in case of a fire. The facility failed to equipped and maintained to assure 1 of 6 residents would be able to evacuate safely. The facility's was detrimental to the safety of the residents and constitutes a Type B Violation. A Plan of Protection in accordance with G.S. 131D-34 was provided on 08/02/18. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 17, 2018	C 022		
C 067	10A NCAC 13G .0312 (e) Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance And Exits (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. This Rule is not met as evidenced by: TYPE B VIOLATION	C 067		

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C 022	Continued From page 2 Observation of Resident #3 on 08/02/18 at 2:30pm revealed: -Resident #3 was being pushed down the hallway and into resident's room by staff. -Staff rolled Resident #3 directly beside the resident's bed. -Staff held wheelchair handle as Resident #3 stood stationary using a quad- cane. -Staff pulled down Resident's #3's pants before resident pivoted to the right and sat on the side of the bed. -Staff completely removed Resident #3's pants and shoes. -Staff then reached down and lifted both of Resident #3's legs and moved them on to the bed. -Staff then reached down to the foot of Resident #3's bed and wrapped the resident in the covers. Interview with Resident #3 on 08/02/18 at 2:10 pm revealed: -Resident #3 had thought about how she would get out of the facility in case of a fire. -I cannot get down the stairs without someone helping me. -The staff would have to carry me down the stairs. -The last time Resident #3 tried to go down the back door stairs she fell and broke her femur and her hip. -Resident #3 thought there needed to be a ramp at the front and back door. Interview with the MA/SIC on 08/02/18 at 2:28 pm revealed she was going to take Resident #3 to her room to lay her down because the resident wanted to take a nap. Interview with MA/SIC on 08/02/18 at 2:40 pm	C 022		

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C 067	Continued From page 4 Based on observations and interviews, the facility failed to assure that 1of 1 wheelchair ramp leading from the facility that was located on the side entrance to the facility was free from impediments and available for use in case of an emergency. The findings are: Observations of the facility exterior on 08/02/18 at 8:00 am, 5:10 pm, and 08/03/18 at 7:10 am revealed: -The facility had a primary front door entrance on the right side of the building facing the street. -Located to the right of the primary entrance door was a second exterior door facing the side yard with a ramp facing the street. -The side entrance doors had two large green rolling trash receptacles and one blue large rolling trash receptacle located against the facility at the base of the ramp. -The ramp was blocked by the 3 trash cans. Interview with a resident on 08/03/18 at 7:45 am revealed: -The trash receptacles were always kept right there by the house -The trash receptacles were only removed on Wednesday, when the cans would be moved to the road by staff. -After the trash receptacles were emptied by the trash company, staff put them back on the base of the ramp. Observations on 08/02/2018 at 9:25am revealed there was one resident being pushed in a wheelchair down the hall into her room by staff. Interview with Resident #3 on 08/02/18 at 2:10 pm revealed:	C 067	On a normal day trash receptacles are not kept on the ramp. they are kept beside the barn in the back yard. 8-2-18 PM Staff removed the trash receptacles and placed them in the correct location. Its a chore of the resident to put the trash out by the street, resident left them because his bus came for day school and he left them on the ramp to prevent being left by the bus.	

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C 067	Continued From page 5 -Resident #3 had thought about how she would get out of the facility in case of a fire. -I cannot get down the stairs without someone helping me. -The staff would have to carry me down the stairs. -The last time Resident #3 tried to go down the back door stairs she fell and broke her femur and her hip. The facility failed to assure that 1of 1 wheelchair ramp leading from the facility was free from impediments and available for use in case of an emergency. The facility's failure was detrimental to the health and safety of all the residents in the event of an emergency requiring evacuation of the facility. This non-compliance constitutes a Type B violation.	C 067	CPR expired on 5-3-18 for All staff	
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	C 176	Records were Completed on 8-4-18	

