STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL073011	A. BUILDING: _____ B. WING _____	12/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS FAMILY CARE HOME	410 MONTFORD DRIVE ROXBORO, NC 27573

(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 and follow-up survey on December 28, 2018.	C 000		
C 073	10A NCAC 13G .0314 (c) Floors 10A NCAC 13G .0314 Floors (c) All floors shall be kept in good repair This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to assure the floors in the hallway, dining room and a resident room were maintained in good repair. The findings are: Observation on 12/28/18 at 8:15 am of the hallway floor tile in front of the bathroom revealed a five inch round sagging and cracked spot in the tile, uneven edges, broken and missing pieces of tile. Observation on 12/28/18 at 3:28 pm of the floor tile in front of the kitchen counter in the dining room revealed multiple floor tiles with curled up corners, uneven edges, broken and missing pieces of tile. Observation on 12/28/18 at 3:29 pm revealed the floor tile in the dining room at the door leading outside had multiple floor tiles with raised edges, curled up corners, broken and missing pieces of tile. Observation of the floor tile in the bathroom next to the kitchen on 12/28/18 at 3:33 pm revealed: -There were two cracked and broken pieces of	C 073		

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C 073	Continued From page 1	C 073		

floor tile located in the middle of the bathroom floor.
-There were multiple loose tiles and tiles that were missing grout.
-There was missing tile and grout where the floor tile met the wall next to the toilet.

Observation on12/28/18 at 3:35 pm revealed the threshold crossing into the bathroom had broken wood, and floor tiles that were loose and missing grout.

Observation on 12/28/18 at 3:36 pm revealed the floor tile in a resident's room had multiple floor tiles with raised edges, curled up corners, broken and missing pieces of tile near the bed.

Interview with a resident on 12/28/18 at 3:38 pm revealed:
-He saw the raised edges, curled up corners, broken and missing pieces in the floor tiles in the facility and in his bedroom.
-The floor had been that way for as long as he could remember.
-He had no problem moving about the floor with his walker because he picked the walker up when it got caught on the floor tile.
-The staff periodically replaced pieces of floor tile that were really bad, but he did not know the last time.
-Another resident would bang his walker really hard on the floor and broke most of the floor tiles.
-He never complained to staff or the Administrator about the broken floor tiles.

Interview with a second resident on 12/28/18 at 3:40 pm revealed:
-He saw the floor tile had broken pieces, raised edges and curled corners.
-The floor tiles looked bad.

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C 073	Continued From page 2 -He had no problem walking on the floor and had never tripped. -Staff periodically fixed the broken floor tile when it got bad. -He had never complained to staff or the Administrator about the broken floor tiles. Interview with the Supervisor-in-Charge (SIC) on 12/28/18 at 3:10 pm revealed: -He had not complained about the floors to anyone. -A resident that was no longer living in the facility would pick up the walker as he walked and bang it on the floor instead of rolling it across the floor. -The SIC thought the banging of the walker broke the floor tiles. -The Administrator had other facility staff to do small repairs. -The other staff periodically replaced the really bad floor tiles with new ones, the last time he replaced floor tiles was a month ago. - Water might have gotten under some of the floor tiles as he cleaned them. - He mopped the floor at least once a day to keep it clean, sometimes more if it got very dirty. -No one had tripped or fallen in the facility. -The Administrator was looking at getting the floors in the whole facility replaced with ceramic tiles. -The Administrator had been getting quotes and already had prices from a couple of places, but he had not seen the quotes. Interview with the Administrator on 12/31/18 at 8:30am revealed: -The floor tiles were an ongoing project; they were constantly having to replace the tiles due to wear and tear. -They replaced tiles when they needed it, but at least every 2 months.	C 073		

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C 073	Continued From page 3 -She had noticed the soft spot in the floor near the refrigerator and thought it was because a tile had been put over a broken tile. -She thought the weather had played a role in the tiles that needed to be repaired; between the snow and rain, the floors had been wet a lot because the residents were constantly in and out of the door.	C 073		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40; This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 2 sampled staff (Staff A) had a criminal background check upon hire. The findings are: Review of Staff A, Supervisor-in-Charge's (SIC) personnel record revealed: -Date of hire was 11/10/18. -He had signed consent to conduct a state wide criminal background check on the application for employment. -There was no documentation a state wide criminal background check had been completed. Interview with Staff A on 12/28/18 at 9:30 am revealed: -He had worked at the facility since 11/10/18, he worked alone.	C 147		

