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 R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on September 26, 2018 through September 28, 2018.	{D 000}		
{D 139}	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to assure 2 of 4 sampled staff (Staff A and D) had a criminal background check completed in accordance with G.S. 114-19. 10 and 131D-40. The findings are: 1. Review of Staff A's personnel record revealed: -Staff A was hired as a personal care aide (PCA) on 04/26/18. -There was no documentation of a consent form for a criminal background check in the record. -There was no documentation of a criminal background check in the record. Interview with Staff A on 09/28/18 at 8:37 am revealed: -She signed a consent form for a criminal background check in April 2018. -She had a criminal background check completed in April 2018. Interview with the Administrative Assistant (AA)	{D 139}		

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{D 139}	Continued From page 1 on 09/28/18 at 8:15 am revealed: -He had completed a criminal background for Staff A, prior to hire. -He could not find a criminal background check in Staff A's record. Refer to interview with the AA on 09/28/18 at 8:15 am. Refer to interview with the Administrator on 09/27/18 at 2:27 pm. 2. Review of Staff D's personnel record revealed: -Staff D was hired as a PCA on 07/01/05. -There was no documentation of a consent form for a criminal background check in the record. -There was no documentation of a criminal background check in the record. Attempted telephone interview with Staff D on 09/28/18 at 10:04 am was unsuccessful. Interview with the AA on 09/28/18 at 8:15 am revealed: -He could not find the criminal background check for Staff D. -He had not completed a criminal background check for Staff D. -Staff D was hired, prior to him becoming the AA. Refer to interview with the AA on 09/28/18 at 8:15 am. Refer to interview with the Administrator on 09/27/18 at 2:27 pm. Interview with the AA on 09/28/18 at 8:15 am revealed: -The criminal background checks for staff should be completed, prior to hire.	{D 139}		

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{D 139}	Continued From page 2 -He was responsible for doing the criminal background checks for staff. -He had not audited the criminal background checks for staff. Interview with the Administrator on 09/27/18 at 2:27 pm revealed: -The AA was responsible for doing the criminal background checks for staff. -The AA was responsible for auditing the criminal background checks for staff. The failure of the facility to assure 2 of 4 sampled staff (Staff A and D) had a state wide criminal background check upon hire resulted in the facility not being aware of any criminal background findings. This failure was detrimental to the safety and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 09/29/18 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 12, 2018.	{D 139}		
{D 161}	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task	{D 161}		

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{D 161}	Continued From page 3 specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure 3 of 4 sampled staff (Staff A and C, personal care aide (PCA) and Staff B, medication aide (MA) were competency validated for Licensed Health Professional Support (LHPS) tasks related to blood glucose monitoring, transferring residents from bed to chair, and use of assistive device for ambulation. The findings are: 1. Review of Staff A's personnel record revealed: -Staff A was hired as a PCA on 04/26/18. -There was no documentation of a LHPS competency validation in the record. Observations on 09/26/18, 09/27/18, and 09/28/18 revealed: -Resident #5 was seated outside the dining room in a chair each day close to meal times. -Resident #5 was physically assisted by Staff A into the wheelchair and he was pushed in the wheelchair by Staff A into the dining room. Observation of Resident #2 on 09/28/18 at 9:37 am revealed: -She was seated in a wheelchair outside the dining room. -She was pushed in the wheelchair by Staff A to	{D 161}		

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{D 161}	Continued From page 4	{D 161}		

the bathroom.
-She was assisted by Staff A to standup and sit on the commode.

Interview with Staff A on 09/27/18 at 10:30 am revealed:
-She was hired about 5 months ago.
-She had not been assessed for competency by a Registered Nurse (RN) for LHPS tasks.
-She worked as a PCA.
-She assisted with meals, personal care, transferring residents from bed to the chair, and transferring residents from wheelchair to bed and chair.

Interview with the Administrator on 09/27/18 at 1:45 pm revealed:
-She could not find documentation of a LHPS competency validation in Staff A's record.
-She was responsible for making sure Staff A had a LHPS competency validation.

Refer to interview with the Administrator on 09/27/18 at 1:45 pm.

2. Review of Staff B's personnel record revealed:
-Staff B was hired as an Administrator on June 1995.
-She passed the medication aide test on 08/30/00.
-There was no documentation of a LHPS competency validations in the record.

Review of a resident's August 2018 Medication Administration Record (MAR) revealed Staff B had checked a finger stick blood sugar 17 times In August 2018.

Review of a resident's September 2018 Medication Administration Record (MAR)

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{D 161}	Continued From page 5 revealed Staff B had checked a finger stick blood sugar 11 times In September 2018. Interview with the Administrator (Staff B) on 09/27/18 at 1:45 pm revealed: -She could not find documentation of a LHPS competency validations in Staff B's record. -She had been checked off by a LHPS nurse for competency validation for LHPS tasks. -She did not recall the exact date. -She was responsible for making sure the LHPS competency validations were completed. Refer to interview with the Administrator on 09/27/18 at 1:45 pm. 3. Review of Staff C's personnel record revealed: -Staff C's hire date was not documented in the record. -Staff C was hired as a PCA. -There was no documentation of a LHPS competency validations in the record. Interview with Staff C on 09/28/18 at 1:23 pm revealed: -She was competency validated by a RN for LHPS tasks. -She was hired in 2008. -She worked as a PCA. -She assisted with personal care, transferring residents from bed to the chair, and transferring residents from wheelchair to bed and chair. Interview with the Administrator on 09/27/18 at 1:45 pm revealed: -She could not find documentation of a LHPS competency validation in Staff C's record. -She was responsible for making sure the LHPS competency validation was completed for Staff C.	{D 161}		