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C 176	Continued From page 7 2. Review of Staff B's employee record revealed: -Staff B was the Administrator and been licensed since 01/16/15. -Staff B had completed a CPR course on 08/19/15, with a recommended renewal in 2 years. -No additional documentation of CPR certification was located in the employee record. Interview on 08-03-18 at 8:30 am with the Administrator revealed she was unaware her CPR had expired. 3. Review of Staff C's employee record revealed: -Staff C was hired in 2015, the exact hire date was not documented. -Staff C had completed a CPR course on 08/19/15, with a recommended renewal in 2 years. -No additional documentation of CPR certification was located in the employee record. Interview on 08/03/18 at 7:00 am with Staff C revealed: -She usually worked alone in the facility every Friday. -The Administrator would be in the facility later in the day, "on and off". -She had completed a CPR course in 2015. -The Administrator would notify the staff if any training, including CPR, was needed. 4. Review of Staff D's employee record revealed: -Staff D was hired as a PCA in 2015, an exact date of hire was not provided. -Staff D had completed a CPR course on 08/19/15, with a recommended renewal in 2 years. -No additional documentation of CPR certification	C 176		

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C 176	Continued From page 6 the training. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to assure at least one staff person was on the premises at all times who had completed a course on Cardio-Pulmonary Resuscitation (CPR) and choking management within the last 24 months for 4 of 4 staff (Staff A, Staff B, Staff C and Staff D). The findings are: 1. Review of Staff A's employee record revealed: -Staff was hired as personal care aide (PCA) in May 2017, an exact date of hire was not provided. -There was no documentation of completion of a CPR course in Staff A's employee record . Interview on 08/02/18 at 2:20 pm with Staff A revealed: -She had worked at the facility since May 2017. -She was hired as a PCA, but became Medication Aide (MA) in February of 2018. -She had not completed a CPR course, "I don't have CPR, I need to get that done". -She worked at the facility "from Sunday night through Thursday night, every week". -She usually worked alone in the facility. -Sometimes during the day, the Administrator was in the building. -She would call 911 immediately if a resident was found to be choking or was unresponsive. Observation on 08/02/18 at 2:20 pm revealed Staff A was the only staff in the facility since 10:10 am.	C 176	error / not true All of the staffe = Called 2 Care FCH CPR expired on 5-23-18 showing on all certificates. Recertification was completed on Saturday Aug 4th 2018 by the nurse	8-4-18

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C 176	Continued From page 8 was located in the employee record. Attempted telephone interview with Staff D on 08/03/18 was unsuccessful. Interview on 08/03/18 at 10:20 am with the Administrator revealed: -Staff D worked as a PCA on a part-time basis. -Staff D worked in the facility unaccompanied every weekend. Interview on 08-03-18 at 10:30 am with the Administrator revealed: -She was unaware any employee's CPR had expired. -She was responsible for maintaining employee records. -She was responsible for arranging any training needed by employees. -She had arranged for an employee who was currently certified in CPR to come to the facility and remain in the facility until the other employees could be certified. -CPR certification was scheduled for 08/04/18. The facility failed to assure there was one staff member on duty in the facility at all times who had completed a course on CPR and choking management within the last 24 months. The facility's failure was detrimental to the health and safety of all the residents in the event of an emergency requiring cardio-pulmonary resuscitation or management of a choking resident. This non-compliance constitutes a Type B violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/03/18. CORRECTION DATE FOR THE TYPE B	C 176	error	

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C 176	Continued From page 9 VIOLATION SHALL NOT EXCEED SEPTEMBER 17, 2018	C 176		
C 259	10A NCAC 13G .0904(a)(4) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (4) There shall be at least a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus, for both regular and therapeutic diets. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to assure a three-day supply of perishable food and a five-day supply of non-perishable food in the facility for 6 residents based on the facility's menu. The findings are: Observation of the facility's refrigerator on 08/02/018 at 9:00 am revealed: -There was a gallon container labeled 2 percent milk that was that was ¾ empty on the second shelf of the refrigerator. -There was one partially used head of lettuce, that had begun to brown, in the middle right drawer of the refrigerator. -There was ½ a pound roll of pork sausage in a zip lock bag in the middle right crisper compartment of the refrigerator, one 16 oz rolls of pork sausage and was one 24 oz package of smoked sausage noted in the lower freezer compartment of the refrigerator. -There was one 10 oz container of water melon pieces in the left bottom crisper compartment of	C 259	State came on shopping inventory restock day. Called 2 Care shops on a weekly basis and we will continue to do so to prevent the loss and abuse of inventory + supplies. There was a three day supply on hand after 8-4-18 but we will continue to shop on a weekly basis. 8-4-18	

