STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL033009	A. BUILDING: _____ B. WING _____	R 01/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY GUARDIAN ANGEL FAMILY CARE HOME	514 COKEY ROAD ROCKY MOUNT, NC 27801

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C 000	Initial Comments The Adult Care Licensure Section and the Edgecombe County Department of Social Services conducted an annual and follow-up survey on January 8, 2019.	C 000		
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interview, the facility failed to assure the walls, ceilings, and floors were kept clean and in good repair in 2 of 2 common bathrooms, the hallway and the dining room. The findings are: Observation of common bathroom #1 next to the kitchen on 01/08/19 at 8:05am revealed: -The entire floor trim had multiple areas of dark brown and black stains. -The wood floor in front of the shower had an area three feet by three inches where the wood was soft when walked on, creating a trip hazard. -The grout around the outside and inside of the shower had areas of dark brown and black stains. Observation of common bathroom #2 in the hallway on 01/08/19 at 8:30am revealed:	C 074		

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C 074	Continued From page 1 -The entire floor trim had multiple areas of dark brown and black stains. -The grout around the toilet and sink had areas of dark brown and black stains. -The air return vent had a thick coating of dust. -The floor vent had chipped paint and was covered in rust. -There was a twenty-four inch by twelve inch area of plaster on the wall to the right of the toilet that had not been painted. -There was a two feet tear on the linoleum in the middle of the floor, creating a trip hazard. Observation of the dining room on 01/08/19 at 8:30am revealed the floor vent had chipped paint and was covered in rust. Observation of the hallway at the back door on 01/08/19 at 8:30am revealed a two feet tear on the linoleum and the wood floor underneath was soft when walked on, creating a trip hazard. Attempted interview with each of the residents on 01/08/19 at 8:40am was unsuccessful. Interview with the Assistant Administrator on 01/08/19 at 8:40am revealed: -He was responsible for making sure the facility was clean and in good repair. -He didn't know about the grout around the shower with areas of dark brown and black stains. -He didn't know about the soft area of the wood floor in the common bathroom #1. -The facility had a housekeeper that cleaned all rooms of the facility each week, Monday - Wednesday. -He would tell the housekeeper to work on cleaning the grout and other areas in the bathrooms.	C 074		

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C 074	Continued From page 2 -He would have a maintenance worker repair the flooring in front of the shower in the common bathroom #1. -He would have a maintenance worker repair the wall in the common bathroom #2 and replace the flooring. -He would replace all rusted floor vents in both bathrooms and dining room. -He would have a maintenance worker replace the linoleum and repair the wood floor at the back door.	C 074		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted 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, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.	C 140		

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C 140	Continued From page 3 This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to assure 1 of 3 staff sampled (A) was tested upon employment for tuberculosis (TB) disease. The findings are: Review of personnel record for Staff A revealed: -There was no listed hire date. -There was no documentation of any TB skin test or chest x-ray related to TB. Interview on 01/08/19 at 10:30am with the Assistant Administrator revealed: -He was responsible to ensure all employees had TB skin tests prior to employment. -Staff A had not yet been hired at the facility but she came to the facility to clean. Interview on 01/08/19 at 11:30am with Staff A revealed: -She had a chest X-ray about seven months ago at the hospital. -She had a positive TB skin test about 25 years ago. -She had not been asked by the Assistant Administrator to get a chest x-ray or a TB skin test. -She worked at the facility on Monday, Tuesday and Wednesday cooking and cleaning.	C 140		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry	C 145		

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C 145	Continued From page 4 according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 3 staff sampled (Staff A) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) upon hire to the facility. Review of the personnel record for Staff A revealed: -There was no listed hire date. -There was no documentation of the HCPR status for Staff A. Interview on 01/08/19 at 11:00am with the Assistant Administrator revealed: -Staff A had passed medications for residents back in September 2018. -Staff A had not yet been hired at the facility but she came to the facility to clean. Attempted interview with each of the residents on 01/08/19 at 12:00pm was unsuccessful.	C 145		
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 demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of	C 171		

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C 171	Continued From page 5 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 that 1 of 3 staff sampled (B) had been validated for Licensed Health Professional Support (LHPS) tasks prior to performing the tasks for residents regarding collecting and testing of fingerstick blood samples and medication administration through injection. The findings are: Review of Staff B's personnel record revealed: -Staff B's date of hire was July 2009. -Staff B was a Medication Aide and the Assistant Administrator at the facility. -He administered medication through injection and collected and tested finger stick blood samples. -There was no documentation of a LHPS competency validation in Staff B's personnel record. Interview on 01/08/19 at 7:30am with Staff B revealed: -He was the only person who gave medications at the facility. -He performed collecting and testing of fingerstick blood samples on two residents and gave insulin injections to another resident. Interview on 01/08/19 at 12:00pm with Staff B revealed: -He did not know he was required to have a completed LHPS validation checklist. -He would contact a the LHPS Nurse to complete	C 171		

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C 171	Continued From page 6 the LHPS validation and checklist. Interview with the LHPS Nurse on 01/08/19 at 12:30pm revealed: -She had not completed a LHPS validation checklist for Staff B. -She thought the LHPS Nurse before her validated the staff. Attempted interview with each of the residents on 01/08/19 at 12:00pm was unsuccessful.	C 171		
C 256	10A NCAC 13G .0904(a)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the oven range hood and kitchen cabinets were kept clean, in good repair and free of contamination. The findings are: Observation of the kitchen on 01/08/19 at 9:30am revealed: -The underside of the oven range hood, exhaust vent and around the light was covered in grease. -The outside and underside of the range hood had brown and black colored stains and areas	C 256		

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C 256	Continued From page 7 that were missing paint and rusted. -The inside of the oven door had brown and black colored stains. -The kitchen cabinets and drawers had areas of chipped paint and several were missing handles. Interview with the Assistant Administrator on 01/08/19 at 9:30am revealed: -He was responsible for making sure the facility was clean and in good repair. -The facility had a housekeeper that cleaned all areas of the facility each week, Monday - Wednesday. -He would tell the housekeeper to work on cleaning the oven. -He knew the oven range hood had brown/black stains, chipping paint and rusted areas. -He had planned on replacing the range hood. -He would have a maintenance worker paint and repair all cabinets in the kitchen.	C 256		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for 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	C992		

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C992	Continued From page 8 the results of the applicant's examination and screening indicate the presence of a controlled 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: Based on observation, interviews and record reviews the facility failed to assure 1 of 3 staff sampled (A) hired after 10/01/13 had controlled substance screening prior to hire. The findings are: Review of personnel record for Staff A revealed: -There was no hire date documented. -There was no documentation of a controlled substance screen. Interview with the Assistant Administrator on 1/8/2019 at 11:15am revealed Staff A had not yet been hired at the facility but she came to the facility to clean.	C992		

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C992	Continued From page 9 Attempted interview with each of the residents on 01/08/19 at 12:00pm was unsuccessful.	C992		