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{D 161}	Continued From page 6 Refer to interview with the Administrator on 09/27/18 at 1:45 pm. _____ Interview with the Administrator on 09/27/18 at 1:45 pm revealed: -She was in the process of trying to get a nurse to do the LHPS validations for staff. -She had not hired a Registered Nurse (RN) to do the LHPS validations for staff. -It had been greater than 6 months since she had a LHPS nurse.	{D 161}		
{D 176}	10A NCAC 13F .0601 (a) Management Of Facilities 10A NCAC 13F .0601Management Of Facilites (a) An adult care home administrator shall be responsible for the total operation of an adult care home and shall also be responsible to the Division of Health Service Regulation and the county department of social services for meeting and maintaining the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term administrator also refers to co-administrator where it is used in this Subchapter. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B was not abated.	{D 176}		

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{D 176}	Continued From page 7 Based on observations, interviews, and record review, the Administrator failed to assure the management and overall operations of the facility by failing to meet and monitor rules related to other staff qualifications, Tuberculosis Test, competency validation for Licensed Health Professional Support (LHPS) tasks, medical examinations, LHPS for residents' personal care, medication orders, medication administration, and pharmaceutical care. The findings are: The census for the facility on 09/26/18 was 23 residents. Interview on 09/27/18 at 2:20 pm with the Administrative Assistant revealed: -He helped the Administrator with resident admissions, setting up residents' records, organizing the records, and assuring the Resident Register was completed and signed. -He was responsible to assist with assuring the residents had a current FL2 and medications orders. Interview with the Administrator on 09/29/18 at 1:20 pm revealed: -She had been the Administrator for several years, was there daily on Monday through Friday, and stayed until 7:00 pm or 8:00 pm at night. -She was responsible for the overall operation of the facility. -The Administrative Assistant (AA) had assumed responsiblity for processing paperwork for new admissions, and maintaining the records for employees more than one year ago. -She was responsible for assuring the medications were administered as ordered, and LHPS services were contracted and completed.	{D 176}		

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{D 176}	Continued From page 8 -She and the AA were jointly responsible for assuring residents were seen by their providers and all FL2s, care plans, TB tests, and medical examinations were completed in the required time frames. -She had no written policies on resident care, medication management, and personnel qualifications and records available for review. Non-compliance identified during the survey included the following rule areas: 1. Based on record reviews and interviews, the facility failed to assure 2 of 4 sampled staff (Staff A and D) had a criminal background check completed in accordance with G.S. 114-19. 10 and 131D-40. [Refer to Tag D0139, 10A NCAC 13F .0407(a)(7) Other Staff Qualifications (Type B Violation).] 2. Based on record reviews and interviews, the facility failed to assure 3 of 3 residents sampled (Residents #1, #2, and #3) were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. [Refer to Tag D0234, 10A NCAC 13F .0703(a) Tuberculosis Test, Medical Examinations, and Immunizations (Type B Violation).] 3. Based on observations, record reviews, and interviews, the facility failed to assure 3 of 4 sampled staff (Staff A and C, personal care aide (PCA) and Staff B, medication aide (MA) were competency validated for Licensed Health Professional Support (LHPS) tasks related to blood glucose monitoring, transferring residents from bed to chair, and use of assistive device for ambulation. [Refer to Tag D0161, 10A NCAC 13F .0504(a) Competency Validation for Lhps Task].	{D 176}		

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{D 176}	Continued From page 9 4. Based on record reviews and interviews, the facility failed to assure 2 of 9 residents (Residents #4 and #5) observed during medication administration on 09/26/18 and 09/27/18 had an annual FL2 that was signed by their primary care provider (PCP). [Refer to Tag D0235, 10A NCAC 13F .0703(b) Tuberculosis Test, Medical Examinations, and Immunizations]. 5. Based on observations, record reviews, and interviews, the facility failed to assure quarterly on site Licensed Health Professional Support (LHPS) evaluations by a Registered Nurse for 3 of 3 sampled residents with LHPS tasks including finger stick blood sugar (FSBS) checks (Resident #1), transferring semi-ambulatory residents, and ambulation using devices that require physical assistance Residents #2 and #5). [Refer to Tag D0280, 10A NCAC 13F .0903(c) Licensed Health Professional Support]. 6. Based on record reviews and interviews, the facility failed to assure all current orders for medications or treatments were reviewed and signed by the resident's physician or prescribing practitioner at least every six months for 2 of 2 residents (#5 and #6) observed during medication administration on 09/26/18. [Refer to Tag D0349, 10A NCAC 13F .1002(f) Medication Orders]. 7. Based on observations, interviews, and record reviews, the facility failed to assure medications were administered as ordered for 1 of 4 residents observed during medication administration on 09/27/18 including an error with folic acid (Resident #4), and 1 of 3 sampled residents including errors with the administration of melatonin and loxapine (Resident #1). [Refer to Tag D0358, 10A NCAC 13F .1004(a) Medication	{D 176}		

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{D 176}	Continued From page 10 Administration]. 8. Based on record reviews and interviews, the facility failed to assure pharmacy reviews of medications were completed on site and at least quarterly for 3 of 3 sampled residents (Residents#1, #2, #3). [Refer to Tag D0400, 10A NCAC 13F .1009(a)(1) Pharmaceutical Care] The Administrator failed to ensure that the management, operations, and policies of the facility were implemented to ensure the services necessary to maintain the residents' physical and mental health were provided as evidenced by the failure to maintain compliance with the rules and statutes governing adult care homes, which is the responsibility of the Administrator. Failure to ensure all staff requirements were met and documented, resident rights were protected, personal care was provided, FL2, medication orders, and assessments were current, pharmaceutical care was provided, and that all medications were administered as ordered was detrimental to the health and safety of the residents and constitutes an Unabated Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 09/28/18 for this violation.	{D 176}		
{D 234}	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted	{D 234}		

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{D 234}	Continued From page 11	{D 234}		

by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.

