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MCCULLOUGH'S REST HOME	720 ORR'S CAMP ROAD HENDERSONVILLE, NC 28739

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D 000	Initial Comments The Adult Care Licensure Section and the Henderson County Department of Social Services conducted an annual and follow up survey and complaint investigation on 12/05/18 to 12/06/18. The complaint investigation was initiated by the Henderson County Department of Social Services on 11/19/18.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure all resident rooms, bathrooms, and kitchen area were clean and in good repair. The findings are: Observation of the kitchen, bathrooms, and one resident room on 11/19/18 at 7:25am revealed: -The kitchen counters were discolored and stained due to age. -The coffee pots had brown stains. -The coffee makers had brown drips and brown stains. -The refrigerator had greasy residue on doors and handles. -The refrigerator had dirty containers of food and	D 074		

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D 074	Continued From page 1 old food residue on the shelves. -The toaster oven had greasy residue and a dirty glass front. -The two common bathrooms had trash cans with paper overflowing onto the floor. -The ceiling fan in one resident room had a 1/4 inch thick greasy buildup of dust. -The resident's nightstand in this room had a buildup of spills and dust at the base. Interview on 11/19/18 at 8:30am with the Administrator revealed: -The cleaning person had been recently been terminated. -A newly hired houskeeper would be starting work. -She had not noticed the ceiling fan and nightstand but would have it cleaned. -"We are working hard to get the building cleaned up".	D 074		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews, and interviews, the facility failed to ensure that each staff person had no substantiated findings listed	D 137		

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on the North Carolina Health Care Personnel Registry for 2 of 4 sampled staff (C and D).

The findings are:

1. Review of Staff C's personnel record revealed:
-He was hired as a housekeeper on 12/04/18.
-There was no documentation that a North Carolina Health Care Personnel Registry (HCPR) check had been completed.

Interview on 12/05/18 at 2:25pm with the Administrator revealed:
-Staff C had started working in the facility as a housekeeper on 12/04/18.
-She knew the employee needed to have the HCPR check.
-The Administrator was going to do the check on 12/05/18 but "then I was busy".
-She would get the HCPR check completed.

Observation on 12/05/18 at 2:45pm revealed Staff C was cleaning a facility bathroom.

Interview on 12/05/18 at 2:47pm with Staff C revealed:
-He had been hired 12/04/18 as a housekeeper.
-He did not know if a HCPR check had been completed.

Review of the HCPR check for Staff C dated 12/05/18 revealed there were no findings.

2. Review of Staff D's personnel record revealed:
-Staff D had been hired as the Activity Director.
-There was no documented date of hire.
-There was no documentation that a North Carolina HCPR check had been completed.

Interview on 12/05/18 at 2:22pm with the

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D 137	Continued From page 3 Administrator revealed: -Staff D had been hired to help with transportation, shopping, and activities. -The Administrator "didn't think to do these things (HCPR check)". Interview on 12/05/18 at 3:05pm with Staff D revealed: -Staff D had been working in the facility for "2 1/2 to 3 months" assisting the Administrator. -She assisted with activities, transportation, groceries, and cleaning. -Staff D worked in the facility full time. -She did not know the HCPR check needed to be done. Review of the HCPR check for Staff D dated 12/05/18 revealed there were no findings. The facility failed to ensure 2 of 4 sampled staff (Staff C and D) had a North Carolina Health Care Personnel Registry check prior to date of hire. This failure was detrimental to the safety and welfare of the residents, by not verifying Staff C and D had no substantiated findings listed on the registry prior to hire, which constitutes a Type B Violation. The facility provided a Plan of Protection in accordance with G.S. 131D34 on 12/05/18 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 20, 2018.	D 137		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications	D 139		