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C 259	Continued From page 11 -There was twenty two 14.5 oz cans of canned vegetables. -There was one 109 oz can of canned pears. -There were two stacked boxes labeled sliced peaches with a hand written sign taped to the boxes labeled "please do not open" on the floor of the pantry. Observation of the of the freezer chest located outside in a storage unit on 08/02/18 at 9:25 am revealed: -There was two packages of soft tortillas with one package containing 6 tortillas on the top self of the freezer. -There was one turkey on the second self of the freezer. -There was one package of unlabeled item on the second self of the freezer. -There was one 16 oz bag of turnip greens on the third self of the freezer. -There was three 15 oz containers of coleslaw on the bottom self of the freezer. -There was two 16 oz bags of cranberries on the bottom self of the freezer. -There was one plastic container labeled chicken broth on the bottom self of the freezer. -There was one 20 oz container of chicken liver inside the door of the freezer. -There was one bag of sweet peas with ice crystals on the peas inside the door of the freezer. -There was two packages of six bagels with ice crystal on them inside the door of the freezer. -There was one 16 oz roll of ground turkey inside the door of the freezer. Observation of Administrator and Medication Aid/Supervisor in Charge (MA/SIC) on 08/02/18 at 9:15 am revealed the Administrator asked the MA/SIC if they had enough food for lunch for the	C 259	Facility will increase shopping days	8-4-18 8-4-18

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C 259	Continued From page 10 the refrigerator with sell by date of 07/31/18. -There was one 32 oz of green seedless table grapes in the left bottom crisper compartment of the refrigerator. -There was one 10 oz opened package of lemon cupcakes with two thirds remaining in the right bottom crisper of the refrigerator. -There was -There was one partially used pack of hotdog buns in the freezer compartment of the refrigerator. -There was one 16 oz container of bruschetta in the freezer compartment of the refrigerator. -There was two 10 oz bags of matchstick carrots with ice crystals in the bags in the freezer compartment of the refrigerator. -There was one 12 oz package of deli meat in the lower freezer compartment of the refrigerator. -There was one 32 oz half empty box of pancake and waffle mix in the bottom self on the refrigerator door. -There were miscellaneous condiments half of a container of mayonnaise, one mostly empty and a half empty bottle of ketchup and salad dressing, a half empty jar of salad cubes and a one pound package of butter inside the door of the refrigerator. Observation of the facility's pantry on 08/02/18 at 9:05 am revealed: -There was one 18 oz jar of peanut butter. -There was one 16 oz opened box of saltine crackers. -There was one 32 oz box of pancake and waffle mix. -There was two 6.35 oz boxes of edamame -There was ten 16 oz bags of dried beans. -There was one 32 oz bag of dried beans. -There was two 16.5 oz boxes of cake mix. -There was two 15 oz can of mixed fruit.	C 259	Restocked on 8-4-18	8-4-18

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C 259	Continued From page 12 residents and the MA/SIC replied no. The MA/SIC told the Administrator she did not know what she was going to make because she did not have enough food. Observation of MA/SIC on 08/02/18 at 10:00 am revealed MA/SIC asking resident to come help get the groceries out of the car. Interview with Resident #3 on 08/02/18 at 9:35 am revealed: -Resident #3 has brought soup at least twice to put in the "community pantry" and other residents eat the soup up. -Resident #3 will try to keep the soup in her room the next time she buys some. -Resident #3 eats jelly sandwich at least 3 times per week because she cannot eat peanut butter. Interview with the Administrator on 08/03/18 at 11:45 am revealed: -Resident #3 has brought her own cans of soup. -The Administrator has also brought Resident #3 soup. Interview with another resident on 08/02/18 at 10:30 am revealed: -Oatmeal and water was served for breakfast at least four times per week. -One bologna sandwich or one peanut butter and jelly sandwich and water is served for lunch. -Peanut butter and jelly sandwiches and water was served for lunch three times last week. -The last time fruit was served was over a month ago. -Resident helps bring the groceries in and puts it up. -The staff goes grocery shopping once a month. Interview with another resident on 08/03/18 at	C 259		8-4-18

