STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051064	A. BUILDING: _____ B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 2	103 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 and the Johnston County Department of Social Services conducted an annual survey, a follow-up survey and a complaint investigation on 03/07 - 03/08/19. The Johnston County Department of Social Services initiated the complaint investigation on 02/26/19.	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 assure electrical outlets, light switch covers, window blinds, and a hand held shower were kept clean and in good repair for the common resident bathroom, two residents rooms, 1 private resident bathroom, and the kitchen. The findings are: Observation of resident Room #2 on 03/07/19 at 10:22 a.m. revealed: -There was no switch plate cover on the switch near bed #1. -The call bell light cords were not connected. -The window had a white bed sheet covering one window with broken window blinds.	D 074		

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D 074	Continued From page 1 Observation of the private bathroom in resident Room #4 on 03/07/19 at 11:28 a.m. revealed a broken light switch plate cover. Interview with a resident in Room #4 on 03/07/19 at 11:28 a.m. revealed he did know how long the light switch cover had been broken. Observation of the common bathroom at the end of the hall near Room #1 on 03/07/19 at 11:05 a.m. revealed: -The ceiling exhaust fan had a build-up of dust. -The ceiling air vent was rusted and dusty. -The handheld shower leaked at the connection from the handle to the hose. -The connection from the handle to the hose had been repaired with different types of tape including self-adhering elastic tan colored tape. -There were several spotted areas discolored on the tape in several shades of brown and black. Observation of resident Room #7 on 03/07/19 at 11:56 a.m. revealed the window had a white bed sheet covering one window with broken window blinds lying on the window sill. Interview with resident Room #7 on 03/07/19 at 11:56 a.m. revealed he was not bothered by the sheet covering his window and the blinds not being in the window. Interview with a resident Room #2 on 03/08/19 at 8:12 a.m. revealed: -He did not need to use the light switch over bed #1 since his light switch over bed #2 works. -He did not usually need to call for help but if he did, he would use those (pointed to unplugged call light cord on the bedside table).	D 074		

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D 074	Continued From page 2 Observation of the kitchen on 03/08/19 at 8:11 a.m. revealed an open electrical outlet box with capped wiring located on the wall to the right hand side of the sink. Interview with the Administrator on 03/07/19 at 10:30 a.m. revealed: -She had been doing needed repairs herself since she was hired in October 2018. -The new owner was in the process of hiring a new maintenance company who would start in about 1-2 weeks. -There was a list being kept for the new maintenance company to begin working on when they start.	D 074		
D 113	10A NCAC 13F .0311(d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure the hot water temperatures were maintained between 100 - 116 degrees Fahrenheit (F) for 11 of 11 sampled fixtures, including 9 fixtures in Resident's shared bathrooms one fixture on the hall and 1 fixture in a public bathroom maintaines at less than 100	D 113		

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D 113	Continued From page 3 degrees F. The findings are: Observations of hot water temperatures during the initial facility tour on 03/07/19 between 10:30am and 12:00 noon revealed: -At 10:32am, the hot water temperature at the bathroom sink in the public bathroom was 93 degrees F. -At 10:34am, the hot water temperature at the sink in the hall, across from the dining room was 92 degrees F. -At 10:55am, the hot water temperature at the fixtures in the shared bathroom between rooms 1 and 2 were 89 degrees F (sink) at 10:52am and 87 degrees F (shower). -At 11:05am, the hot water temperatures at the fixtures in the common bathroom were 90 degrees F (sink) at 11:03am; 85 degrees F (shower) at 11:09am and 88 Degrees f (bath tub). -At 11:33am, the hot water temperatures at the fixtures in the bathroom of room 4 were 93 degrees F (sink) at 11:30am and 96 degrees F (shower). -At 12:00 noon, the hot water temperatures at the fixtures in the shared bathroom between rooms 5 and 6 were 84 degrees F (shower) at 11:56am and 91 degrees F (sink). Interview with a resident who lived in room 1 and a resident who lived in room 2 on 03/07/19 at 10:58am revealed: -The hot water from the sink and shower in the shared bathroom was only warm, even after the water ran for several minutes. -Both residents showered even though the water was not hot enough. -The water has not been hot enough for several weeks.	D 113		