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C 147	Continued From page 4 -He did not know if a criminal background check had been completed on him. -The Administrator did the criminal background checks for the facility staff. Telephone interview with the Administrator on 12/28/18 at 4:48 pm revealed: -She was responsible for responsible for obtaining criminal background checks for facility staff. -She used a free background check sight from the computer. -She did not get printed and dated results from the free sight she used because she would have to pay for the results. -She did not do a state wide criminal background check for Staff A because she thought the company she used was sufficient. -She knew she was required to get a state wide criminal background check for facility staff. -She knew she needed a criminal background check dated prior to hire. -She did not conduct file audits for personnel records. -She knew she was responsible for personnel records and should conduct routine audits. -She would get a state wide criminal background check for Staff A in the next week.	C 147		
C 171	10A NCAC 13G .0504(a) Competency Validation For Licensed Health 10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks (a) A family 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	C 171		

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C 171	Continued From page 5 demonstration for any personal care task 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 interviews and record reviews, the facility failed to assure 1 of 2 staff (Staff B) had documentation of a completed Licensed Health Professional Support (LHPS) competency validation prior to performing the LHPS task of Finger Stick Blood Sugar (FSBS). The findings are: Review of the Staff B, Supervisor in Charge's (SIC) personnel record revealed: -His application was dated 03/01/15. -There was no documentation that a LHPS competency validation had been completed. Review of Resident #1's Medication Administration Records October 2018 revealed Staff B documented performing fingersticks. Interview with Resident #1 on 12/28/18 at 11:55am revealed that Staff B had performed FSBS checks; he did not recall when Staff B had last performed FSBS. Interview with Staff B on 12/28/18 at 11:38am revealed: -He had been working at the facility for "about 4 years." -He checked a resident's FSBS when he was working. -He did not know if he had a LHPS competency validation completed.	C 171		

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C 171	Continued From page 6 -He knew he had someone do a checklist before on his skills, but was not sure if it was the LHPS competency validation. Telephone interview with the Administrator on 12/28/18 at 4:28pm revealed: -She was responsible for maintaining personnel records. -She thought Staff B had a LHPS competency validation completed; she did not know why it was not in his personnel records. -She would have a LHPS competency validation completed on Staff B.	C 171		
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and	C 254		

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C 254	Continued From page 7 (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to assure a Licensed Health Professional Support (LHPS) evaluation was completed for 1 of 1 sampled resident (Resident #1) who required finger stick blood sugar (FSBS) testing. The findings are: Review of Resident #1's current FL-2 dated 10/16/18 revealed diagnoses included altered mental status/encephalopathy, acute hypoxic respiratory failure and diabetes mellitus. Review of a physician's order dated 11/15/18 for Resident #1 revealed an order for finger stick blood sugar (FSBS) checks once a day. Review of medication administration records (MARs) for Resident #1 from October 2018 to December 2018 revealed staff documented results for FSBS checks daily at 7:30am. Review of Resident #1's record revealed: -There was an LHPS evaluation completed on 06/26/18 for the tasks of FSBS and insulin injections. -There were no other LHPS evaluations documented. Interview with the Supervisor-in-Charge (SIC) on 12/28/18 at 10:54am revealed: -Resident #1 had FSBS checked daily; Resident #1's insulin had been discontinued on a recent hospitalization (10/15/18). -He thought the LHPS Nurse had been at the	C 254		