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C 259	Continued From page 13 7:20 am revealed: -The resident don't often eat breakfast. -The staff fixed Resident a bologna or a peanut butter and jelly sandwich to take with him for lunch when he goes to the day program. -The staff goes grocery shopping once a month. Interview with another resident on 08/03/18 at 7:45 am revealed: -The staff had fixed a peanut butter and jelly sandwich for the resident to take with him to the day program for lunch. -The staff goes grocery shopping once a month. Interview with the MA/SIC on 08/03/18 at 7:05 am revealed the Administrator usually went grocery shopping biweekly because when she was buying in bulk food would get missing. Interview with the Administrator on 08/03/18 at 11:45 am revealed: -Grocery shopping is done weekly. -Groceries are not brought in bulk due to food coming up missing. -I will get this cite every time because I can't trust that the food would not be taken by staff. -I have no way to keep the staff form taking the food or cooking more food than what is need for the residents	C 259		8-4-18
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name;	C 342		

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	FCL098032	A. BUILDING: _____ B. WING _____	08/03/2018

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C 342	Continued From page 17 07/21/18, and 07/28/18. Refer to Review of Staff D's employee record. Refer to Interview on 08/03/18 at 11:12 am with Staff D. Refer to Interview on 08/03/18 at 10:20 am with the Administrator. 2. Review of Resident #2's current FL2, dated 06/27/18 revealed: -Diagnoses included schizophrenia - paranoid type, obsessive kaulits disorder, hypertension, left frontal cerebral vascular accident, high cholesterol, anemia, migraines and grade 1 dystolic dysfunction. -An order for risperdal (used to treat schizophrenia) 2 mg 1 tablet at hour of sleep. -An order for hydralazine (used to treat high blood pressure) 25 mg 1 tablet three times daily. -An order for amlodipine (used to treat high blood pressure) 10 mg 1 tablet every morning. -An order for aspirin (used to prevent a heart attack or a stroke) 81 mg 1 tablet every morning. -An order for atorvastatin (used to treat high cholesterol) 20 mg 1 tablet every evening at bedtime. Review of a subsequent physician order dated 07/07/18 revealed an order for fluoxetine 20 mg 1 tablet every morning. Review of a subsequent physician order dated 07/19/18 revealed an order for metrodiazole 500 mg 1 tablet three times daily for seven days. Interview on 08/03/18 at 7:55 am with Resident #2 revealed: -Staff D worked on weekends, providing care to	C 342	? Staff (D) hasn't worked on Medcart since expiration of date on 10/15 cert. Administrator did his own internal investigation. Staff (D) will Complete state Med Exam in October	8-4-18

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C 342	Continued From page 16 were used to document the administration of medications which Staff D administered. -Staff A did not work on 05/20/18. -Staff C did not work on 05/05/18, 05/06/18, 05/12/18, 05/13/18, 05/19/18, 05/26/18 and 05/27/18. Review of Resident #1's June 2018 MAR revealed: -Staff C's initials were documented as the Medication Aide which administered the medication at 7:30 am, 8:00 am, 2:00pm, 5:00pm and 8:00pm on 06/16/18, 06/17/18, 06/23/18, and 06/30/18. -The Administrator's initials were documented as the Medication Aide which administered the medication at 7:30 am, 8:00 am, 2:00pm, 5:00pm and 8:00pm on 06/02/18, 06/03/18, 06/09/18, 06/10/18, and 06/24/18. -Staff C did not work on 06/16/18, 06/17/18, 06/23/18, and 06/30/18. -Staff C's and the Administrator's initials were used to document the administration of medications which Staff D administered. Review of Resident #1's July 2018 MAR revealed: -Staff C's initials were documented as the Medication Aide which administered the medication at 7:30 am, 8:00 am, 2:00pm, 5:00pm and 8:00pm on 07/07/18, 07/14/18, 07/21/18, and 07/28/18. - The Administrator's initials were documented as the Medication Aide which administered the medication at 7:30 am, 8:00 am, 2:00pm, 5:00pm and 8:00pm on 07/01/18, 07/08/18, 07/15/18, 07/22/18, and 07/29/18. -Staff C's and the Administrator's initials were used to document the administration of medications which Staff D administered. -Staff C was not working on 07/07/18, 07/14/18,	C 342		

