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JUN 03 2019

ADULT CARE LICENSURE SECTION
RALEIGH

Division of Health Service Regulation

PRINTED: 05/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001089	A. BUILDING: _____ B. WING _____	05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C & M ADULT CARE HOME	422 N MAIN STREET BURLINGTON, NC 27217

(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 May 3, 2019.	C 000		
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 observations, record reviews and interviews, the facility failed to assure 1 of 3 sampled staff (Staff C) completed a criminal background check upon hire. The findings are: Review of Staff C's personnel record revealed: -Staff C was hired as a medication aide (MA) in June 2011. -There was no documentation of a completed criminal background check or consent form to complete a criminal background check. Observation of the facility on 05/03/19 at 2:00 pm revealed Staff C visited the facility and offered to assist the Administrator with anything she needed help with at the moment. Interview with Staff C on 05/03/19 at 1:22 pm revealed: -She had worked at the facility since 2011 and had never completed a consent form for a criminal background check. -She cleaned the bathrooms, resident rooms, and	C 147	~~My Correction Plan~~ (SS amended 6/7/19) for staff qualification is to have a staff folder for any new comers and at the beginning of that folder will have a staff check list of all qualification needed before hiring. on completion or ~~any~~ staff that didn't have a Criminal background done by 6-5-19 the fingerprints (6-5-19 SS amended 6/7/19)	5-28-19

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Colette R. Wilson — Administrator — 5-28-19

TITLE — (X6) DATE

STATE FORM 6899 DH0J11 If continuation sheet 1 of 5

Reviewed and accepted with amendments SS 6/7/19

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C 147	Continued From page 1 did laundry or whatever the Administrator asked her to do to help. -She did not know she needed to have a criminal background check. -She worked at the facility occasionally and only came when the Administrator asked her to come. -She last worked at the facility on 04/24/19. -The Administrator had not asked her to complete a consent form for a criminal background check. Interview with the Administrator on 05/03/19 at 1:46 pm revealed: -A criminal background check was never requested for Staff C. -Staff C worked at the facility occasionally since 2011. -Staff C helped with cleaning the facility, doing laundry or sitting with the residents while she ran errands. -She did not know Staff C needed a criminal background check because she only came to help when she called. -She was responsible for ensuring criminal background checks were completed for staff prior to hiring.	C 147	Shall be done @ the ~~Burling-~~ local ~~ton~~ Police Station once finished then ~~I~~ Administrator will send it off to SBI with money order to be checked. once Completed and sent back to C+M Adult Care Home ~~I~~ Administrator Put in staff Folder. ~~[illegible]~~ also upon getting this complete it will be a Consent form in her folder. once again for any new staff joing my team folder will have all documents needed to work @ C+M.	SS amended 6/7/19 SS (amended 6/7/19 (SS amended 6/7/17)
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment;	C 342	As of 5-28-19 In the Process of Changing Pharmacy to another local pharmacy ~~[illegible]~~ everything should be switched over by 6-1-19 or 6-3-19 The local pharmacy ~~they~~ already have information on each client that was Currently at the other ~~[illegible]~~ local pharmacy ~~They~~ The new pharmacy will also be doing ~~[illegible]~~ MAR's on Clients @ C+M Adult Care Home.	6-1-19 to 6-3-19 (SS amended 6/7/19) SS amended 6/7/19 SS amended 6/7/19

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STATE FORM 6899 Cerette A. Wilson 5-28-19 DH0J11

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C 342	Continued From page 2 (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure the medication administration records (MARS) were accurate and complete for 1 of 3 sampled residents (#1) with orders for an anti-diabetic medication. The findings are: Review of Resident #1's current FL-2 dated 11/28/18 revealed: -Diagnoses included type II diabetes mellitus, acute kidney injury, and hypertension. -There was a medication order for metformin 850 mg (used to treat diabetes) twice daily. Review of Resident #1's January 2019 handwritten medication administration records (MARs) revealed: -There was an entry for metformin 850 mg twice daily, scheduled at 8:00 am and 5:00 pm. -There was documentation of administration indicated by the Administrators initials from 01/01/19 to 01/31/19 at 8:00 am and 5:00 pm. Review of Resident #1's February 2019, March	C 342	Also ~~my Plan of Correction~~ for medication error to make sure clients current meds are on the MAR's when they come by the 1st day of the month ~~we~~ and ~~staff~~ staff is going to go over the meds to match with the MAR with the right route, dosage person and meds. Also as of 5-24-19 Administrator did an endorsed book labeled Residents Medical Review book to be Checked by Administrator and ~~staff~~ staff every month to make sure ~~we~~ when F12, LHPS, Care plans, Drug review and 6 month med review is due its a form Administrator made and shed Printed off for each Client. Also Administrator did a Control log book only that we also can monitor easy which everything was ok but explaining new and easier Method for Administrator and ~~staff~~ staff. as of 6-1-19 Any diabetics at C+M Adult Care Home will have a sheet at the beginning of the MAR inside with the clients name and how often of the days to check blood-sugar.	(6/7/19 SS amended) 5-24-19 Administrator (SS 6/7/19 amended) 5-24-19 (SS amended 6/7/19) (SS 6/7/19 amended) (6/7/19 SS amended) 5-24-19 (6/7/19 SS amended) 6-1-19

Corrette R. Wilson 5-28-19

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C 342	Continued From page 3 2019, April 2019, and May 2019 MARs revealed there were no entries for metformin 850 mg twice daily. Observation of Resident #1's medication on hand on 05/03/19 at 2:00 pm revealed there was one large bottle of metformin 850 mg and there were over 35 tablets available for administration. Interview with Resident #1 on 05/03/19 at 1:59 pm revealed: -He was still taking medication to treat his diabetes and his A1C (a hemoglobin A1C tests the level of glucose in the blood over two to three months) was good. -He last took the metformin this morning and it was a big white pill. Attempted telephone interview with Resident #1's physician's office on 05/03/19 at 1:03 pm was unsuccessful. Telephone interview with the contracted pharmacy on 05/03/19 at 12:50 pm revealed: -Metformin 850 mg was last dispensed on 02/25/19 for an amount of 180 tablets, a 90 day supply. -Medication refills for the facility were done when the Administrator called and requested refills for residents. -The pharmacy did not use FL-2s for orders; only prescriptions were used. -The pharmacy did not prepare the MARs for the facility. Interview with the Administrator on 05/03/19 at 1:46 pm revealed: -She was responsible for medication orders and preparing the residents' MARs. -She took residents and attended the residents'	C 342	as will the sheet at the top will have initials of each staff that checkid the blood-sugar and "R" for refused by the client or if Administrator Check blood sugar a different time when the day or a different day that Administrator have Chosen it will be a reason why and Signature. ~~So this is all of my Plan of Correction for medication error~~	6/7/19 SS Amended

Courtte A. Wilson 5-28-19