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C 254	Continued From page 8 facility about 2 weeks ago. Interview with Resident #1 on 12/28/18 at 11:55am revealed: -He did not receive insulin. -Staff checked his FSBS in the mornings. -He thought his FSBS had been "just fine." Telephone interview with the LHPS Nurse on 12/28/18 at 2:40pm revealed: -She had completed an LHPS evaluation on Resident #1 in June 2018. -She was not with the company at the time the next evaluation would have been completed. -She would contact the RN who would have completed the LHPS evaluation in September 2018. -The Administrator usually called her to go to the facility when it was time to do quarterly reviews. -It was possible that no one went and it "fell through the cracks." Telephone interview with the Administrator/Owner on 12/28/18 at 4:28pm revealed: -There was a nurse who completed the LHPS evaluations/reviews for the residents quarterly. -The last LHPS evaluation she knew had been completed was in July or August 2018. -She thought she had called the LHPS Nurse for the LHPS evaluations due in September 2018 but it "must have slipped through the crack."	C 254		
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	C 259		

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C 259	Continued From page 9	C 259		

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 observations, interviews, and record reviews the facility failed to assure there was a three-day supply of perishable food and a five-day supply of non-perishable food maintained in the facility based on the menus for the six residents residing at the facility.

The findings are:

Interview with the Supervisor-in-Charge (SIC) on 12/28/18 at revealed a current census of six residents.

Observation on 12/28/18 at 8:30 am of the facility's food supply revealed the following items were not available in the facility for serving as compared to the regular diet menu for 3 days:
-Breakfast on 12/28/18: Cranberry juice, biscuit.
-Dinner on 12/28/18: Spaghetti with meat sauce, Italian green beans, tossed salad.
-Breakfast on 12/29/18: Orange juice, donut.
-Lunch on 12/29/18: Coleslaw, peaches.
-Dinner on 12/29/18: Beef tips with noodles, seasoned turnip and mustard greens.
-Breakfast on 12/30/18: Prune juice, bagel.
-Lunch on 12/30/18: Baked sweet potato, buttered cauliflower and mixed vegetables, tossed salad.
-Dinner on 12/30/18: Hamburger patty with bun, pineapple chunks, white cake with icing.

Observation of the side by side refrigerator/freezer on 12/28/18 at 8:34am revealed:
-There was a three-fourth gallon container of

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C 259	Continued From page 10 milk. -There was a pitcher of a flavored drink. -There were 18 eggs. -There were 10 slices of cheese. -There was one package of deli ham. -There was one package bologna that contained 16 slices of bologna. -There was one package of hot dogs that contained 8 hot dogs. -There was one bag of chicken that contained approximately 6 pieces of chicken. -There was one frozen pepperoni pizza that had 6 servings. -There was one container of ice cream with approximately 24 one cup servings. Observation of the non-perishable food supply in the pantry on 12/28/18 at 8:40am revealed: -There was one 10 ounce can of chicken noodle soup. -There were two 114 ounce cans of beans with bacon. -There were two 10.5 ounce cans of condensed tomato soup. -There was one 15 ounce can of green peas. -There were three 15 ounce cans of corn. -There was one 14.5 ounce can of sliced carrots. -There were two 5 ounce cans of tuna. -There was one 12 ounce can of chopped chicken. -There was one 16 ounce bag of pinto beans. -There was a container of rice (approximately 4-6 cups). -There was a container of oatmeal (approximately 10 cups). -There was a 40 ounce jar of peanut butter. -There was one bag of cereal. -There was a one-half loaf of sliced bread. -There were five 8.5 ounce boxes of cornbread mix.	C 259		

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C 259	Continued From page 11 -There were three 80 ounce packages of pancake mix. -There was a 35.8 ounce package of grits. Observation of the deep-freezer on 12/28/18 at 8:45am revealed there were 5 bags of chicken with approximately 6 pieces of chicken per bag. Interview with a resident on 12/28/18 at 8:50 am revealed: -They did not always get what was on the menu, he did not know why. -He got sandwiches at lunch most days. -He ate all his meals at the facility and did not go out to eat. -He got hungry throughout the day but did not tell anyone; he did not want to bother staff. -He had his own snacks he bought for when he got hungry. Interview with a second resident on 12/28/18 at 11:30 am revealed: -He got cold cereal for breakfast one day and the next day he got a hot breakfast. -He had his own snacks if he got hungry; he walked to the store to buy his own snacks. -He did not eat a lot and did not need seconds at meals. -He would give his roommate his food if he did not like something. -His roommate would give him food off the roommate's plate if the roommate did not like something. -He went out to a day program, the facility did not pack a lunch for him to take. Interview with a third resident on 12/28/18 at 11:40 am revealed: -The food was good, "Staff is a good cook". -He got served what was on the menu most days.	C 259		

