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FORM APPROVED

Division of Health Service Regulation

MAY 01 2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/01/2019
NAME OF PROVIDER OR SUPPLIER BEVERLY RUCKER FAMILY CARE HOME # 9			STREET ADDRESS, CITY, STATE, ZIP CODE 6912 NC HWY 150 REIDSVILLE, NC 27320		
(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 survey on March 1, 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 interviews, the facility failed to assure the residents' right side bathroom and hallway and the left side bathroom and hallway were kept clean and in good repair. The findings are: Observation on 03/01/19 at 10:30 am of the right side residents' bathroom revealed: -There were dark brown stains on the linoleum flooring in the room. -There were light brown and yellow streaked stains on the walls in the room. -There was missing paint and scuff marks on the corner edges of the wall. -There was a build-up of brown dirt and dust particles on the top and bottom of the baseboard, in the corners of the room, and under the open front sink vanity. -The floor air vent was covered with rust and yellow brown dust particles. -The bathroom door handle was loose and	C 074	Administrator will assure to do a detail cleaning once weekly and sooner if needed. Administrator has replaced all floor air vents that were rusted. Administrator has replaced the door handle on the bathroom. Administrator will put a cleaning schedule in place	4/30/19	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Beverly L. Rucker

Administrator

4/30/19

EMV011

If continuation sheet, 1 of 9

Reviewed & accepted with changes (correction added) 5/19/19 [Signature]

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STREET ADDRESS, CITY, STATE, ZIP CODE

BEVERLY RUCKER FAMILY CARE HOME # 9

6912 NC HWY 150
REIDSVILLE, NC 27320

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C 074	Continued From page 1 hanging down. -There was missing paint and tan stains on the door above and below the door handle. There was a build-up of dark brown dust particles in the corners and on the top and bottom edges of the molding on the sink vanity. -The soap holder, attached to the wall on the left side of the sink vanity, was coated with brown and white corrosion. -The cover of the large round tissue paper holder attached to the right side of the sink, was missing. -There were dark brown stains under the inside rim and on the inside bottom of the toilet bowl. -There were grey stains on a 3 feet by 3 feet section of the ceiling at the back corner of the shower stall. -There was an 8 inch round peeled off section of "popcorn" coating, on the ceiling, at the back corner of the shower stall. Observation on 03/01/19 at 10:44 am of the right side residents' hallway revealed: -There was a build-up of tan dust particles on the wall air duct cover. -There was a build-up of brown dirt and dust particles on the top and bottom edges of the baseboard in the hallway. -There was a 2 feet by 2-1/2 feet orange and brown stained spot on the ceiling with numerous black stained, fuzzy looking spots, in the center. Observation on 03/01/19 at 11:02 am of the left side residents' bathroom revealed: -There were dark brown stains on the linoleum flooring in the room. -There was a build-up of brown dirt and dust particles on the top and bottom of the baseboard, in the corners of the room. -There were brown spots and yellow streaked	C 074	Administrator will assure to remove the soap holder Administrator will assure to remove the round tissue paper holder. Administrator will assure to have staff to do a detail cleaning weekly Administrator has repaired the ceiling where the popcorn coating was coming down Administrator will assure to have staff do a detail cleaning to assure clean environment	

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STATE FORM

8999

EMV011

If continuation sheet 2 of 9

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C 074	Continued From page 2 stains on the walls and baseboards in the room. -There was missing paint and scuff marks on the corner edges of the wall. -There was missing paint and brown stains above and below the loosened door handle. -The floor air vent was covered with brown rust and yellow brown dust particles. -The shower stall was coated with light brown stains. -The shower head fixture was coated with white, green and black corrosion. -The back plate of the water control fixture was coated with tiny grey stained spots, green corrosion and burgundy stains inside the round hand control. -There was an 10 inch by 2 inch peeled off section of "popcorn" coating, on the ceiling, at the back corner of the shower stall. Observation on 03/01/19 at 10:44 am of the left side residents' hallway revealed: -There was a build-up of tan dust particles on the wall air duct cover. -There was a 3/4 inch thick build-up of brown dust coating the interior air filter of the wall air duct. -There was a build-up of brown dirt and dust particles on the top and bottom edges of the baseboard in the hallway. -There was a 3 feet by 3 feet section of missing "popcorn" coating on the ceiling. -There was a build-up of brown and black dust particles on the vented sections of the square light fixture. -The light fixture cover was smaller than the opening in the ceiling; there were uncovered ceiling openings at all 4 sides of the base the light fixture. Interview on 03/10/19 at 4:15 pm with 4 residents in the common room revealed:	C 074	Administrators will assure that Staff Clean daily and they do a detail weekly check Administrator will put a weekly schedule in place for cleaning Administrator will assure that staff ^{staff} clean the wall air vents weekly Administrator has replaced the light fixture to assure that nothing came through the hole. Administrator has replaced		

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BEVERLY RUCKER FAMILY CARE HOME # 9