This Rule is not met as evidenced by:
TYPE B VIOLATION

Based on record reviews and interviews, the facility failed to assure 3 of 3 residents sampled (Residents #1, #2, and #3) were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.

The findings are:

1. Review of Resident #1's current FL2 dated 08/23/18 revealed diagnoses included dementia, Type 2 diabetes, chronic schizophrenic disorder, and chronic obstructive pulmonary disease.

Review of Resident #1's Resident Register revealed an admission on 06/28/14.

Review of Resident #1's record revealed there was no documentation of any TB skin tests in the record.

Interview on 09/29/18 at 10:30 am with Resident #1 revealed she did not recall if she had ever had a TB skin test at the facility.

Interview on 09/27/18 at 2:20 pm with the Administrative Assistant revealed:
-He was not responsible for arranging

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{D 234}	Continued From page 12	{D 234}		

administration of residents' TB test.
-He did not know where documentation for Resident #1's original TB test would be located if not in the record.
-There were no additional files available for Resident #1.

Interview with the Administrator on 09/29/18 at 1:15 pm with the Administrator revealed:
-She did not know where Resident #1's documentation for TB skin test would be located.
-Some of the residents' records could have been thinned but she could not locate a thinned record folder for Resident #1.

Refer to interview with the Administrator on 09/27/18 at 1:45 pm.

Refer to interview with the AA on 09/28/18 at 8:15 am.

Refer to interview on 09/29/18 at 1:15 pm with the Administrator.

2. Review of Resident #2's current FL-2 dated 04/25/18 revealed diagnoses included schizoaffective, hypertension (HTN), urinary incontinence, mildly impaired renal function, cirrhosis, weight loss, hepatitis B and C,

Review of Resident #2's Resident Register revealed the date of admission was 09/06/06.

Review of Resident #2's record revealed:
-There was one TB skin test placed on 05/13/08 and read as negative on 05/15/08.
-There was no documentation of another TB skin test in the record.

Interview with the Administrator on 09/27/18 at

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{D 234}	Continued From page 13 1:45 pm revealed: -She could only find one TB skin test in Resident #2's record. -She thought Resident #2 had another TB skin test. Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable. Refer to interview with the Administrator on 09/27/18 at 1:45 pm. Refer to interview with the AA on 09/28/18 at 8:15 am. Refer to interview on 09/29/18 at 1:15 pm with the Administrator. 3. Review of Resident #3's current FL-2 dated 09/19/18 revealed diagnoses included chronic kidney disease, muscle weakness, unspecified lack of coordination, hypothyroidism, major depressive disorder, schizophrenia and hypertension. Review of Resident #3's Resident Register revealed the date of admission was 02/18/07. Review of Resident #3's record revealed: -There was one TB skin test read as negative on 02/16/17. -There was no documentation of another TB skin test in the record. Interview with the Administrator on 09/27/18 at 1:45 pm revealed: -She could only find one TB skin test in Resident #3's record. -She thought Resident #3 had another TB skin	{D 234}		

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	HAL034019	A. BUILDING: _____ B. WING _____	R 09/28/2018

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C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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
{D 234}	Continued From page 14 test. Refer to interview with the Administrator on 09/27/18 at 1:45 pm. Refer to interview with the AA on 09/28/18 at 8:15 am. Refer to interview on 09/29/18 at 1:15 pm with the Administrator. _____ Interview with the Administrator on 09/27/18 at 1:45 pm revealed: -A resident could not be admitted to the facility unless he or she had a TB skin test. -The 1st step TB skin test was completed, prior to admission. -The 2nd step TB skin test was completed within 1 year. -She did not know a 2nd step TB skin test should be completed within 2-3 weeks of the 1st step TB skin test. -She and the AA were responsible for making sure residents had a 2 step TB skin test. Interview with the AA on 09/28/18 at 8:15 am revealed: -He came back to work at the facility a month and half ago after being gone for 6 weeks. -He had been assigned other responsibilities. -He was not responsible for making sure residents had a 2-step TB test. Interview on 09/29/18 at 1:15 pm with the Administrator revealed: -Residents admitted to the facility should have documentation for a second TB skin test if the resident came from another facility, or the resident should have a two-step TB skin test completed by the facility.	{D 234}		

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{D 234}	Continued From page 15 -Within the last 2 months, she had assigned residents' records to medication aides for auditing to assure the records were complete for documentation such as TB skin test, however the system appeared not to have been effective. -She had not reviewed all the residents' records for 2 step TB compliance. _____ The facility failed to assure 3 of 3 residents sampled were tested for TB with a two-step TB test upon admission to the facility; and failed to have a system in place to ensure the residents completed a two-step TB skin test, resulting in the residents being at risk for contracting and/or the transmission of TB. The facility's failure was detrimental to the health, welfare, and safety of all of the residents which constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 09/29/18 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 12, 2018.	{D 234}		
{D 235}	10A NCAC 13F .0703 (b) Tuberculosis Test, Medical Examination And Im 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination And Immunizations (b) Each resident shall have a medical examination prior to admission to the facility and annually thereafter. (c) The results of the complete examination required in Paragraph (b) of this Rule are to be entered on the FL-2, North Carolina Medicaid	{D 235}		

