STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013047	A. BUILDING: _____ B. WING _____	06/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBURBAN GUARDIANSHIP	1061 UNION STREET SOUTH CONCORD, NC 28025

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C 000	Initial Comments The Adult Care Licensure Section and the Cabarrus County Department of Social Services conducted an annual survey on June 28, 2019.	C 000		
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: TYPE B VIOLATION Based on observations, record reviews, and interviews, the facility failed to assure 2 of 3 sampled staff (Staff B and Administrator) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) upon hire. The findings are: 1. Review of Staff B's personnel record revealed: -Staff B was hired on 12/04/18 as a Supervisor-in-Charge (SIC). -There was no documentation a Health Care Personnel Registry (HCPR) check was obtained upon hire. -There was documentation a HCPR check was obtained on 05/30/19 with substantiated findings. Interview with Staff B on 06/28/19 8:15am revealed:	C 145		

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C 145	Continued From page 1 -She was hired in December 2018 as a SIC. -The Administrator was responsible for ensuring HCPR checks were completed. -She did not know if a HCPR check had been completed for her upon hire. -She did know an additional HCPR check was obtained on 05/30/19 with substantiated findings. -She had continued working as a second shift SIC since 05/30/19 after the substantiated findings. -She was on the current schedule to work as a second shift SIC. Telephone interview with the Administrator on 06/28/19 at 8:30am revealed: -She was responsible for maintaining personnel records and ensuring HCPR check was completed upon hire. -Staff B had been working at the facility as a SIC since 12/04/18. -She had not completed a HCPR check on Staff B upon hire. -She did not know Staff B had substantiated findings on the HCPR until it was completed on 05/30/19 during an audit of the personnel records.. -She did not know Staff B could not work with substantiated findings on the HCPR. 2. Review of the Administrator's personnel file revealed: -She was hired on 04/28/18 as the Administrator. -There was no documentation a Health Care Personnel Registry (HCPR) check was obtained upon hire. -There was documentation a HCPR check was obtained on 06/09/19 with no substantiated findings. Telephone interview with the Administrator on	C 145		

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C 145	Continued From page 2 06/28/19 8:30am revealed: -She was responsible for maintaining personnel records and ensuring HCPR check was completed upon hire. -She had completed a HCPR check and placed it into her personnel record. -She did not know it was located when an additional HCPR check was completed on 06/09/19 after an audit was conducted of the personnel records. Interview with the Owner on 06/28/19 at 2:00pm revealed: -He had hired the Administrator. -The Administrator was responsible for completing all HCPR checks on new hires. -He had not completed a HCPR check upon hire of the Administrator. -He was made aware during a recent audit of the personnel records that the HCPR checks had not been completed upon hire. -He did not know that if substantiated findings were on the HCPR staff could not work. _____ The facility failed to assure Staff B and the Administrator had no substantiated findings on the North Carolina Health Care Personnel Registry which placed the residents at risk of abuse and/or neglect. This failure was detrimental to the health and safety of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/28/19 for this violation. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED AUGUST 12, 2019.	C 145		

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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 record reviews and interviews the facility failed to assure 1 of 3 staff sampled had a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40. The findings are: Review of the Administrator's personnel record revealed: -She was hired on 04/18/18 as the Administrator. -There was no documentation of a consent to obtain a criminal background check. -There was no documentation of a statewide criminal background check. -She had resided in the state for greater than five years. Telephone interview with Administrator on 06/28/19 at 8:30am revealed: -She knew the facility performed a criminal background check upon hire. -She had worked for the facility since 04/18/18 as the Administrator. -She was responsible for ensuring all the personnel records had criminal background checks. -She had completed one on herself for a statewide criminal background check and placed it in her personnel record.	C 147		

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C 147	Continued From page 4 -She did not know where it was located if it was not in her personnel record. Interview with the Supervisor in Charge (SIC) on 06/28/19 at 10:30am revealed: -The personnel records were maintained by the Administrator. -The personnel records were kept in locked file cabinet in the staff office area. Interview with the Owner on 06/28/19 at 2:00pm revealed: -He thought a criminal background check had been completed when the Administrator was hired. -The Administrator was responsible for ensuring all statewide criminal background were completed upon hire. -The Administrator was currently out of town on vacation. -He did not know the Administrator did not have a statewide criminal background check. -When the Administrator returned from vacation a consent for a criminal background check will be completed to obtain the criminal background check.	C 147		
C 231	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days	C 231		