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D 113	Continued From page 4 Interview with a resident who lived in room 4 on 03/07/19 at 11:35am revealed: -He had not taken a shower in over one week because the water was cold. -Even the sink water was barely warm, but he has only bathed at the sink. -He reported the cold water to a staff, but did not remember her name. -Nothing was done to by the facility after he reported the cold water over a week ago. Interview with a resident who lived in room 5 on 03/07/19 at 12:05pm revealed: -He had not taken a shower in the community bath room or the shared bath room since January 2019 because the water was too cool. -Even if the hot water was running for several minutes, it never warmed up. -He only took baths at the sink and even that water was only "luke" warm. -He has reported the cool water to several staff in January 2019, but nothing was ever done. Interview with a personal care aide (PCA) on 03/07/19 at 12:07pm revealed: -Residents had complained of cool water temperatures at the shower and sink for a long time (a few months). -The water was only luke warm and never got too much warmer than it was today (03/07/19). -She did not know if anyone ever checked the hot water temperatures at the bathroom fixtures. -The Administrator had been informed of the cool water temperatures but nothing was done to correct the cool water temperatures. Interview with the Administrator on 03/07/19 at 12:10pm revealed: -She was aware of the hot water being too cool	D 113		

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D 113	Continued From page 5 for several months. -At least 2 residents had complained of the cool water from the bathroom fixtures several weeks ago. -There was not a thermometer or hot water log in the building because she knew the hot water temperatures were cool and did not check the hot water temperature. -She had reported the cool water temperatures to the facility owner (did not remember the date), but nothing had been done because there was not a maintenance person employed at the facility. -She nor the owner had not contacted a plumber. The owner was responsible for contacting a plumber to come to the facility to check the hot water heaters. -She would contact the owner today and inform him of the cool water temperatures. Interview with a resident on 03/07/19 at 12:15pm revealed: -Staff assisted with his showers in the common bathroom. -The hot water had been cold since last October 2018. -He had let multiple staff know about the cold water several times since last October 2018 but nothing was ever done. A second interview with the Administrator on 03/0719 at 1:45pm revealed: - She had used a thermometer which was on the facility's wall (used for atmosphere temperatures) and checked a sink fixture in a shared resident's bath room today (03/07/19). -The sink temperature was 89 degrees F. -She called the owner today (03/07/19) who was going to send a plumber to the facility today (03/07/19).	D 113		

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D 113	Continued From page 6 Interview with the facility's owner on 03/07/19 at 3:10pm revealed: -He was not aware of the hot water temperatures being too cool in the facility until today (03/07/19). -The Administrator informed him earlier today (03/07/19) that the hot water temperatures at the bathroom fixtures were cool. -He contacted a plumber earlier today and the plumber would be at the facility today (03/07/19) to check the hot water heaters. -He was not aware the facility should be checking and documenting the hot water temperatures at the fixtures. -There was not a maintenance staff at the facility at this time, but he planned to hire one within the next few weeks who would be responsible for monitoring the hot water temperatures and making repairs as needed. Observation of hot water temperatures on 03/08/19 revealed: - At 9:02am, the hot water temperature at the sink fixture in the hallway, across from the dining room, was 103 degrees F. -At 9:11am, the hot water temperature at the fixtures in the common bathrooms were 102 degrees F at 9:07am (the sink), 100 degrees F (the bath tub) at 9:09am, and 101 degrees F (the shower). -At 9:16am, the hot water temperatures at the fixtures in the shared bathroom between rooms 5 and room 6 were 100 degrees F (sink) at 9:14am and 100 degrees F (shower). Interview with the plumber on 03/08/19 at 10:10am revealed: -He came to the facility with an assistant on 03/07/19 and checked the 2 hot water heater. -The mixing valves were replaced and the water temperatures were adjusted at the hot water	D 113		