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C 259	Continued From page 12 -Neighbors brought desserts and treats during the holidays. -The Administrator brought in groceries. Interview with a fourth resident on 12/28/18 at 12:00pm and 2:45 pm revealed: -He did not eat breakfast that day because he did not have teeth to eat the cereal. -He went to a local fast food restaurant to eat when he got hungry. -He did not know if he got what was on the menu. -He did not ask for seconds. -He shared what he did not like or could not eat at meals with his roommate. -He liked bananas and oranges but did not get them too often. -There were times when they did not have enough food to eat. Interview with a fifth resident on 12/28/18 at 3:00 pm revealed: -He did not know if he got what was on the menu every time. -He would like seconds, but there was just enough for everyone. -Groceries were brought in about every other day. Interview with the SIC on 12/12/18 at 3:06pm revealed: -He had been working at the facility since October 2018. -The Administrator purchased food for the facility; she usually purchased enough food for 10 days based on the menu. -They purchased four gallons of milk and six loaves of bread at a time. -He thought he had heard there were supposed to be three-days of perishable and five-days of non-perishable food on-hand. -They had an employee who they thought had	C 259		

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C 259	Continued From page 13 stolen food and that was why they did not have a lot of food on-hand. -It was the end of the month, so money was tight; they would get a lot more food next week because it was the first of the month. -If he needed something he called the Administrator; he had called the Administrator today on 12/28/18. Telephone interview with the Administrator on 12/28/18 at 3:19pm revealed: -She had been making one big shopping trip at the beginning of each month, but the food had been disappearing, and she was now only buying food five-six days at a time. -The SIC called her when they needed food in the facility. -She did not know there was not enough food for three-day perishable and five-day non-perishable available to be served to the residents.	C 259		
C 272	10A NCAC 13G .0904(d)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to offer snacks three times a day to the five residents residing in the facility. The findings are:	C 272		

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C 272	Continued From page 14 Observation of the kitchen and pantry on 12/28/18 at 8:34 am revealed: -There was one container of ice cream in the freezer. -There was one jar of peanut butter in the cupboard. Observation of the kitchen on 12/28/18 at 8:35 am revealed: -There was a monthly snack menu, snack items included cake, pop corn, half a peanut butter and jelly sandwich, canned fruit, graham crackers, pudding, jello, oatmeal cookie, trail mix, cheese crackers and fruit snacks. -Snacks were scheduled at 10:00 am, 2:00 pm and 7:00 pm. Observation at the facility on 12/28/18 from 8:30 am to 4:00 pm revealed no snacks were offered to residents. Interview with five residents on 12/28/18 between 8:50 am and 3:00 pm revealed: -Snacks were only offered in the evening after dinner. -Residents would ask for snacks when not offered. -Snacks were not always available. -The residents would like to eat more snacks if they were offered between meals. -Items offered were fresh popped popcorn, cookies, oatmeal pies and ice cream. -Residents had their own snacks they had bought if they got hungry; they walked to the store to buy snacks. -A resident shared his snacks with his roommate. -They liked to eat bananas and oranges for snacks but the facility did not always have fresh fruit available.	C 272		

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C 272	Continued From page 15 -The Supervisor-in-Charge (SIC) provided snacks. -The facility had ran out of snacks at times. Interview with the Supervisor-in-Charge (SIC) on 12/28/18 at 3:15 pm revealed: -Everyone was on a regular diet. -He did not follow the snack schedule because he did not always have what was on the menu. -He only offered the residents snacks at night after dinner. -He offered the residents microwave popcorn, cookies, graham crackers, ice cream and peanut butter crackers. -He knew the snack schedule was out of date. -Residents were not allowed to help themselves to facility food. -Residents had to ask the SIC for a snack during the day. -He did not know residents were hungry during the day. -Residents provided their own snacks. -He had not been passing out a lot of snacks during the holiday because residents had been given candy, desserts and treats by family and neighbors. -There were always snacks available for residents. Interview with the Administrator on 12/28/18 at 4:28 pm revealed: -She did not know snacks were not being offered to the residents three times a day. -The facility staff followed the snack schedule. -There was a snack menu in the kitchen for the SIC to follow. -She did grocery shopping every ten days. -The SIC called with a grocery list if he needed anything. -The residents should have been offered snacks	C 272		

