STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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DIVINE FAMILY CARE HOME III	45 CANNADY WAY FRANKLINTON, NC 27525

(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 and complaint investigation on June 14, 2019 and June 17, 2019.	C 000		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 3 of 3 sampled staff (Owner, Staff B, and C) had completed a course on Cardio-Pulmonary resuscitation (CPR) and choking management within the past 24 months. The findings are: 1. Review of the Owner's personnel record revealed: -There was no documentation of a date of hire. -There was documentation of Cardio-Pulmonary	C 176		

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C 176	Continued From page 1 resuscitation (CPR) and choking management that expired March 2019. Interview with the Owner on 06/14/19 at 4:07 pm revealed: -He did not know his CPR had expired. -He worked alone at the facility when a relief staff was needed, but he had hired new staff recently to work at the facility. Refer to interview with the Owner on 06/14/19 at 4:07 pm. Refer to telephone interview with the Administrator on 06/17/19 at 10:47 am. 2. Review of Staff B, medication aide's (MA), personnel record revealed: -There was a hire date of 12/29/16 documented for Staff B. -There was documentation of Cardio-Pulmonary resuscitation (CPR) and choking management for Staff B that expired on 05/31/19. Interview with Staff B on 06/14/19 at 3:55 pm revealed: -She had returned to work at the facility two weeks ago. -She was a MA and worked in the facility alone, one week on and one week off. -She thought her CPR was still current and did not know it had just expired. -She planned to tell the Administrator that she needed to renew her CPR training. Refer to interview with the Owner on 06/14/19 at 4:07 pm. Refer to telephone interview with the Administrator on 06/17/19 at 10:47 am.	C 176		

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C 176	Continued From page 2 3. Review of Staff C's personnel record revealed: -There was a hire date of 03/21/19 documented for Staff C. -Staff C was hired as a medication aide (MA). -There was no documentation of Cardio-Pulmonary resuscitation (CPR) and choking management for Staff C. Attempted interview with Staff C on 06/14/19 at 4:05 pm was unsuccessful. Refer to interview with the Owner on 06/14/19 at 4:07 pm. Refer to telephone interview with the Administrator on 06/17/19 at 10:47 am. Interview with the Owner on 06/14/19 at 4:07 pm revealed: -He did not know Cardio-Pulmonary resuscitation (CPR) was expired for staff. -The Staff worked in the facility as live in staff. -Staff were scheduled to work alone for one week. -He reviewed the personnel records but did not note the expired CPR documentation in personnel records. -He planned to contact the Administrator so that she could teach CPR to staff. Telephone interview with the Administrator on 06/17/19 at 10:47 am revealed: -She did not know staff at the facility did not have current CPR training. -She did not audit the personnel records but the Owner did about once weekly or as needed. -She was a CPR instructor and did the CPR training for staff at the facility. -She did not know the last time she trained the	C 176		

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C 176	Continued From page 3 staff in CPR.	C 176		
C 270	10A NCAC 13G .0904 (c-7) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to have matching therapeutic menus for guidance of staff for 1 of 3 sampled Residents (#1) with physician orders for a no concentrated sweets diet. The findings are: Review of Resident #1's current FL-2 dated 11/13/18 revealed: -Diagnoses included type II diabetes, schizophrenia and hypertension. -There was an order for a no concentrated sweets diet (NCS). Review of the facility's therapeutic menus revealed: -There was a regular menu and a regular/low sodium menu available. -There was no NCS menu available. -There was a typed note documented at the bottom of the regular/low sodium menu- week 3 that indicated: "for diabetic diets, use sugar substitute, no sugar added, sugar free and give ½ portion of non-fruit desserts."	C 270		

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C 270	Continued From page 4 -The note documented on the week 3 menu was not on the other menus. Observation of the dinner meal service on 06/14/19 at the 5:08 pm revealed: -Resident #1 was served a bowl of vegetable beef noodle soup, two slices of white bread, butter, fruit cocktail cup in 100% fruit juice and a glass of sweet tea. -Resident #1 ate all of the soup, bread, fruit cup and drank all of the beverage. -Resident #1 ate a second bowl of vegetable beef noodle soup. Interview with Resident #1 on 06/14/19 at 5:42 pm revealed: -He knew he was supposed to avoid sweets because of his diagnosis of diabetes. -He ate whatever the staff served him. -He ate a cinnamon roll and coffee for breakfast on 06/14/19. -He ate two bowls of the soup which was good, and he was full. -He recalled his blood glucose ranged between 95-137. Interview with a medication aide (MA) on 06/14/19 at 5:21 pm revealed: -The facility did not have a NCS menu available for use so she searched on the internet to determine what to serve for an NCS diet. -She did not print off the NCS menu she used from the internet and just searched daily for the menu. -She served the resident a fruit cup with no added sugar. -The diet book was soiled a week ago and staff had to consult with the dietician about new menus. -She had not contacted the dietician; the Owner	C 270		