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{D 235}	Continued From page 16 Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following: This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 2 of 9 residents (Residents #4 and #5) observed during medication administration on 09/26/18 and 09/27/18 had an annual FL2 that was signed by their primary care provider (PCP). The findings are: 1. Review of Resident #4's current FL2 dated 08/22/16 revealed diagnoses included schizophrenia, hypertension, and adrenocortral insufficiency. Review of Resident #4's Resident Register revealed the resident was admitted to the facility 09/01/16. Review of the Resident #4's record revealed: -There was no FL2 available for review after 08/22/16. -There was a "Medication Clarification" list documented from the primary care physician visit signed and dated 06/01/18 documenting Resident #4's medications. Telephone interview on 09/27/18 at 9:35 am with the Pharmacist at Resident #4's pharmacy revealed: -Resident #4's physician often submitted orders for medications via electronic prescription. -The pharmacy contacted the resident's prescribers when a medication needed to be updated for filling.	{D 235}		

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{D 235}	Continued From page 17 -The pharmacy had no documentation for a FL2 for Resident #4 since the FL2 dated 08/22/16. -The pharmacy had current orders for Resident #4's medications. There were 8 medications with various refill dates that included 04/13/18, 06/27/18, 07/02/18, 08/24/18, and 08/29/18. Telephone interview on 09/27/18 at 8:55 am with Resident #4's primary care physician's office attendant revealed: -Resident #4 had documentation for an FL2 dated 08/22/16. -There was not more current FL2 than the FL2 dated 08/22/16. -Resident #4 had a documented physician visit 06/01/18, but no information regarding a new FL2 was documented for the encounter. Interview on 09/27/18 at 2:20 pm with the Administrative Assistant revealed: -He did not know Resident #4's FL2 was more than one year old. -Resident #4 had a copy of a FL2 in a folder that he thought had been sent to Resident #4's physician for updating. -He was not sure when the FL2 was sent and had not followed up on getting the FL2 renewed. Refer to interview on 09/27/18 at 2:20 pm with the Administrative Assistant. Refer to interview on 09/28/18 at 12:54 pm with the Administrator. 2. Review of Resident #5's current FL2 dated 04/20/17 revealed diagnoses included epilepsy, essential hypertension, and abnormalities of gate and mobility. Review of Resident #5's Resident Register	{D 235}		

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{D 235}	Continued From page 18 revealed the resident was admitted to the facility 03/14/17. Review of the Resident #5's record revealed: -There was no FL2 available for review dated after 04/20/17. -There was a "Your Medication List" document from a physician visit encounter sheet dated 05/25/18 documenting Resident #5's medications however the medication list was not signed by the prescriber. Interview on 09/27/18 at 4:15 pm with the Administrative Assistant revealed: -He had sent a request for a new FL2 with Resident #5 when the resident went to his primary care physician on 09/21/18. -The primary care physician's office sent the paperwork back with the resident not completed. -He faxed back a request for the FL2 that day (09/21/18). -He had not received the FL2 from the primary care physician Telephone interview on 09/28/18 at 8:35 am with the Pharmacist at the facility's contract Pharmacy revealed: -Resident #5's physician often submitted orders for medications via electronic prescription. -The pharmacy contacted the resident's prescribers when a medication needed to be updated for filling. -The pharmacy had no documentation for a FL2 for Resident #5 since the FL2 dated 04/20/17. Telephone interview on 09/29/18 at 10:08 with Resident #5's primary care physician's office staff revealed: -Resident #5 had documentation for an FL2 dated 04/20/17.	{D 235}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{D 235}	Continued From page 19 -There was not a more current FL2 than the FL2 dated 04/20/17. -Resident #5 had documented physician visits on 05/25/18, 06/15/18, and 09/21/18, but no information regarding a new FL2 was documented for the encounters. Refer to interview on 09/27/18 at 2:20 pm with the Administrative Assistant. Refer to interview on 09/28/18 at 12:54 pm with the Administrator. _____ Interview on 09/27/18 at 2:20 pm with the Administrative Assistant revealed: -He helped the Administrator with resident admissions, setting up residents' records, organizing the records, and assuring the Resident Register was completed and signed. -He was currently responsible to assist with assuring the residents had a current FL2 and medications orders. -He did not currently have a system in place for tracking residents' FL2 dates. Interview on 09/28/18 at 12:54 pm with the Administrator revealed: -She was responsible for assuring residents had current medications updated at least every 6 months. -She was working as a daytime shift medication aide due to staffing shortages and high turnover. -Some residents had their medications updated using the "Medication Clarification" form the facility typed and sent with a resident on physician visits. -She had assigned medication aides a group of residents for auditing and assuring the residents' FL2s, Care Plans, Licensed Health Professional Support, and medication renewals were done.	{D 235}		

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{D 235}	Continued From page 20 -She did not have a system in place for tracking residents' FL2 dates.	{D 235}		
{D 280}	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .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, record reviews, and interviews, the facility failed to assure quarterly on site Licensed Health Professional Support (LHPS) evaluations by a Registered Nurse for 3	{D 280}		

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{D 280}	Continued From page 21 of 3 sampled residents with LHPS tasks including finger stick blood sugar (FSBS) checks (Resident #1), transferring semi-ambulatory residents, and ambulation using devices that require physical assistance Residents #2 and #5). The findings are: 1. Review of Resident #1's most current FL2 dated 08/23/18 revealed diagnoses included dementia, Type 2 diabetes, chronic schizophrenic disorder, and chronic obstructive pulmonary disease. Review of Resident #1's Resident Register revealed an admission on 06/28/14. Review of Resident #1's current FL2 and medication clarification dated 08/23/18 revealed orders to check blood sugar each day. Review of Resident #1's August 2018 and September 2018 medication administration records (MARs) revealed: -There was an entry for finger stick blood sugar (FSBS) checks scheduled daily on at 8:00 am. -The FSBS values were documented daily from 08/01/18 to 09/27/18 except on 08/30/18, 08/31/18, 09/04/18, and 09/05/18. Review of the facility's LHPS for residents revealed Resident #1 did not have a LHPS completed in 2018 for tasks of collecting and testing of fingerstick blood samples. Interview on 09/29/18 at 10:30 am with Resident #1 revealed: -The staff checked her blood sugar every morning using her glucometer. -The FSBS was done before breakfast, around	{D 280}		