**6912 NC HWY 150
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C 074	Continued From page 3 -The staff was responsible for cleaning the residents' areas; they did not know if there was a cleaning schedule posted. -Staff swept and mopped the bathrooms and hallways. -The bathrooms needed a thorough cleaning; one of the toilets had black stains on the inside, the toilet needed to be replaced. -There were black spots on the ceiling on the right side hallway; they were not sure if the stains were mold. -No repair workers came to the house to paint or make repairs. Interview on 03/01/19 at 4:40 pm with the Personal Care Aide (PCA) revealed: -She was responsible for cleaning the resident areas of the facility. -She swept and mopped the residents' rooms and bathrooms; she wiped off door handles and cleaned the toilets. -One of the residents's toilets had dark stains on the inside under the rim and at the bottom of the toilet basin; she was not able to remove the stains in the toilet. -There was no posted schedule for cleaning; the Administrator told her to sweep, mop, and keep the resident's rooms clean. -The flooring in the second residents' bathroom had been replaced (did not remember the date), but she was not aware of other repairs or painting having been done at the facility. Interview on 03/01/19 at 11:17 am with the Medication Aide (MA) revealed: -She concentrated on resident needs, care, and administering medications to the residents. -She was not aware the residents' bathrooms needing cleaning or repairs. -The PCA staff on duty was responsible for	C 074	<i>the light fixture is the bathroom</i> <i>Administrator will assure that staff clean residents rooms and clean the bathrooms daily. Administrator has a repairman that normally comes when administrator ask him at his convenience. Administrator will put a weekly schedule in place for cleaning.</i>	

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C 074	Continued From page 4 cleaning the residents' areas and bathrooms. -There was no cleaning schedule posted for staff to go by. -The Administrator made rounds of the home three to four times a month; she observed all of the residents' rooms and common areas. -The MA did not know if any repair work was scheduled to be done to the residents' bathrooms and hallways. Interview on 03/01/19 at 11:28 am with the Administrator revealed: -Staff was to do a detailed (thorough) cleaning once a week. -She made an inspection of residents' rooms once a month. -There should be a cleaning schedule posted on the bulletin board; it was not there now, but she would post one today. -She had a repairman on hand to do work at the facility; the flooring was replaced in the left side bathroom 2-3 weeks ago; there were more repairs and painting to be done.	C 074	<i>Administrator will assure to have admo staff do a detail cleaning and she will check behind the staff.</i> <i>Administrator will put a weekly cleaning schedule in place and administrator will check behind staff</i>		
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 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 2 sampled staff(Staff	C 145		<i>corrective date</i> <i>March 2, 2019</i> <i>given by</i> <i>Admin. on</i> <i>5/9/19 per</i> <i>phone call</i> <i>HE</i>	

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C 145	Continued From page 5 B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) upon hire according to G. S. 131E-256. The findings are: Review of Staff B's personnel record revealed: -Staff B was hired on 02/16/19 as a Personal Care Aide (PCA). -There was no documentation of a HCPR check in Staff B's personnel record. Observation of Staff B on 03/01/19 during the survey revealed: -She assisted residents with personal care needs as needed. -She provided supervision of residents who smoked on the front porch. -She cooked breakfast, cleaned the bathrooms and resident areas. Interview on 03/01/19 at 4:50 pm with Staff B revealed: -She was aware that a HCPR check should be done upon hire, but did not know if the check had been done by the time she started working on 02/16/19. -The Administrator was responsible for obtaining the HCPR and having it in her personnel record. Interview on 03/01/19 at 3:45 pm with the Administrator revealed: -There was no HCPR check in Staff B's personnel record. -She knew the HCPR check was to be completed and the document placed in Staff B's personnel file upon hire and thought she had obtained the document. -She would do an online HCPR search for Staff B immediately, print the document, and place it in	C 145	<i>Administrator will assure to have a HC PR check on each new staff to assure that all staff have proper personnel records.</i> <i>Administrator immediately placed the staff's HCPR in her file. Administrator will assure to get this before employment.</i>		

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C 145	Continued From page 6 her personnel record. Review of the HCPR report for Staff B revealed no substantiated findings.	C 145		
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 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	C992		

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C992	Continued From page 7 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, record review and interviews, the facility failed to assure examination and screening for the presence of controlled substances was completed upon hire for 1 of 2 sampled staff (Staff B) who were hired after 10/01/13. The findings are: Review of Staff B's personnel file revealed: -She was hired as a Personal Care Aide (PCA) on 02/16/19. -There was no documentation of a controlled substance examination and screening in her personnel record. Interview on 03/01/19 at 4:45 pm with Staff B revealed: -She did not have a controlled substance examination and screening completed prior to being hired; she knew there was no controlled substance screening documentation in her personnel record. -The Administrator asked her to have the controlled substance testing and screening, but the testing had not been done. -The Administrator was responsible for staff having the controlled substance testing done and documentation placed in her personnel records. Interview on 03/01/19 at 3:30 pm with the Administrator revealed: -Staff B did not have a controlled substance examination and screening test in her personnel	C992	Administrator will assure to have Staff have there drug test completed upon hire date to assure proper care for residents	stop has not been back to work since survey - contact her 5/10/19 deadline for having controlled substance test. per telephone call Eileen stating will	

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C992	Continued From page 8 record. -She asked Staff B to get the testing done during the week prior to being hired (02/16/19). -The Administrator was responsible for having Staff B's controlled substance examination and screening done prior to hire and the documentation placed in the staff's personnel record. -She would have Staff B tested for controlled substances as soon as possible and the documentation placed in her personnel record.	C992	Administrator will assure to have New Staff do Drug Test and place in his/her personnel file		

Edwards, Wanda A

From: Stokes, Sheila A
Sent: Wednesday, May 1, 2019 10:11 AM
To: Edwards, Wanda A
Cc: Rackley, Bridget W; Brock-Fogg, Paulette
Subject: Beverly Rucker Family Care Home #9 fcl-017-038

Hi Wanda,

This POC has been placed into Team 4 folder.

Thanks
Sheila Stokes
Administrative Specialist I
Division of Health Service Regulation, Adult Care Licensure Section
NC Department of Health and Human Services

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