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D 113	Continued From page 7 heaters. -He returned today to recheck the mixing valves and monitor the hot water temperatures to assure the temperatures were maintained between 100 degrees and 116 degrees F.	D 113		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and 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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to assure 2 of 3 sampled staff (Staff A and B) had a two-step tuberculosis (TB) skin test in compliance with control measures adopted by the Commission for Health Services. The findings are: 1. Review of Staff A's personnel record revealed: - She was employed as a medication aide (MA) and Resident Care Coordinator (RCC). - Staff A's hire date was documented as May 2018 (there was not an exact day documented). -There was no documentation of any TB skin tests.	D 131		

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D 131	Continued From page 8 Interview with Staff A on 03/08/19 at 8:45am revealed: -She had not had a TB skin test since employed at the facility. -The former Administrator had "mentioned" to her about completing TB testing, but never said anything else about it. -She was scheduled to go for TB testing today (03/08/19). Refer to interview with the Administrator on 03/07/19 at 4:15 pm. 2. Review of Staff B's personnel record revealed: - She was employed as a MA and personal care aide (PCA). -Staff B's hire date was documented as January 2017 (there was not an exact day documented) -There was documentation of a negative TB skin test dated 02/11/19. Interview with Staff B on 03/07/19 at 5:40pm revealed: -She was hired by the previous Administrator before the new owner took over. -Her last TB skin test was on 04/23/2012. -She left the facility in 2016 and was rehired in 2017 by the previous Administrator. -She did not get another TB skin test when she was rehired in 2017. -She received a TB skin test on 02/11/19. Refer to interview with the Administrator on 03/07/19 at 4:15 pm. _____ Interview with the Administrator on 03/07/19 at 4:15pm revealed: -She was aware Staff A and B did not have a 2	D 131		

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D 131	Continued From page 9 step TB skin tests but forgot to follow-up. -She had scheduled TB tests for both staff at a local laboratory on 03/08/19. _____ The facility failed to ensure all staff had a 2-step TB skin test upon hire which could potentially expose the residents to TB. This failure was detrimental to the health, 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 03/07/19 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 22, 2019.	D 131		
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 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.	D 161		

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D 161	Continued From page 10 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 2 of 3 sampled staff (Staffs A and C) were competency validated for Licensed Health Professional Support (LHPS) tasks. The findings are: 1. Review of Staff A, medication aide (MA), Resident Care Coordinator (RCC) personnel record revealed: -Staff A's hire date was documented as May 2018. -There was no documentation of LHPS competency validation. Interview with Staff A on 03/07/19 at 4:30pm revealed she did not remember being checked off for LHPS competency tasks when she was hired. Interview with the Administrator on 03/07/19 at 4:15pm revealed she did not know Staff A did not have LHPS competency validation. Refer to interview with the Administrator on 03/07/19 at 4:15pm. 2. Review of Staff C, personal care aide (PCA) personnel record revealed: -Staff C's hire date was documented as May 2018. -There was no documentation of LHPS competency validation. Staff C was not available for Interview. Interview with the Administrator on 03/07/19 at 4:15pm revealedshe did not know Staff C did not have LHPS competency validation.	D 161		

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D 161	Continued From page 11 Refer to interview with the Administrator on 03/07/19 at 4:15pm. _____ Interview with the Administrator on 03/07/19 at 4:15pm revealed: -She assumed the former Administrator had assured the staffs' LHPS validations were completed. -She had not checked the staff records to assure LHPS validations were completed. -The facility had a LHPS nurse. - She would schedule LHPS Validation for the staff who needed it.	D 161		
D 316	10A NCAC 13F .0905 (c) Activities Program 10A NCAC 13F .0905 Activities Program (c) The activity director, as required in Rule .0404 of this Subchapter, shall: (1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities and possible cultural differences of the residents; (2) prepare a monthly calendar of planned group activities which shall be easily readable with large print, posted in a prominent location by the first day of each month, and updated when there are any changes; (3) involve community resources, such as recreational, volunteer, religious, aging and developmentally disabled-associated agencies, to enhance the activities available to residents; (4) evaluate and document the overall effectiveness of the activities program at least	D 316		