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{D 280}	Continued From page 22 7:30 am. Interview with the Administrator on 09/26/18 at 11:00 am revealed: -Resident #1 received FSBS check each day around 7:30 am. -Resident #1 received an oral medication to help control her blood sugar. Refer to interview on 09/26/18 at 1:00 pm with the Administrator. 2. Review of Resident #2's current FL-2 dated 04/25/18 revealed diagnoses included schizoaffective, hypertension (HTN), urinary incontinence, mildly impaired renal function, cirrhosis, weight loss, hepatitis B and C. Review of Resident #2's Resident Register revealed the date of admission was 09/06/06. Observation of Resident #2 on 09/28/18 at 9:37 am revealed: -She was seated in a wheelchair outside the dining room. -She was pushed in the wheelchair by the personal care aide (PCA) to the bathroom. -She was assisted by the PCA to standup and sit on the commode. Observation on 9/26/18, 09/27/18 and 09/28/18 between 12:00 pm-1:00 pm and 4:30 pm- 5:00 pm revealed: -Resident #2 was seated in a wheelchair outside the dining room prior to lunch and dinner meal. -Resident #2 was pushed in the wheelchair by the PCA to the dining room. -Resident #2 sat in her wheelchair and ate lunch and dinner.	{D 280}		

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{D 280}	Continued From page 23 Interview with Staff A on 09/27/18 at 10:30 am revealed: -She worked as a PCA. -She assisted with personal care, transferring residents from bed to the chair, and transferring residents from wheelchair to bed and chair. Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable. There was no documentation of any LHPS reviews in Resident #2's record. Refer to interview with the Administrator on 09/27/18 at 1:45 pm. 3. Review of Resident #5's current FL2 dated 04/20/17 revealed diagnoses included epilepsy, essential hypertension, and abnormalities of gate and mobility. Review of Resident #5's Resident Register revealed the date of admission was 09/12/14. Observations at various times on 09/26/18, 09/27/18 and 09/28/18 revealed: -Resident #5 was seated outside the dining room in a chair each day close to meal times. Resident #5 was physically assisted by Staff A into the wheelchair and he was pushed in the wheelchair by Staff A into the dining room. Interview with Staff A on 09/27/18 at 10:30 am revealed: -She worked as a PCA. -She assisted with personal care, transferring residents from bed to the chair, and transferring residents from wheelchair to bed and chair.	{D 280}		

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{D 280}	Continued From page 24 Based on observations, interviews, and record reviews, it was determined Resident #5 was not interviewable. There was no documentation of any LHPS reviews in Resident #5's record. Refer to interview with the Administrator on 09/27/18 at 1:45 pm. Interview with the Administrator on 09/26/18 at 1:00 pm and 09/27/18 at 1:45 pm revealed: -The Administrator was responsible for making sure the LHPS reviews were completed quarterly. -She was in the process of trying to get a nurse to do the LHPS reviews. -The facility had a contract Nurse for completing the LHPS, but she was no longer available to complete the LHPS updates. -It had been more than six months since the LHPS reviews had been completed. -She was not clear on which tasks required LHPS assessments. -She was responsible to hire another LHPS contract Nurse. -She had not contracted a LHPS Nurse.	{D 280}		
{D 349}	10A NCAC 13F .1002 (f) Medication Orders 10A NCAC 13F .1002 Medication Orders (f) The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration are reviewed and signed by the resident's physician or prescribing practitioner at least every six months.	{D 349}		

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{D 349}	Continued From page 25 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure all current orders for medications or treatments were reviewed and signed by the resident's physician or prescribing practitioner at least every six months for 2 of 2 residents (#5 and #6) observed during medication administration on 09/26/18. The findings are: 1. Review of Resident #5's current FL2 dated 04/20/17 revealed: -Diagnoses included epilepsy, essential hypertension, and abnormalities of gate and mobility. -There was an order for hydralazine (used to treat high blood pressure) 25 mg daily. Review of Resident #5's Resident Register revealed the resident was admitted to the facility 03/14/17. Observation of the 2:00 pm medication pass on 09/26/18 at 2:12 pm revealed Resident #5 was administered one hydralazine 25 mg tablet. Review of the Resident #5's record revealed: -There was no six month physician order renewals of all medications and treatments prescribed after 04/20/17. -There was a "Your Medication List" document from a physician visit encounter sheet dated 05/25/18 documenting Resident #5's medications however the medication list was not signed by the prescriber. -There was no current FL2. Telephone interview on 09/26/18 at 3:20 pm with	{D 349}		

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{D 349}	Continued From page 26	{D 349}		

Pharmacist at Resident #5's local pharmacy revealed:
-Resident #5's physician often submitted orders for medications via electronic prescription.
-The pharmacy had a current electronic prescription order dated 08/30/18 for Resident #3's hydralazine 25 mg 3 times a day.
-The pharmacy contacted the resident's prescribers when a medication needed to be updated for filling.
-The pharmacy had no signed 6 month physician order renewals for Resident #5 since the 04/20/17 FL2.

Refer to interview on 09/27/18 at 2:20 pm with the Administrative Assistant.

Refer to interview on 09/2/18 at 12:54 pm with the Administrator.