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D 139	Continued From page 4 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 observations, record reviews, and interviews, the facility failed to ensure 1 of 4 sampled staff (Staff C) had a criminial background check completed prior to hire. The findings are: Review of Staff C's personnel record revealed: -He was hired as a housekeeper on 12/04/18. -There was no documentation that a criminal background check had been completed. Interview on 12/05/18 at 2:25pm with the Administrator revealed: -Staff C had started working in the facility as a housekeeper on 12/04/18. -She knew the employee needed to have the criminal background check before hire. -She was going to do the check on 12/05/18 but "then I was busy". -She would get the criminal background check completed. Observation on 12/05/18 at 2:45pm revealed Staff C was cleaning a facility bathroom. Interview on 12/05/18 at 2:47pm with Staff C revealed: -He had been hired 12/04/18 as a housekeeper. -He had signed a consent for a criminal background check. -Staff C did not know if one had been completed.	D 139		

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D 139	Continued From page 5 Review of a criminal background check dated 12/05/18 for Staff C revealed there were no findings. The facility failed to ensure Staff C had a criminal background check completed prior to hire. The facility's failure resulted in the facility being unaware of any criminal background history, which 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 12/05/18 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 20, 2018.	D 139		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to notify 1 of 3 sampled residents (Resident #1) physician of the resident's elevated fingerstick blood sugars (FSBS), unavailability of a medication, and of a delay in	D 273		

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obtaining an endocrinology appointment.

The findings are:

Review of Resident #1's current FL2 dated 09/20/18 revealed diagnoses included bipolar disorder type 2, borderline personality disorder, lower right leg amputee, and history of alcohol abuse.

Review of the Resident #1's Resident Register revealed an admission date of 03/28/18.

1. Review of Resident #1's current FL2 dated 09/20/18 revealed:
-There was an order for FSBS checks three times a day with meals.
-There were no documented parameters provided by the physician for notification of elevated FSBS.

The American Diabetes Association suggests the following targets for most nonpregnant adults with diabetes: FSBS before a meal of 70-130.

Review of Resident #1's hemoglobin A1C (a blood test used to determine the average blood sugar over the past 2-3 months) dated 10/23/18 revealed the level was 10.9 with an estimated average glucose of 266.

Review of Resident #1's October 2018 Medication Administration Record (MAR) revealed:
-There was a handwritten entry for FSBS checks three times a day with meals scheduled at 8:00am, 12:00pm, and 5:00pm.
-The 8:00am FSBS range was 111-387 with the FSBS being greater than 130 for 25 occurrences out of 28 opportunities (examples of the elevated FSBS results were as follows: on 10/09/18 387,

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on 10/12/18 338, and on 10/24/18 344.)
-The 12:00pm FSBS range was 166-468 with the FSBS being greater than 130 for 14 occurrences out of 15 opportunities (examples of the elevated FSBS results were as follows: on 10/01/18 289, on 10/12/18 468, and on 10/25/18 492.)
-The 5:00pm FSBS range was 64-480 with the FSBS being greater than 130 for 24 occurrences out of 25 opportunities (examples of the elevated FSBS results were as follows: on 10/08/18 428, on 10/20/18 504, and on 10/27/18 480.)

Review of Resident #1's November 2018 MAR revealed:
-There was a handwritten entry for FSBS checks three times a day with meals scheduled at 8:00am, 12:00pm, and 5:00pm.
-The 8:00am FSBS range was 151-358 with the FSBS being greater than 130 for 28 occurrences out of 28 opportunities (examples of the elevated FSBS results were as follows: on 11/05/18 358, on 11/08/18 356, and on 11/22/18 348.)
-The 12:00pm FSBS range was 130-352 with the FSBS being greater than 130 for 15 occurrences out of 16 opportunities (examples of the elevated FSBS results were as follows: on 11/05/18 352, on 11/09/18 330, and on 11/27/18 308.)
-The 5:00pm FSBS range was 135-453 with the FSBS being greater than 130 for 29 occurrences out of 29 opportunities (examples of the elevated FSBS results were as follows: on 11/10/18 448, on 11/14/18 452, and on 11/24/18 453.)