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D 316	Continued From page 12 every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program; (5) encourage residents to participate in activities; and (6) assure there are adequate supplies, supervision and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to post an activity calendar for the 10 residents residing at the facility to have the opportunity to view upcoming activity events. The findings are: Observations made on 03/07/19 and 03/08/19 revealed an activity calendar was not posted in the facility. Interviews with 7 residents revealed: -They normally go out shopping when "they get paid" around the 10th of the month. -One resident goes out to church. -They play BINGO. -They play cards (Spades). -They watch movies. -They have people come in for activities. Interviews with 2 residents on 3/07/19 revealed: -An activity calendar had not been posted in the facility for months. -They never knew when an activity was going to occur.	D 316		

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D 316	Continued From page 13 Observation on 03/08/19 at 10:45 a.m. revealed a visitor was in to living room with 6 residents. Interview with the visitor on 03/08/19 at 10:50 a.m. revealed: -He came weekly to have Bible study. -He "normally had 4-5 regulars attending". Interview with the Administrator on 03/07/19 at 10:30 a.m. revealed: -There was not an activity calendar but they do have activities. -Since the change in ownership, they had tried to hire someone for the activity director position. -The previous activity director quit when the ownership changed. -A current personal care aide (PCA) expressed an interest in being the activity director. -The PCA would be the activity director once a replacement was hired for her PCA position. -The PCA conducted activities with the residents when she worked. -The PCA worked 6 days per week. -She and the Resident Care Coordinator took the residents out to go shopping every month when they got their money. -She did not say if they offered at least 14 hours of activities per week. -She would make a calendar and post it for the residents.	D 316		
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.	D912		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 2	103 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 14 This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to tuberculosis (TB) skin tests. The findings are: Based on record reviews and interviews, the facility failed to assure 2 of 3 sampled staff (Staff A and B) had a two-step tuberculosis (TB) skin test in compliance with control measures adopted by the Commission for Health Services. [Refer to Tag 131, 10A NCAC 13F.0406(a) (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	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051064	A. BUILDING: _____ B. WING _____	03/08/2019

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D992	Continued From page 15 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 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 interviews and record reviews, the facility failed to assure an examination and screening for the presence of controlled substances was performed for 3 of 3 sampled staff (Staff A, B, and C) hired after 10/01/2013. The findings are: 1. Review of Staff A, medication aide (MA) Resident Care Coordinator (RCC), personnel record revealed: -The hire date was documented as May 2018 (the specific hire date was not documented). -There was no documentation of completion of	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D992	Continued From page 16 controlled substance examination and screening. Interview with the Administrator on 03/07/19 at 4:15pm revealed she was aware Staff A did not have a drug screen upon hire but forgot to follow-up. Interview with Staff A on 03/08/19 at 8:45am revealed: -She had not completed a drug screening upon hire and had not had a drug screen since working at the facility. -The former Administrator had "mentioned" getting a drug screen but a drug screen was never done. Refer to Interview with the Administrator on 03/07/19 at 4:15pm revealed: 2. Review of Staff B, medication aide (MA) personal care aide (PCA) personnel record revealed: -The hire date was documented as January 2018 (the specific hire date was not documented). -There was no documentation of completion of controlled substance examination and screening. Interview with the Administrator on 03/07/19 at 4:15pm revealed she was aware Staff B did not have a drug screen upon hire but forgot to follow-up. Interview with Staff B on 03/08/19 at 5:40pm revealed: -When she was rehired in 2018, the former Administrator did not have her to complete a drug screen. -She had never had a drug screen completed since working at the facility.	D992		

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D992	Continued From page 17 Refer to Interview with the Administrator on 03/07/19 at 4:15pm revealed: 3. Review of Staff C, PCA personnel record revealed: -The hire date was documented as June 2018 (the specific hire date was not documented). -There was no documentation of completion of controlled substance examination and screening. Staff C was not available for interview. Interview with the Administrator on 03/07/19 at 4:15pm revealed she was aware Staff C did not have a drug screen upon hire but forgot to follow-up. Refer to Interview with the Administrator on 03/07/19 at 4:15pm revealed: _____ Interview with the Administrator on 03/07/19 at 4:15pm revealed: -She was responsible for assuring staff drug screens were completed upon hire. -She had not checked (audited) the staff records since she was hired as Administrator in 2018. -She has scheduled drug screens for the 3 staff at a local laboratory on 03/08/19.	D992		