2. Review of Resident #6's current FL2 dated 02/02/18 revealed:
-Diagnoses included dementia, hypertension, and atrial fibrillation.
-There was an order for quetiapine fumarate 25 mg (used to treat mental disorders) three times a day.

Review of the Resident #6's record revealed there no six month physician order renewals of all medications and treatments prescribed available for review after 02/02/18.

Telephone interview on 06/07/18 at 3:20 pm with the Pharmacist at the facility's contracted pharmacy revealed:
-The facility was responsible for sending new orders to the pharmacy but not for obtaining refill or medication update information.
-The pharmacy did not rely on the facility to obtain

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{D 349}	Continued From page 27 medication updates; the pharmacy's computer automatically generated a medication request and sent a fax to the prescriber when a resident's medication needed refills. -The pharmacy requested an update on Resident #6's medications on 06/22/18, including quetiapine fumarate 25 mg. -There were no discrepancies between the current FL2 medication orders and the pharmacy updates for the Resident #6. Observation of Resident #6's medications for administration on the facility's medication cart on 09/26/18 revealed quetiapine fumarate 25 mg was on hand. Refer to interview on 09/27/18 at 2:20 pm with the Administrative Assistant. Refer to interview on 09/28/18 at 12:54 pm with the Administrator. Interview on 09/27/18 at 2:20 pm with the Administrative Assistant revealed: -He helped the Administrator with resident admissions, setting up residents' records, organizing the records, and assuring the Resident Register was completed and signed. -He was not responsible for the residents' 6 month physician order renewals. -The Administrator was responsible for assuring 6 month physician order renewals were current. Interview on 09/28/18 at 12:54 pm with the Administrator revealed: -She was responsible for assuring residents had current medications updated at least every 6 months. -She was working as a daytime shift medication aide due to staffing shortages and high turnover.	{D 349}		

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{D 349}	Continued From page 28 -Some residents had their medications updated using the "Medication Clarification" form the facility typed and sent with a resident on physician visits. -She had assigned medication aides a group of residents for auditing and assuring the residents' FL2s, Care Plans, Licensed Health Professional Support, and medication renewals were completed. -She did not have a system in place currently to keep track of which resident needed their medication orders reviewed by their physician.	{D 349}		
{D 358}	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION The Type B Violation was abated. Non-compliance continues.	{D 358}		

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{D 358}	Continued From page 29 Based on observations, interviews, and record reviews, the facility failed to assure medications were administered as ordered for 1 of 4 residents observed during medication administration on 09/27/18 including an error with folic acid (Resident #4), and 1 of 3 sampled residents including errors with the administration of melatonin and loxapine (Resident #1). The findings are: 1. Review of Resident #4's current FL2 dated 08/22/16 revealed diagnoses included schizophrenia, hypertension, and adrenocortral insufficiency. Review of the Resident #4's record revealed: -There was a "Medication Clarification" list documented from the primary care physician visit signed and dated 06/01/18 documenting Resident #4's medications. -Folic Acid 1 mg was not included on the list of medications. Observation on 09/27/18 at 7:30 am revealed: -The Administrator prepared and administered 6 oral medications, including 3 folic acid 1 mg tablets (used to supplement folic acid deficiency) to Resident #4. -The Administrator used Resident #4's medication administration record (MAR) and medication containers to prepare the resident's medication. Review of the Resident #4's record revealed there was no FL2 available for review after 08/22/16. Telephone interview on 09/27/18 at 9:35 am with the Pharmacist at Resident #4's pharmacy revealed:	{D 358}		

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{D 358}	Continued From page 30	{D 358}		

-Resident #4's physician often submitted orders for medications via electronic prescription.
-The pharmacy contacted the resident's prescribers when a medication needed to be updated for filling.
-The pharmacy had no documentation for a FL2 for Resident #4 since the FL2 dated 08/22/16.
-The pharmacy had current orders for Resident #4's medications.
-Resident #4 had a physician's order dated 04/13/18 for folic acid 1 mg take 3 tablets daily from the resident's mental health provider.
-The pharmacy had no documentation for subsequent physician orders for folic acid 1 mg.

Telephone interviews on 09/27/18 at 11:00 am and on 09/28/18 at 8:55 am with Resident #4's mental health provider's office assistant revealed:
-Resident #4 was seen in the clinic on 07/02/18.
-Resident #4's medications routinely ordered by the mental health provider were reviewed.
-Resident #4's folic acid was documented as discontinued on 07/02/18.
-The resident should have been provided the medication information when the resident left the clinic on 07/02/18.
-The office assistant would fax a copy of the electronically signed physician's notes to the facility.

Review of Resident #4's September 2018 MAR revealed an entry for folic acid 1 mg take 3 tablets daily scheduled for administration at 8:00 am daily, and documented as administered at 8:00 am daily from 09/01/18 through 09/27/18.

Observation of medication on hand for administration on 09/27/18 at 9:30 am revealed a partial container of folic acid 1 mg tablets dispensed on 08/23/18 for 90 tablets with

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{D 358}	Continued From page 31 instructions to administer three tablets daily. Interview on 09/27/18 at 9:10 am with the Administrator revealed: -She administered Resident #4's medications according to the MAR. -She did not know Resident #4's Medication Clarification list dated 06/01/18 did not include folic acid 1 mg because she did not have a system in place to review physician's orders that came in when she was not working. -Medication aides, including herself, should receive orders when residents returned from physician visits. -She did not have any documentation from Resident #4's 07/02/18 physician's visit. -The physicians' offices sometimes faxed medications orders directly to the residents' pharmacies. -The contract pharmacy had folic acid 1 mg 3 tablets daily listed on Resident #4's September 2018 MAR and was sending the medication; she assumed Resident #4 should be on folic acid 3 mg. Based on observations, interviews, and record reviews it was determined Resident #4 was not interviewable. 2. Review of Resident #1's current FL2 dated 08/23/18 revealed diagnoses included dementia, Type 2 diabetes, chronic schizophrenic disorder, and chronic obstructive pulmonary disease. Review of Resident #1's Resident Register revealed an admission on 06/28/14. a. Review of Resident #1's current FL2 dated 08/23/18 and "Medication Clarification" list dated 08/23/18 revealed and order for melatonin 1 mg	{D 358}		