Review of Resident #1's December 2018 MAR revealed:
-There was a handwritten entry for FSBS checks three times a day with meals scheduled at 8:00am, 12:00pm, and 5:00pm.
-The 8:00am FSBS range was 206-297 with the FSBS being greater than 130 for 5 occurrences

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out of 5 opportunities (examples of the elevated FSBS results were as follows: on 12/02/18 297, on 12/03/18 285, and on 12/5/18 296.)
-The 12:00pm FSBS range was 221-297 with the FSBS being greater than 130 for 5 occurrences out of 5 opportunities (examples of the elevated FSBS results were as follows: on 12/03/18 233, on 12/04/18 297, and on 12/05/18 327.)
-The 5:00pm FSBS range was 301-339 with the FSBS being greater than 130 for 4 occurrences out of 4 opportunities (examples of the elevated FSBS results were as folllows: on 12/01/18 321, on 12/3/18 339, and on 12/04/18 301.)

Interview with Resident #1 on 12/05/18 at 8:28am revealed:
-He received his medications and treatments as they were ordered by his physician.
-He liked to take trips "into town," but had been "staying home lately because it's getting colder outside."

Interview with one medication aide (MA) on 12/06/18 at 8:35am revealed:
-She usually just worked on the weekends.
-Resident #1 was noncompliant with his diet.
-On the weekends, Resident #1 would go into town and when he came back the resident's FSBS were high.
-"I don't know what he eats" when the resident was out of the facility.
-There was no physician's instruction to report FSBS over a certain number to the physician.
-The Supervisor who worked during the week was responsible for communicating with the physicians.

Interview with the Supervisor on 12/06/18 at 10:30am revealed:
-Resident #1 had seen his primary care provider

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(PCP) last on 11/06/18.
-The PCP's next scheduled visit to the facility was on 12/13/18.
-The PCP knew Resident #1 FSBS were elevated and the resident was noncompliant with his diet.
-Resident #1's PCP office assistant had contacted him and asked him to fax over Resident #1's entire MARs for October through December 2018 and he was waiting to hear back of any medication changes for Resident #1.

Telephone interview with Resident #1's primary care provider's office assistant on 12/06/18 at 8:45am and 10:15am revealed:
-Resident #1's physician had been the primary care provider (PCP) for the resident at a prior facility and now the current facility.
-The PCP was aware the resident's FSBS ran high and the resident was noncompliant with his diet.
-FSBS results in the 300's were actually good for this resident.
-The PCP had last seen Resident #1 on 11/06/18 and he looked at the resident's MARs when he was in the facility.
-The PCP had written a consult for Resident #1 on 11/06/18 for a referral to an endocrinologist.
-The PCP was not notified of the "HI" result recorded on 12/01/18 at 12:00pm.
-The PCP was going to visit the facility today to see Resident #1 to consider making some changes to his medications.

Interview with the Administrator on 12/06/18 at 11:00am revealed:
-Resident #1's PCP had seen the elevated FSBS values on 11/06/18.
-She would have expected the Supervisor to fax Resident #1's elevated FSBS over to the PCP before the next scheduled facility visit on

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D 273	Continued From page 10 12/13/18. 2. Review of Resident #1's physician order dated 10/02/18 revealed: -There was a referral to an endocrinologist for diabetes management. -"Patient changed facilities and his diabetes has been poorly controlled on current meds." Review of Resident #1's physician order dated 11/06/18 revealed the physician requested the resident keep his appointment with endocrinology. Review of Resident #1's record revealed there was no documentation of a visit to an endocrinologist. Interview with the Supervisor on 12/05/18 at 12:00pm revealed: -Resident #1 had not yet been to see an endocrinologist. -He and the Administrator had dropped off the required paperwork to the endocrinologist office and was awaiting a call back with an appointment date and time. -Resident #1's primary care physician (PCP) wrote an order on 10/02/18 for a referral to an endocrinologist out of county. -The Supervisor then discovered the transportation service the facility used was unable to transport a resident out of county. -Resident #1 would have had to have taken a taxi to go to an appointment out of county, which would have been very expensive. -When the Supervisor realized the dilemma with transportation services, he contacted the PCP's assistant and she told him to use the endocrinologist located in their county. -The PCP wrote a second order dated 11/06/18 to	D 273		

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keep endocrinology appointment.