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C 270	Continued From page 5 would contact the dietician. Interview with the dietician on 06/17/19 at 11:29 am revealed: -She prepared regular diet and regular/low sodium diet menus for the facility in February 2017. -She had not been asked to prepare any other menus since 2017. -No one from the facility had contacted her about the need for other menus. Telephone interview with the Owner on 06/17/19 at 4:04 pm revealed: -He did not know the facility did not have a NCS diet menu and he thought the menus available in the facility included NCS. -The staff knew how to serve a NCS diet by not giving the resident any dessert or sweet item. -He did not buy any sweets like desserts for the facility. -The menus were used to make the grocery list and the staff made the grocery list for him. -He had not requested any therapeutic diet menus from the dietician. -He was responsible for ensuring there were matching therapeutic menus for all therapeutic physician ordered diets to use for guidance. Interview with the Administrator on 06/17/19 at 10:47 am revealed: -She did not know the specific menus available at the facility. -She did know the specific diet orders for the residents. -Staff had not told her a NCS menu was needed. -She went through the pantry to ensure the groceries purchased did not have salt and sugar added. -She also checked the pantry to ensure there	C 270		

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C 270	Continued From page 6 were no desserts. -She thought the majority of the residents were on a regular diet.	C 270		
C 280	10A NCAC 13G .0904(d)(3)(H) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall include the following: (H) Water and Other Beverages: Water shall be served to each resident at each meal, in addition to other beverages. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to serve water to 5 of 5 residents at the facility with meals. The findings are. Review of the facility's therapeutic menus revealed there was water on the menu for every day at the lunch and dinner meal service. Observation of the dinner meal on 06/14/19 from 5:08 pm until 5:25pm revealed: -Five residents were served vegetable beef noodle soup, two slices of white bread with butter, mixed fruit cup, and tea. -There was no water served or offered to the residents during the dinner meal. Interview with a medication aide (MA) on 06/14/19 at 5:21 pm revealed: -Water was not served to all the residents at every meal because she asked each resident what they wanted to drink and she only served	C 280		

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C 280	Continued From page 7	C 280		

the beverage requested.
-She could not force the residents to drink water.
-The residents did not ask for water, and water was available in the facility (tap water).

Interview with a resident on 06/14/19 at 5:42 pm revealed:
-He was not asked what he wanted to drink for dinner and he was not served water at breakfast or dinner on 06/14/19.
-He drank water and would have drank water if it was served.

Interview with another resident on 06/14/19 at 5:44 pm revealed:
-She was not served water for breakfast or dinner on 06/14/19 and no one asked her what she preferred to drink for dinner on 06/14/19.
-She would drink water if it was served to her.

Telephone interview with the Owner on 06/17/19 at 4:04 pm revealed:
-The staff used the menu to determine which beverages to serve residents.
-The staff knew to serve water to the residents at each meal.
-He thought this was "common sense" to serve and provide water to the residents at each meal.
-He had purchased jugs to use for residents who went to day programs so they had water while at the day program.
-He had instructed the staff previously to have pitchers of water in the refrigerator for residents to drink.

Interview with the Administrator on 06/17/19 at 10:47 am revealed:
-She was not aware water was not served with each meal.
-Staff should serve water with each meal.

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C 280	Continued From page 8 -The Owner monitored the day to day operations of the facility and spoke with the staff frequently about various issues identified to maintain the requirements.	C 280		
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 2 of 3 Medication Aides (MA) sampled (Owner and Staff B), who had been employed at least one year, completed the state-mandated infection control training annually. The findings are: 1. Review of the Owner, a medication aide's (MA) personnel record revealed: -There was no documentation of a hire date.	C 934		

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C 934	Continued From page 9 -There was no documentation of infection control training. Interview with the Owner on 06/14/19 at 4:07 pm revealed: -He did not know he did not have documentation of completed annual infection control training. -He worked at the facility as a relief staff and took care of residents in the facility including giving medications and checking blood glucose if needed. Refer to interview with the Owner on 06/14/19 at 4:07 pm. Refer to interview with the Administrator on 06/17/19 at 11:51 am. 2. Review of Staff B, medication aide's (MA) personnel record revealed: -There was a hire date of 12/29/16 documented for Staff B. -There was no documentation Staff B completed the state infection control training course. Interview with Staff B on 06/14/19 at 3:55 pm revealed: -She was a MA, hired in 2017. -She gave medications, and did blood glucose checks on the one resident who had an order. -She thought she had completed the annual infection control training with another employer, but she did not know the date. Refer to interview with the Owner on 06/14/19 at 4:07 pm. Refer to interview with the Administrator on 06/17/19 at 11:51 am.	C 934		