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C 342	Continued From page 19 diet) daily. -A physician's order for Nitrofur (used to treat or prevent urinary tract infections) 1 capsule daily before meals. -A physician's order for Klor-Con (used to replace fluids and minerals) 20meq daily. -A physician's order for Vitamin B-12 (used to help keep the body's nerve and blood cells healthy and helps make DNA) 1000mcg daily. -A physician's order for Eliquis (used to prevent a type of blood clot called deep vein thrombosis (DVT)) 5mg twice daily. -A physician's order for Gemfibozil (used to reduce cholesterol and triglycerides (fatty acids) in the blood) 600 mg take twice daily 30 minutes before breakfast and evening meal. -A physician's order for Levetiraceta (used to treat partial onset seizures) 250 mg twice daily. -A physician's order for Symbicort (used to prevent bronchospasm in people with asthma or chronic obstructive pulmonary disease (COPD)) 80-4.5 inhale 2 puffs twice daily. -A physician's order for Topiramate (used alone or with other medications to prevent and control seizures) 200 mg twice daily. -A physician's order for Zonisamide (used together with other anti-convulsant medications to treat partial seizures) 100 mg take two capsules twice daily. -A physician's order for Gabapentin (used with other medications to prevent and control seizures) 400 mg take three times daily. -A physician's order for Atorvastatin (used to improve cholesterol levels and decrease your risk for heart attack and stroke) 80 mg take at bedtime. -A physician's order for Tramadol HCL (used to treat moderate to severe pain) 50 mg take every six hours as needed for pain.	C 342		

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C 342	Continued From page 18 residents, such as cooking, cleaning assisting with showers and dressing as needed. -Staff D also administered medications to all residents, including the resident who required fingerstick blood glucose (FSBS) checks and administered insulin to that resident as well. Refer to Review of Staff D's employee record. Refer to Interview on 08/03/18 at 11:12 am with Staff D. Refer to Interview on 08/03/18 at 10:20 am with the Administrator. 3. Review of Resident #3's current FL-2 dated 07/02/18 revealed: -Diagnoses included chronic obstructive pulmonary disease hyperlipidemia, depression, anxiety, arthritis, seizures, urinary incontinence and coronary artery disease. -Medications included Pepcid (used to decrease the amount of acid the stomach produces) 20 mg daily. -A physician's order for Feosol (used to prevent or treat low levels of iron in the blood) 325 mg daily. -A physician's order for Prozac (used for treating depression) 20 mg daily. -A physician's order for Flonase (used to relieve seasonal and year-round allergic and non-allergic nasal symptoms) 20 mg one spray each nostril daily. -A physician's order for Folic Acid (used to help the body produce and maintain new cells) 1 mg daily. -A physician's order for Lasix (used to treat fluid retention) 40 mg daily. -A physician's order for Multi-Vitamin (used to provide vitamins that are not taken in through the	C 342		