Telephone interview with the local endocrinology office on 12/06/18 at 9:00am revealed:
-The facility had brought Resident #1's paperwork "yesterday" to their office.
-She had a physician order for Resident #1 ordering a referral to their office dated 11/30/18.
-Appointments in the practice were now being scheduled for April 2019.
-A 3-4 month waiting period was "standard" for all endocrinologists.

Interview with the Administrator on 12/06/18 at 11:00am revealed:
-Resident #1's required paperwork had been taken to the local endocrinologist "yesterday" to begin the process of getting an appointment.
-"We just got the paperwork together and I took it over there."
-The Supervisor was responsible for getting the required paperwork together for referrals.

3. Review of Resident #1's current FL2 dated 09/20/18 revealed a physician's order for Latuda (used to treat bipolar depression) 40mg 1 tablet daily.

Review of Resident #1's October 2018 electronic Medication Administration Record (eMAR) revealed:
-There was an entry for Latuda 40mg 1 tablet daily scheduled at 8:00am.
-The medication was documented as administered 31 occurrences out of 31 opportunities from 10/01/18 to 10/31/18.

Review of Resident #1's November 2018 eMAR revealed:
-There was an entry for Latuda 40mg 1 tablet

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daily scheduled at 8:00am.
-The medication was documented as administered 30 occurrences out of 30 opportunities from 11/01/18 to 11/30/18.

Review of Resident #1's December 2018 eMAR revealed:
-There was an entry for Latuda 40mg 1 tablet daily scheduled at 8:00am.
-The medication was documented as administered 3 occurrences out of 5 opportunities from 12/01/18 to 12/05/18.

Observation of Resident #1's medications in the facility on 12/05/18 at 11:30am revealed there was no Latuda in the facility for the resident.

Interview with the Supervisor on 12/05/18 at 11:25am revealed:
-The Latuda was on order from the pharmacy for the resident.
-The Physician's Assistant (PA) who had ordered the medication for Resident #1 had provided samples of the medication for the resident.
-The last sample dose was administered to the resident on 12/03/18.

Telephone interview with the facility pharmacy on 12/05/18 at 11:30am revealed:
-The pharmacy had been trying to get prior authorization from the prescriber for the Latuda for Resident #1 since 11/20/18.
-The pharmacy had not heard back from the prescriber and would resubmit the authorization paperwork again to the prescriber "today."
-The Latuda was a "very expensive medication" and the pharmacy did not want to send it out and insurance refuse to pay for the medication and the resident to receive a bill for the full cost of the medication.

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D 273	Continued From page 13 Interview with Resident #1 on 12/05/18 at 2:40pm revealed: -He had just seen his psychiatric physician's assistant "a couple weeks ago." -He would "probably" see the provider again "around February." -"I'm on so much medicine." -The resident was not sure if he took Latuda or not. -The resident was unable to identify any of his medications by shape or color. Telephone interview with Resident #1's PA on 12/05/18 at 3:05pm revealed: -He was not in the office and did not have access to Resident #1's records. -He wanted the resident to continue taking the Latuda at the current dose. -The resident could get more samples from his office until the insurance authorization was obtained. -He would call the pharmacy and work with them to obtain the paperwork needed to complete the prior authorization for the medication for insurance. Interview with the Supervisor on 12/06/18 at 9:10am revealed: -He realized Resident #1's Latuda was going to run out about 10 days ahead of time. -"I called the pharmacy and they said they were waiting on prior authorization." -Resident #1 last saw the psychiatric PA on 11/06/18. Observation of Latuda sample packs obtained by the Administrator on 12/06/18 at 10:55am revealed: -There were 4 sample packages of Latuda 40mg	D 273		