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{D 358}	Continued From page 32 (used to treat insomnia) at bedtime that had been lined through and initialed by the physician. Both forms were signed by the physician. Review of Resident #4's record revealed a previous FL2 dated 09/11/17 with an order for melatonin 1 mg at bedtime. Review of Resident #4 August 2018 and September 2018 medication administration records (MARs) revealed: -There was an entry for melatonin 1 mg one tablet at bedtime pre-printed on the MARs. -The melatonin 1 mg was scheduled for administration at 8:00 pm daily on the August 2018 and September 2018 MARs. -Melatonin 1 mg was documented as administered daily at 8:00 pm from 08/01/18 to 09/25/18. Observation of medication on hand for administration for Resident #4 (on 09/26/18) revealed melatonin 1 mg dispensed on 08/30/18 for 30 tablets with 16 tablets remaining was included in the medication multidose packs by the pharmacy. Telephone interview on 09/27/18 at 2:50 pm with the facility's contract pharmacy's Pharmacist revealed: -The facility did not routinely send current FL2s to the pharmacy. -The pharmacy contacted the resident's prescribers when a medication needed to be updated for filling. -Resident #1 had a physician's order dated 04/18/18 for melatonin 1 mg daily from the primary care provider (PCP). -The pharmacy would expect the facility to send a copy of the resident's "Medication Clarification"	{D 358}		

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{D 358}	Continued From page 33	{D 358}		

and/or the new FL2 for the pharmacy to compare the medications.
-The pharmacy did not receive the order to discontinue melatonin 1 mg from the facility or Resident #1's PCP.

Interview on 09/27/18 at 9:10 am with the Administrator revealed:
-She administered Resident #4's medications according to the MAR.
-She did not know Resident #1's Medication Clarification list dated 08/23/18 did not include melatonin 1 mg because she did not have a system in place to review physician's orders that came in when she was not working.

Interview on 09/28/18 at 10:30 am with Resident #1 revealed:
-She depended on facility staff to administer her medications as ordered.
-She did not know the name of her medications or how often to take the medications.

Refer to interview on 09/27/18 at 9:10 am with the Administrator.

b. Review of Resident #1's current FL2 dated 08/23/18 and "Medication Clarification" list dated 08/23/18 revealed and order for loxapine 25 mg (used to treat mental disorders like schizophrenia) two times a day.

Review of Resident #1's record revealed:
-There was a previous FL2 dated 09/11/17 with an order for loxapine 25 mg two times a day.
-There was a subsequent physician's order dated 06/21/18 from Resident #1's mental health provider to stop bedtime loxapine 25 mg.

Review of Resident #1 August 2018 medication

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{D 358}	Continued From page 34 administration record (MAR) revealed: -There was an entry for loxapine 25 mg two times a day, scheduled for administration at 8:00 am and 8:00 pm daily, preprinted on the MAR but lined through and order changed documented in the administration space. -Loxapine 25 mg one capsule daily was handwritten on the August 2018 MAR, with administration scheduled at 8:00 am. -Loxapine 25 mg was documented as administered daily at 8:00 am from 08/01/18 to 08/31/18. Review of Resident #1 September 2018 MAR revealed: -There was an entry for loxapine 25 mg two times a day, scheduled for administration at 8:00 am and 8:00 pm daily, preprinted on the MAR but lined through and order changed documented in the administration space. -Loxapine 25 mg one capsule daily was handwritten on the September 2018 MAR, with administration scheduled at 8:00 am. -Loxapine 25 mg was documented as administered daily at 8:00 am from 09/01/18 to 09/26/18. Observation of medication on hand for Resident #1 (on 09/26/18) revealed one loxapine 25 mg was included in the morning medications and one loxapine 25 mg was included in the evening medications prepacked by the contract pharmacy on 08/30/18 for a 30 day supply with 16 days remaining. Telephone interview on 09/27/18 at 2:50 pm with the facility's contract pharmacy's Pharmacist revealed: -The facility did not routinely send current FL2s to the pharmacy.	{D 358}		

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{D 358}	Continued From page 35	{D 358}		

-The pharmacy contacted the resident's prescribers when a medication needed to be updated for filling.
-Resident #1 had a physician's order dated 08/30/18 for loxitane 25 mg two times a day from Resident #1's mental health provider.
-The pharmacy would expect the facility to send a copy of the resident's "Medication Clarification" and/or the new FL2 for the pharmacy to compare the medications.
-The pharmacy sent Resident #1's loxapine 25 mg in multidose packages according the current order for 2 times a day.
-The pharmacy preprinted Resident #1's MAR based on the current order for loxapine.

Interview on 09/27/18 at 9:10 am with the Administrator revealed she did not know Resident #4's Medication Clarification list dated 06/01/18 did not include folic acid 1 mg (3 tablets daily) because she did not have a system in place to routinely review physician's medication renewal orders.

Interview on 09/27/18 at 3:38 pm with the Administrator revealed:
-She was responsible for the residents' medication orders being up to date.
-She had changed Resident #1's August 2018 MAR based on the physician's order dated 06/21/18 for loxapine 25 mg in the morning.