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C 934	Continued From page 10 Interview with the Owner on 06/14/19 at 4:07 pm revealed: -He was responsible for personnel records. -He was responsible for arranging and scheduling annual infection control training for staff. -The previous registered nurse who did staff training had trained staff but he did not know the date of her last training with staff. -He usually reviewed the personnel records weekly or as needed. Interview with the Administrator on 06/17/19 at 10:47 am revealed: -The Owner was responsible for the personnel records. -The Owner was responsible for making sure the MAs had completed their annual infection control training. -She planned to ensure the Owner scheduled training for the annual infection control training. -She did not audit personnel records; she expected the Owner to audit the personnel records.	C 934		
C935	G.S. § 131D-4.5B (b) ACH Medication Aides;Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the	C935		

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C935	Continued From page 11 Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 2 of 3 sampled staff (Staff B and C) who administered medications completed the 5, 10, or 15-hour training and/or had verification of employment as a medication aide the previous 24 months. The findings are:	C935		

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C935	Continued From page 12 1. Review of Staff B's personnel record revealed: -Staff B's hire date was 12/29/16. -Staff B worked as the Supervisor in Charge (SIC)/Medication Aide (MA). -There was documentation of Staff B's medication aide test, passed on 03/20/17. -There was documentation of a medication clinical skills validation checklist completed on 12/29/16. -There was no documentation of a 5, 10, or 15-hour medication aide training course for Staff B. Interview with Staff B on 06/14/19 at 3:55 pm revealed: -She worked as a MA since 2017. -She had not completed a 5, 10, or 15-hour medication administration course because she was not aware that she needed to complete the course. -She administered medications to residents when she worked. Review of a resident's June 2019 medication administration record (MAR) revealed Staff B's signature was documented for medication administration on 06/03/19 and 06/04/19. Refer to interview with the Owner on 06/14/19 at 3:54 pm. Refer to interview with the Administrator on 06/17/19 at 10:47 am. 2. Review of Staff C's personnel record revealed: -There was a hire date of 03/21/19 documented for Staff C. -Staff C was hired as a MA. -There was documentation of the medication aide examination was passed on 11/09/07.	C935		

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C935	Continued From page 13 -There was documentation of a medication clinical skills validation checklist completed 03/29/19. -There was no documentation of a 5, 10, 15-hour medication aide training course for Staff C. -There was no documentation of Staff C's verification of previous employment as a MA for the previous 24 months. Attempted interview with Staff C on 06/14/19 at 4:05 pm was unsuccessful. Review of a resident's May 2019 medication administration record (MAR) revealed Staff C's signature was documented for the medication administration from 05/22/19 to 05/30/19. Refer to interview with the Owner on 06/14/19 at 3:54 pm. Refer to interview with the Administrator on 06/17/19 at 10:47 am. _____ Interview with the Owner on 06/14/19 at 3:54 pm revealed: -He did not think the MAs needed the 5, 10, and 15-hour training once they took the MA test. -He thought the medication aide training course was to be completed by staff who had not taken the MA test. -He did not know about he facility medication aide employment verification form and when the form was applicable. -He was responsible for arranging training for the staff with the nurse. -He planned to utilize the facility medication aide employment verification form for staff who passed the medication aide test before 10/01/2013. Interview with the Administrator on 06/17/19 at	C935		

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C935	Continued From page 14 10:47 am revealed: -She was involved with the paperwork when new staff were hired. -She did not know the MAs were missing the 5, 10, and 15-hour medication aide training course. -The Owner was responsible for the personnel records and audited them weekly and as needed. -Staff would complete the 5, 10, or 15-hour medication aide training course on 06/17/19 when the nurse visited the facility.	C935		
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	C992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL035021	A. BUILDING: _____ B. WING _____	06/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE FAMILY CARE HOME III	45 CANNADY WAY FRANKLINTON, NC 27525

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C992	Continued From page 15 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 record reviews and interviews, the facility failed to assure examination and screening for the presence of controlled substances was performed for 1 of 3 sampled staff (Staff B) who was hired after 10/01/13. The findings are: Review of Staff B, medication aide's (MA), personnel record revealed: -There was documentation of Staff B's hire date of 12/29/16. -There was no documentation of an examination and screening for the presence of controlled substances. -There was no documentation of a consent form for an examination and screening for the presence of controlled substances. Interview with Staff B on 06/14/19 at 3:55 pm revealed: -She did not complete a drug screening when hired or at any other time during her employment. -She had not been asked to complete a drug screening by the Owner or Administrator. -She had not signed a consent form.	C992		

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C992	Continued From page 16 Interview with the Owner on 06/14/19 at 4:07 pm revealed: -He thought all his staff had completed a drug screening. -All staff went to a local medical office where the drug screening and tuberculosis screening were done. Telephone interview with the Administrator on 06/14/19 at 10:47 am revealed: -She did not audit the personnel records at the facility. -She did not know Staff B did not have documentation of a completed drug screening. -She was responsible for ensuring new hires completed the drug screening. -The Owner was responsible for the staff personnel records and he would set up an appointment for Staff B to complete a drug screening.	C992		