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C 342	Continued From page 21 06/30/18. -The Administrator's initials were documented as the Medication Aide which administered the medication at 7:30 am, 8:00 am, 2:00pm, 5:00pm and 8:00pm on 06/02/18, 06/03/18, 06/09/18, 06/10/18, and 06/24/18. - The Administrator's initials were documented on 06/02/18, 06/03/18,06/09/18, 06/10/18, and 06/24/18 at 8:00 am and 5:00pm for Symbicort 80-4.5 inhale 2 puffs were scheduled to be given twice daily at 8:00 am and 5:00 pm. -Staff C did not work on 06/16/18, 06/17/18, 06/23/18, and 06/30/18. -Staff C's and the Administrator's initials were used to document the administration of medications which Staff D administered. Review of Resident #3's Medication Administration Records (MARs) dated July 2018 revealed: -Staff C's initials were documented as the Medication Aide which administered the medication at 7:30 am, 8:00 am, 2:00pm, 5:00pm and 8:00pm on 07/07/18, 07/14/18, 07/21/18, and 07/28/18. - The Administrator's initials were documented as the Medication Aide which administered the medication at 7:30 am, 8:00 am, 2:00pm, 5:00pm and 8:00pm on 07/01/18, 07/08/18, 07/15/18, 07/22/18, and 07/29/18. - The Administrator's initials were documented on 07/21/18 at 8:00 am and 5:00pm for Symbicort 80-4.5 inhale 2 puffs were scheduled to be given twice daily at 8:00 am and 5:00 pm. -Staff C's and the Administrator's initials were used to document the administration of medications which Staff D administered. -Staff C was not working on 07/07/18, 07/14/18, 07/21/18, and 07/28/18.	C 342	? My initials on the weekends when I stay in town and live-in at the facility. I do administer + give meds being that I am a certified MedTech. ? I am allowed to pass Meds as an Administrator	

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C 342	Continued From page 20 Interview with Resident #3 on 08/02/18 at 12:30 pm revealed: -Staff D worked the weekends. -Staff D gave out medications while working the weekends. Review of Resident #3's Medication Administration Records (MARs) dated May 2018 revealed: -Staff C's initials were documented as the Medication Aide which administered the medication at 7:30 am, 8:00 am, 2:00pm, 5:00pm and 8:00pm on 05/05/18, 05/06/18, 05/12/18, 05/13/18, 05/19/18, 05/26/18 and 05/27/18. -The Administrator's initials were documented as the Medication Aide which administered the medication at 7:30 am, 8:00 am, 2:00pm, 5:00pm and 8:00pm on 05/20/18. - The Administrator's initials were documented on 05/20/18 at 8:00 am and 5:00pm for Symbicort 80-4.5 inhale 2 puffs were scheduled to be given twice daily at 8:00 am and 5:00 pm. -Staff A's initials were documented on 05/20/18 at 8:00 am and 8:00pm for Topiramate 200mg were scheduled to be given at 8:00 am and 8:00 pm. -Staff A's, staff C's and the Administrator's initials were used to document the administration of medications which Staff D administered. -Staff A did not work on 05/20/18. -Staff C did not work on 05/05/18, 05/06/18, 05/12/18, 05/13/18, 05/19/18, 05/26/18 and 05/27/18. Review of Resident #3's Medication Administration Records (MARs) dated June 2018 revealed: -Staff C's initials were documented as the Medication Aide which administered the medication at 7:30 am, 8:00 am, 2:00pm, 5:00pm and 8:00pm on 06/16/18, 06/17/18, 06/23/18, and	C 342		

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C 342	Continued From page 22 Refer to Review of Staff D's employee record. Refer to Interview on 08/03/18 at 11:12 am with Staff D. Refer to Interview on 08/03/18 at 10:20 am with the Administrator. Review on 08/02/18 at 4:00 pm of Staff D's employee record revealed: -Staff D was hired as a PCA in 2015, an exact hire date was not documented. -Staff D had completed Licensed Health Professional Skills on 12/21/16. -Staff D completed Medication Clinical Skills Validation on 01/23/15. -Saff D completed Diabetic Care training on 01/18/15 and 02/24/17. -There was no documentation of Staff D successfully completeing the state MA exam. Interview with Staff D on 08/03/18 at 11:12 am revealed: -Staff D has been working for the facility for two years. -Staff D last day at work was 07/29/18. -Staff D worked every weekend. -The Administrator would come in early on the Saturday and Sunday and pre poured the medications. -Staff D would give the pre poured medications to the residents. Interview on 08/03/18 at 10:20 am with the Administrator revealed: -Staff D was a part time employee. -Staff D worked last weekend. -Staff D worked every weekend unless she called out.	C 342	All evidence concerning Staff(D) was given by (2) disgruntal residents	