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C 272	Continued From page 16 and juice three times a day. -Most residents purchased their own snacks.	C 272		
C 274	10A NCAC 13G .0904(d)(3)(B) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall include the following: (B) Fruit: Two servings of fruit (one serving equals 6 ounces of juice; ½ cup of raw, canned or cooked fruit; 1 medium-size whole fruit; or ¼ cup dried fruit). One serving shall be a citrus fruit or a single strength juice in which there is 100% of the recommended dietary allowance of vitamin C in each six ounces of juice. The second fruit serving shall be of another variety of fresh, dried or canned fruit. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure the daily menus served included 2 servings of fruit, with one being a citrus fruit or a single strength juice daily. The findings are: Interview with the Supervisor-in-Charge (SIC) on 12/28/18 at 8:10am revealed a current census of six residents. Observation and tour of the facility on 12/28/18 between 8:10am and 8:30am revealed there was no citrus juice, fresh fruit or canned fruit available to be served. Observation of the breakfast meal service on	C 274		

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C 274	Continued From page 17 12/28/18 at 8:30am revealed the residents were not served cranberry juice as listed on the daily menu. Review of the menu for the facility for 12/28/18-12/30/18 revealed: -On 12/28/18 the residents were to receive cranberry juice at breakfast. -On 12/29/18 the residents were to receive orange/pineapple juice at breakfast and peach slices at lunch. -On 12/30/18 the residents were to receive prune juice at breakfast, apricots at lunch and pineapple chunks at dinner. Interviews with five residents on 12/28/18 between 8:50 am and 3:10 pm revealed: -Orange juice was not offered every day at breakfast. - Fruit juice was not offered throughout the day. -The last time they got orange juice was a week ago. -Fresh fruit was not always available in the facility. -A resident liked fresh bananas and oranges, but did not get them too often. -The facility often did not have fruit juice to drink. -Residents would drink more fruit juice if it was offered by staff. Interview with the SIC on 12/28/18 at 3:06pm revealed: -He served orange juice to the residents at breakfast. -He did not serve orange juice today 12/28/18; the residents were served orange juice "about a week ago." -The residents were served fruit cups at lunch that had been brought in today 12/28/18; they had fresh fruit in the facility last week.	C 274		

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C 274	Continued From page 18 Telephone interview with the Administrator on 12/28/18 at 3:19pm revealed: -She went to the grocery store last week and bought orange juice for breakfast; she thought she bought orange juice on 12/21/18. -She bought fruit for the residents; she did not recall what fruit she purchased or when she had purchased fruit, but she knew she bought fruit for the residents. -She did not have receipts for the groceries she purchased.	C 274		
C 292	10A NCAC 13G .0905 (d) Activities Program 10A NCAC 13G .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure a minimum of 14 hours of group activities were planned each week for the 5 residents residing at the facility.	C 292		

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C 292	Continued From page 19 The findings are: Observation on 12/28/18 at 8:45 am of the facility revealed: -The facility had no activity calendar posted for residents. -There was no documentation of 14 hours of activities per week. Observation on 12/28/18 from 8:30 am to 4:00 pm revealed: -There were no organized activities for residents. -Four of five residents were in their beds sleeping. -Two residents used their personal computers during the day. -The facility had a box of checkers, two board games and five boxes of playing cards on a shelf in the dining room. Interview with a resident on 12/28/18 at 11:40 am revealed: -No one came to do activities. -He played cards with other residents. Interview with a second resident on 12/28/18 at 11:35 am revealed: -He used his own computer to play games. -The facility had Wi-Fi available for resident use. -The Supervisor-in-Charge took the TV out of the living room at bed time and took it to his room, he returned it every morning. -He and the other residents played games at the kitchen table when they wanted to. -Residents went into the kitchen and got the games and cards themselves. -He would participate in activities if they were offered. Interview with a third resident on 12/28/18 at	C 292		