Interview on 09/28/18 at 10:30 am with Resident #1 revealed:
-She depended on facility staff to administer her medications as ordered.
-She did not know the name of her medications or how often to take the medications.

Refer to interview on 09/27/18 at 9:10 am with the

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{D 358}	Continued From page 36 Administrator. _____ Interview on 09/27/18 at 9:10 am with the Administrator revealed: -She administered medications according to the MAR. -Medication aides, including herself, should receive orders when residents returned from physician visits and fax the orders to the contract pharmacy. -The physicians' offices sometimes faxed medications orders directly to the residents' pharmacies.	{D 358}		
D 400	10A NCAC 13F .1009(a)(1) Pharmaceutical Care 10A NCAC 13F .1009 Pharmaceutical Care (a) An adult care home shall obtain the services of a licensed pharmacist or a prescribing practitioner for the provision of pharmaceutical care at least quarterly. The Department may require more frequent visits if it documents during monitoring visits or other investigations that there are medication problems in which the safety of residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes the following: (1) an on-site medication review for each resident which includes the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions	D 400		

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D 400	Continued From page 37 or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and (C) documenting the results of the medication review in the resident's record. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure pharmacy reviews of medications were completed on site and at least quarterly for 3 of 3 sampled residents (Residents#1, #2, #3). The findings are: 1. Review of Resident #1's most current FL2 dated 08/23/18 revealed diagnoses included dementia, Type 2 diabetes, chronic schizophrenic disorder, and chronic obstructive pulmonary disease. Review of Resident #1's Resident Register revealed an admission on 06/28/14. Review of Resident #1's pharmacy reviews revealed there was documentation for a Quarterly Pharmacy Review completed 05/22/18. Review of Resident #1's record on 09/28/18 revealed there was no Quarterly Pharmacy Review completed since 05/22/18. Refer to interview on 09/27/18 at 2:55 pm with the	D 400		

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D 400	Continued From page 38	D 400		

contracted Pharmacy Consultant.

Refer to interview on 09/27//18 at 4:30 pm with the Administrator.

2. Review of Resident #2's current FL-2 dated 04/25/18 revealed diagnoses included schizoaffective, hypertension (HTN), urinary incontinence, mildly impaired renal function, cirrhosis, weight loss, hepatitis B and C,

Review of Resident #2's Resident Register revealed the date of admission was 09/06/06.

Review of Resident #2's pharmacy reviews revealed there was documentation for a Quarterly Pharmacy Review completed on 05/22/18.

Review of Resident #2's record on 09/28/18 revealed there were no Quarterly Pharmacy Review completed since 05/22/18.

Refer to interview on 09/27/18 at 2:55 pm with the contracted Pharmacy Consultant.

Refer to interview on 09/27//18 at 4:30 pm with the Administrator.

3. Review of Resident #3's current FL-2 dated 09/19/18 revealed diagnoses included chronic kidney disease, muscle weakness, unspecified lack of coordination, hypothyroidism, major depressive disorder, schizophrenia and hypertension.

Review of Resident #3's Resident Register revealed the date of admission was 02/18/07.

Review of Resident #3's pharmacy reviews revealed there was documentation for a Quarterly

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D 400	Continued From page 39 Pharmacy Review completed on 05/22/18. Review of Resident #3's record on 09/28/18 revealed there was no Quarterly Pharmacy Review completed since 05/22/18. Refer to interview on 09/27/18 at 2:55 pm with the contracted Pharmacy Consultant. Refer to interview on 09/27//18 at 4:30 pm with the Administrator. _____ Interview on 09/27/18 at 2:55 pm with the contracted Pharmacy Consultant revealed: -He was responsible for providing Quarterly Pharmacy Reviews for the facility. -He had a calendar in the pharmacy for tracking the last Quarterly Pharmacy Review and scheduling the next review 3 months later. -He did not know how, but the facility was not added to the schedule for August 2018 (the date due for next pharmacy reviews). -The facility was responsible to double check to make sure the pharmacy had completed the reviews and could have called the pharmacy. Interview on 09/27//18 at 4:30 pm with the Administrator revealed: -The contracted Pharmacy Consultant (PC) worked at the pharmacy that supplied most of the residents' medications. -The PC routinely scheduled the Quarterly Pharmacy Reviews for most of the residents. -The facility had not needed to track the Quarterly Pharmacy Reviews completion because the PC kept up with the next time they were due. -She did not know Quarterly Pharmacy Reviews were one month overdue.	D 400		

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{D912}	Continued From page 40	{D912}		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to assure each resident received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations as related to other staff qualifications, TB test, medical examinations, and immunizations and management of the facility. The findings are: 1. Based on record reviews and interviews, the facility failed to assure 2 of 4 sampled staff (Staff A and D) had a criminal background check completed in accordance with G.S. 114-19. 10 and 131D-40. [Refer to Tag D139, 10A NCAC 13F .0407 (a)(7) Other Staff Qualifications (Type B Violation)]. 2. Based on record reviews and interviews, the facility failed to assure 3 of 3 residents sampled (Residents #1, #2, and #3) were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. [Refer to Tag D0234, 10A NCAC 13F .0703(a) TB Test, Medical Examinations, and Immunizations (Type B	{D912}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 09/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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
{D912}	Continued From page 41 Violation).] 3. Based on observations, interviews, and record review, the Administrator failed to assure the management and overall operations of the facility by failing to meet and monitor rules related to other staff qualifications, competency validation for Licensed Health Professional Support (LHPS) tasks, TB test, medical examinations, LHPS for residents personal care, medication orders, medication administration, and pharmaceutical care. [Refer to Tag D0176, 10A NCAC 13F .0601(a) Management of Facility (Unabated Type B Violation).]	{D912}		