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C 342	Continued From page 23 -Staff D worked as a PCA and was not a MA. -The Administrator would pull up scheduled medications the night before, or sometimes come in early on Saturday and Sunday, and leave the medications in the medication cart for administration the next day. -The Administrator did not know what happened to the medication after she pre poured the medication and left them in the cart. -The residents observed Staff D provide their medication to them, after the Administrator has pre poured the medications, and probably think Staff D is administering the medications, but she is not. -Staff D did not administer medications, but she would provide the pre poured medications as scheduled to the residents. -"I sign the MARs, like I gave the medications, since I packaged up the medications". -Staff D did not independently administer medications, since the medications were prepackaged by the Administrator. -Staff D had completed the medication clinical skills checklist, but had not taken the MA exam. -"She is not a MA and does not give medications".	C 342		
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 assure each resident	C 912		

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C 342	Continued From page 14 (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on interviews and records reviews, the facility failed to assure accuracy of the Medication Administration Records (MARs) for 3 of 3 sampled residents (Resident #1, Resident #2 and Resident #3) as evidenced by the Administrator routinely signed the MARs for medication that Staff D administered. The findings are: 1. Review of Resident #1's current FL2, dated 07/26/18 revealed: -Diagnoses included Type 2 diabetes mellitus, essential hypertension, hyperlipedmia, hyperglycemia, syncope and collapse. -An order for actos (used to treat diabetes) 45 mg 1 tablet daily. -An order for allopurinal (used to decrease high blood uric acid levels) 100 mg 1 tablet daily. -An order for atorvastatin calcium (used to treat high cholesterol) 10 mg 1 tablet daily.	C 342	Called 2 Care houses are adjacent there is always a med Tech on duty that pulls and administer meds for both houses when Staff D is working. And when I the admin at dr doesn't come by and administer meds + pull meds, Staff (D) does not work the med cart. =>	

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C 342	Continued From page 15 -An order for cymbalta (used to treat depression) 30 mg 1 tablet daily. -An order for fish oil (used to treat inflammation) 1000 mg 1 tablet, three times daily. -An order for lisinopril (used to treat high blood pressure) HCTZ 20/12.5 mg 1 tablet daily. -An order for metformin (used to treat diabetes) 500 mg 1 tablet twice daily. -An order for norvasc (used to treat high blood pressure)10 mg 1 tablet daily. -An order for prozac (used to treat anxiety) 20 mg 1 tablet twice daily. -An order for trazadone (used to treat depression) 100 mg 1 tablet daily. -An order for vitamin c (used to treat low levels of vitamin c) 1000 mg 1 tablet daily. -An order for vitamin d3 (used to treat low levels of vitamin d3) 2000 units 1 capsule daily. -An order for levemir (used to treat diabetes) 20 units subqutaneous daily. Review of a subsequent physician order dated 07/30/18 revealed: -An order for victoza (used to treat diabetes) 1.8 mg subcutaneous daily. -An order for ondanseteron (used to treat nausea) 4 mg every 6 hours as needed. Review of Resident #1's May 2018 Medication Administration Record (MAR) revealed: -Staff C's initials were documented as the Medication Aide which administered the medication at 7:30 am, 8:00 am, 2:00pm, 5:00pm and 8:00pm on 05/05/18, 05/06/18, 05/12/18, 05/13/18, 05/19/18, 05/26/18 and 05/27/18. -The Administrator's initials were documented as the Medication Aide which administered the medication at 7:30 am, 8:00 am, 2:00pm, 5:00pm and 8:00pm on 05/20/18. -Staff A's, Staff C's and the Administrator's initials	C 342	Staff D is sick Staff (D) is scheduled to take the med exam 8-4-18 Staff (D) has not worked the medcart since her ISW certificate expired.	