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C 231	Continued From page 5 following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure an assessment for 3 of 3 sampled residents (#1, #2 & #3) was completed within 30 days following admission and at least annually The findings are: 1. Review of Resident #1's current FL2 dated 04/09/19 revealed diagnoses included hypertension, paranoid schizophrenia, diabetes, and hip pain. Review of Resident #1's Resident Register revealed Resident #1 was admitted to the facility on 04/19/18. Review of Resident #1's record revealed there was no assessment and care plan. Attempted telephone interview with Resident #1's physician's office on 06/28/19 at 1:00pm was unsuccessful.	C 231		

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C 231	Continued From page 6 Refer to interview with the Supervisor in Charge (SIC) on 06/28/19 at 11:30am. Refer to interview with the Administrator on 06/28/19 at 1:45pm. 2. Review of Resident #2 current FL2 dated 01/03/19 revealed diagnoses included schizophrenia, gastro-esophageal reflux disease, and hyperlipidemia. Review of Resident #2's Resident Register revealed Resident #2 was admitted to the facility on 02/06/18. Review of Resident #2's most current care plan dated 02/06/18 revealed he required limited assistance with eating, bathing, dressing and eating. Attempted telephone interview with Resident #2's physician's office on 06/28/19 at 1:00pm was unsuccessful. Refer to interview with the Supervisor in Charge (SIC) on 06/28/19 at 11:30am. Refer to interview with the Administrator on 06/28/19 at 1:45pm. 3. Review of Resident #3's current FL2 dated 03/29/19 revealed diagnoses included hypertension, schizophrenia, diabetes, asthma and gastro-esophageal reflux disease. Review of Resident #3's Resident Register revealed Resident #1 was admitted to the facility on 03/20/19. Review of Resident #3's record revealed there	C 231		

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C 231	Continued From page 7 was no assessment and care plan. Attempted telephone interview with Resident #3's physician's office on 06/28/19 at 1:00pm was unsuccessful. Refer to interview with the Supervisor in Charge (SIC) on 06/28/19 at 11:30am. Refer to interview with the Administrator on 06/28/19 at 1:45pm. _____ Interview with the SIC on 06/28/19 at 11:30am revealed: -All three of the resident's had the same physician. -She did not know the residents' assessment and care plans were not up to date. -The Administrator was responsible for completing the assessments and care plans. Telephone interview with the Administrator on 06/28/19 at 1:15pm revealed: -She was responsible for completing the resident's assessments and care plans. -She had completed the assessments and care plans for each of the residents, but the physician would not sign them. -She was attempting to pursue another physician who would come to the facility and sign the assessments and care plans.	C 231		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are	C 912		

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C 912	Continued From page 8 adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations in NC Health Care Personnel Registry (HCPR). The findings are: Based on observations, record review and interviews the facility failed the facility failed to assure 2 of 3 sampled staff (Staff B and Administrator) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) upon hire. [Refer to Tag 0145 10A NCAC 13G .0406(a)(5)Health Care Personnel Registry (Type B Violation)].	C 912		
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	C992		

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C992	Continued From page 9	C992		

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 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 substance for 2 of 3 sampled staff (Staff B and Administrator) that were hired after 10/01/13.

The findings are:

1. Review of Staff B's personnel record revealed:
-Staff was hired on 12/04/18 as a Supervisor in Charge (SIC).
-There was no documentation Staff B of completed consent for a drug screen prior to hire.
-There was no documentation Staff B had

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C992	Continued From page 10 completed a drug screening prior to hire. Interview with Staff B on 06/28/19 at 8:00am revealed: -She was hired in December 2018 as a SIC. -The Administrator was responsible for ensuring screening for controlled substances were completed. -She had a screening for controlled substances prior to her hire date by the Administrator. -She did not know why it was not in her personnel record. Refer to interview with the Owner on 06/28/19 at 2:00pm. _____ 2. Review of the Administrator's personnel file revealed: -She was hired on 04/28/18 as the Administrator. -There was no documentation of a completed consent for a drug screen prior to hire. -There was no documentation she had completed a drug screening prior to hire. Telephone interview with the Administrator on 06/28/19 at 8:30am revealed: -She was responsible for maintaining personnel records and ensuring drug screen checks were completed upon hire. -She had completed a drug screening and placed it into her personnel record. -She did not know where it was located. Refer to interview with the Owner on 06/28/19 at 2:00pm. _____ Interview with the Owner on 06/28/19 at 2:00pm revealed:	C992		

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C992	Continued From page 11 -The Administrator was responsible for completing drug screens were completed on all new staff. -The Administrator was on vacation. -The Administrator had told him all the staff records were complete and located in the file cabinet in the staff office. -He did not know staff were missing drug screenings.	C992		