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C 292	Continued From page 20 11:45 am revealed: -There were no organized activities at the facility. -The staff used to take residents to a wellness program during the day, but he could not remember when the last trip was taken. -He and his roommate played cards almost daily. -He used his personal computer for games. -The facility had Wi-Fi available for resident use. -He walked a lot. Interview with a fourth resident on 12/28/18 at 2:50 pm revealed: -There were no organized activities at the facility. -He got bored. -He would participate in activities for some fun if they were offered. -He walked to the store and watched the trees for entertainment. -He watched videos, played games and cards with other residents. -He would like to build small things with his hands as an activity. Interview with a fifth resident on 12/28/18 at 3:05 pm revealed: -The facility staff used to take residents out to dinner, but it had been awhile. -The facility staff used to take residents to the park and bring snacks to eat. -He played checkers, spades and other card games with other residents. -He liked to play cards the most. -He would get involved in activities if they were offered. Interviews with the Supervisor-in-Charge (SIC) on 12/28/18 at 11:00 am and 3:20 pm revealed: -The facility did not have an activity calendar. -He did not know who did the activity calendar. -The facility had games, checkers and cards for	C 292		

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C 292	Continued From page 21	C 292		

residents to play.
-He had talked to a local church about coming to pick up residents one Sunday a month.
-He had heard of the 14 hours a week rule for activities.
-Some of the residents had friends that took them out of the facility.
-The residents stayed active.

Interview with a second SIC on 12/28/12 at 12:00 pm revealed:
-There had been an activities calendar posted, but he could not find it anywhere.
-The activities calendar had been taken down by another staff before the holiday.
-The activities calendar was being redone for the next year.
-The facility had someone to come in and conduct activities before the holidays.

Interview with the Administrator on 12/28/18 at 4:30 pm revealed:
-She did not know the activities calendar for the month had been removed and was not posted.
-Her family member was redoing the activities calendar for the next year.
-The Administrator, her family member and the SIC conducted the activities in the facility.
-A family member carried out activities on Tuesdays and Fridays.
-The family member had not been in a while.
-The facility used to do a lot of activities, played bingo, cards and games; took day trips to a wellness center, went to the park and local restaurants.
-Residents did not want to do anything, but lay in their beds.

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C935	Continued From page 22	C935		
C935	G.S. § 131D-4.5B (b) ACH Medication Aides;Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and 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	C935		

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C935	Continued From page 23	C935		

exists.
b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.

This Rule is not met as evidenced by:
Based on interviews, and record reviews, the facility failed to assure 1 of 2 sampled medication aides (Staff B) had completed the 5, 10 or 15 hour state approved medication administration training prior to administering medications.

The findings are:

Review of Staff B, medication aide's personnel record revealed:
-Staff B was hired on 03/01/15.
-There was a 5-hour and 10-hour medication skills performance documentation checklist signed and dated; there was no documentation of a sate approved medication training certificate.
-He completed a medication clinical skills validation checklist on 03/15/18.
-There was documentation he had passed the written medication administration examination on 06/10/16.

Interview with Staff B on 12/28/18 at 11:38am revealed:
-He had been working at the facility for "about 4 years."
-He filled in as the Supervisor-In-Charge (SIC) at the facility as needed; he had worked at the facility in the last 3 months.
-He had completed a 5-hour and 10-hour medication training program; he did not know if the program was state approved.

Telephone interview with the Administrator on

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C935	Continued From page 24 12/28/18 at 4:28pm revealed: -She was responsible for maintaining personnel records. -Staff B had completed a 5-hour and 10-hour medication training program while working at another facility; she thought the course was state approved as no one had ever mentioned it before. -If the documents in Staff B's personnel record were not an approved course she would have him take another medication training program.	C935		