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	HAL045005	A. BUILDING: _____ B. WING _____	12/06/2018

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D 273	Continued From page 14 dose packets. -There was a 7 day supply of medication in each sample pack. Interview with the Administrator on 12/06/18 at 11;00am revealed: -Prior authorization for a medication "can take two weeks." -The psychiatric PA's office had given her samples of the Latuda to last the resident another 28 days until a supply could be obtained through the pharmacy.	D 273		
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 observations, interviews, and record reviews, the facility failed to ensure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to other staff qualifications and examination and screening. The findings are: A. Based on observations, record reviews, and interviews, the facility failed to ensure that each staff person had no substantiated findings listed	D912		

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D912	Continued From page 15 on the North Carolina Health Care Personnel Registry for 2 of 4 sampled staff (C and D). [Refer to Tag 137, 10A NCAC 13F .0407(a)(5) Other Staff Qualifications (Type B Violation).] B. Based on observations, record reviews, and interviews, the facility failed to ensure 1 of 4 sampled staff (Staff C) had a criminal background check completed prior to hire. [Refer to Tag 139, 10A NCAC 13F .0407(a)(7) Other Staff Qualifications (Type B Violation).] C. Based on observations, record reviews, and interviews, the facility failed to to ensure examination and screening for the presence of controlled substances for 2 of 4 sampled staff (C and D) who were hired after 10/01/13. [Refer to Tag 992, G.S. 131D-45(a) Examination and Screening (Type B Violation).]	D912		
D992	G.S.§ 131D-45 (a) Examination and screening G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled	D992		

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D992	Continued From page 16 substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observation, record reviews, and interviews, the facility failed to ensure examination and screening for the presence of controlled substances for 2 of 4 sampled staff (C and D) who were hired after 10/01/13. The findings are: 1. Review of Staff C's personnel record revealed: -He was hired as a housekeeper on 12/04/18. -There was no documentation of examination and screening for the presence of controlled substances. Interview on 12/05/18 at 2:25pm with the Administrator revealed:	D992		

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D992	Continued From page 17	D992		

-Staff C had started working in the facility as a housekeeper on 12/04/18.
-She knew the employee needed to have the controlled substance screen completed.
-The Administrator was going to do it 12/05/18 but " then I was busy".
-She would make sure to have the controlled substance screening completed.

Observation on 12/05/18 at 2:45pm revealed Staff C was cleaning a facility bathroom.

Interview on 12/05/18 at 2:47pm with Staff C revealed:
-He had been hired 12/04/18 as a housekeeper.
-Staff had not asked him to complete a controlled substance screening.

Review of the controlled substance screening dated 12/05/18 for Staff C revealed it was negative.

2. Review of Staff D's personnel file revealed:
-Staff D had been hired as the Activity Director.
-There was no documented date of hire.
-There was no documentation of examination and screening for the presence of controlled substances.

Interview on 12/05/18 at 2:22pm with the Administrator revealed:
-Staff D had been hired to help with transportation, shopping, and activities.
-The Administrator "didn't think to do these things (controlled substance screening)".

Interview on 12/05/18 at 3:05pm with Staff D revealed:
-Staff D had been working in the facility for "2 1/2 to 3 month" assisting the Administrator.

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D992	Continued From page 18 -She assisted with activities, transportation, groceries, and cleaning. -Staff D worked in the facility full time. -She did not know a controlled substance screening needed to be completed. Review of the controlled substance screening dated 12/05/18 for Staff C revealed it was negative. The facility failed to ensure an examination and screening for the presence of controlled substances was performed for 2 of 4 sampled staff (C and D) hired after 10/01/13. This failure to screen new employees for controlled substances compromised the health, safety, and welfare of all residents and constitutes a Type B Violation. The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 12/06/18 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 20, 2018.	D992		