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C 914	Continued From page 25 and staff cardio-pulmonary training. 1. Based on observations, interviews and record reviews, the facility failed to assure the building met the North Carolina Building Code requirements for non-ambulatory residents as evidenced by 1 of 6 residents (Resident #3) who was physically impaired resided in the facility and was unable to evacuate the facility independently without verbal or physical assistance. [Refer to Tag 022, 10A NCAC 13G .0302(b) Design and Construction (Type B Violation)]. 3. Based on record reviews and interviews, the facility failed to assure at least one staff person was on the premises at all times who had completed a course on Cardio-Pulmonary Resuscitation (CPR) and choking management within the last 24 months for 4 of 4 staff (Staff A, Staff B, Staff C and Staff D). [Refer to Tag 176, 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resusitation (Type B Violation)].	C 914	Resident discharged on 9-7-18 to another facility Records were completed on Saturday 8-4-18	9-7-18 8-4-18
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	C935	Completion 8-4-18	8-4-18

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CALLED 2 CARE FAMILY CARE HOME # 2	502 POE STREET WILSON, NC 27893

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C 912	Continued From page 24 received care and services which were adequate, appropriate, and in compliance with federal and state laws and rules and regulations related to adult care home exit doors were clear and available for use in an emergency and and medication aide competency. The findings are: 1.Based on observations and interviews, the facility failed to assure an exterior door on the side entrance to the facility was free from impediments and available for use in case of an emergency. [Refer to Tag 067, 10A NCAC 13G .312(e) Outside entrance and exits (Type B Violation)]. 2. Based on interviews and record reviews, the facility failed to assure 1 of 4 staff who administered medications had successfully passed the state Medication Aide (MA) exam (Staff D). [Refer to Tag 935, G.S. 131D-4.5B Adult Care Home medication aides: training and competency evaluation requirements (Type B Violation)].	C 912		
C 914	G.S 131D-21(4) Declaration Of Resident's Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure each resident received care and services which were adequate, appropriate, and in compliance with federal and state laws and rules and regulations related to adult care home resident evacuation capabilities	C 914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL098032	A. BUILDING: _____ B. WING _____	08/03/2018

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C935	Continued From page 26 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 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 assure 1 of 4 staff who administered medications had successfully passed the state Medication Aide (MA) exam (Staff D). The findings are:	C935	Staff (D) has and will continue to not work on medcart. Staff (D) is scheduled to take state Exam	8-4-18

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C935	Continued From page 27 Review of Staff D employee record revealed: -Staff D was hired in 2015. and exact date of hire was not provided. -Staff D was hired as a PCA. -Staff D had completed Diabetic Care training on 01/18/15 and 02/24/17. -Staff D had completed the Medication Clinical skills checklist on 01/23/15. Interview with Staff D via phone on 08/03/18 at 11:12 am revealed: -Staff D has been working for the facility for two years. -Staff D last day at work was 07/29/18. -Staff D worked every weekend. -Staff B would come in early on the Saturday and Sunday and pre pour the medication and leaves. -Staff D would give the pre poured medications to the residents. Interview on 08/03/18 at 10:20 am with the Administrator revealed: -Staff D was a part time employee. -Staff D worked as a PCA and was not a MA. -Staff D did not administer medications. -The Administrator would pull up scheduled medications the night before, and Staff D would pass the medications out to the residents as scheduled. -Staff D did not independently administer medications, since the medications were prepackaged by the Administrator. -Staff D had completed the medication clinical skills checklist, but had not taken the MA exam. -"She is not a MA and does not give medications". Confidential interview on 08/03/18 at 7:55 am with a resident revealed:	C935		

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C935	Continued From page 28 -Staff D worked on weekends, providing care to residents, such as cooking, cleaning assisting with showers and dressing as needed. -Staff D administered medications to all residents, including the resident who required fingerstick blood glucose (FSBS) checks and administered insulin to that resident as well. _____ The failure of the facility to assure 1 of 4 staff who administered medications had successfully passed the state MA exam placed residents at risk for medication errors and related adverse effects which was detrimental to the safety of all residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with U.S. 131D-34 on 08/03/18. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 17, 2018	C935		