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C 000	Initial Comments The Adult Care Licensure section completed an annual survey on 07/05/19.	C 000		
C 141	10A NCAC 13G .0406 (1) Other Staff Qualification 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (1) have a job description that reflects actual duties and responsibilities and is signed by the administrator and the employee; This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure a job description that reflected actual duties and responsibilities, signed by the Administrator and the employee for the current facility was completed for 1 of 1 sampled staff (Staff A). The findings are: Review of Staff A's personnel file revealed: -There was no documentation of a hire date for this facility. -There was no documentation of a job description signed by the Administrator and the employee in his personnel file. Interview on 07/05/19 at 4:08pm with Staff A, Supervisor in Charge (SIC), revealed: -She had been hired in December 2018 for this facility.	C 141		

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C 141	Continued From page 1 -She did not have a job description for this facility. -She did have a job description from the other facility where she had previously worked and did the same thing same. Interview with the Administrator on 07/05/19 at 12:03pm revealed: -The Administrator was responsible for the personnel file. -All the paperwork for the staff should be in their personnel file. -The SIC should have had a new job description signed by both parties when the SIC started working in this facility.	C 141		
C 170	10A NCAC 13G .0503 (e) Medication Administration Competency Evaluati 10A NCAC 13G .0503 Medication Administrationn Competency Evalutaion (e) The Medication Administration Skills Validation Form shall be used to document successful completion of the clinical skills validation portion of the competency evaluation for those medication administration tasks to be performed in the facility employing the medication aide. Copies of this form and instructions for its use may be obtained at no cost by contacting the Adult Care Licensure Section, Division of Facility Services, 2708 Mail Service Center, Raleigh, NC 27699-2708. The completed form shall be maintained and available for review in the facility and is not transferable from one facility to another.	C 170		

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C 170	Continued From page 2 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 1 sampled staff (Staff A) had a completed Medication Administration Skills Validation form upon working at the facility. The findings are: Review of Staff A, Supervisor in Charge (SIC) personnel file revealed: -There was no hire date for when Staff A began working as a Supervisor-in-Charge (SIC) at this facility. -There was no documentation Staff A had completed a Medication Administration Skills Validation form for this facility. -Staff A successfully passed the medication test on 10/06/09. Interview with 2 of 6 residents revealed Staff A had administered medications without any problems. Interview with Staff A, SIC, on 07/05/19 at 4:08pm revealed: -She had started as the SIC for this facility between December 23, 2018 and December 25, 2018. -She had worked for the administrator since January of 2019 and had worked as a SIC at another facility under another Administrator, previously before beginning at this facility. -She did not remember having the medication clinical skills validation training. -She administered medications to the residents. -The Administrator was responsible for setting up the clinical skills validation training.	C 170		

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C 170	Continued From page 3 Interview the Administrator on 07/05/19 at pm revealed: -She had worked with Staff A when she worked at the previous facility. -The Administrator was responsible for setting up the clinical skills validation training for employees. -Staff A did not have the medication clinical skills validation training for this facility.	C 170		
C 252	10A NCAC 13G .0903(a) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (a) A family care home shall assure that an appropriate licensed health professional, participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, ted hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or	C 252		

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C 252	Continued From page 4 ileostomy (having a healed surgical site without sutures or drainage); (10) care for pressure ulcers, up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater; (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established); (15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections as stated in Rule .1004(q) of this Subchapter; (16) oxygen administration and monitoring; (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18) oral suctioning; (19) care of well-established tracheostomy, not to include indo-tracheal suctioning; (20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph (14) of this Paragraph); (21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP); (22) application of prescribed heat therapy; (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity; (24) ambulation using assistive devices that requires physical assistance; (25) range of motion exercises; (26) any other prescribed physical or	C 252		

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C 252	Continued From page 5 occupational therapy; (27) transferring semi-ambulatory or non-ambulatory residents; or (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36. This REQUIREMENT is not met as evidenced by: Based on observation, record reviews and interviews the facility failed to assure quarterly licensed health professional support (LHPS) evaluations had been completed by an appropriate licensed professional for 2 of 3 sampled residents with LHPS tasks of medication through injection (Resident #3), and a suprapubic catheter (Resident #1). 1. Review of Resident #3's current FL2 dated 07/31/19 revealed: -Diagnoses included: asthma, hypertension, mild mental retardation, schizophrenia and gastroesophageal reflux. -Medication included: Invega sustenna 1.5ml inject intramuscular every 4 weeks (used to treat schizophrenia). Review of Resident #3's electronic medication records (eMAR) for April, May, June 2019 revealed an entry for Invega sustenna 1.5ml inject intramuscular every 4 weeks and documented as administered on 04/16/19, 05/15/19 and 06/13/19 at the physician's office. Review of the record for Resident #3 revealed: -Documentation of a physician's visit dated 06/13/19 for invega injection.	C 252		

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C 252	Continued From page 6 -The most recent LHPS evaluation was October 2018. -The LHPS task documented in October 2018 was noted for a medication through injection. -The injection was administered at the physicians's office for April, May and June. Attempted interview with Resident #3 on 07/05/19 was unsuccessful as the resident was out of the facility during the survey. Refer to the interview with the contracted pharmacy LHPS nurse contracted with the facility on 07/05/19 at 11:31am. Refer to the interview the Administrator on 07/05/19 at 11:57am. 2. Review of Resident #1's current FL2 dated 08/01/18 revealed: -Diagnoses included psychosis, hypertension, neurogenic urinary tract infection, gastroesophageal reflux (GERD) alcohol abuse and tobacco dependence. -Documentation of urinary incontinence. Review of the record for Resident #3 revealed: -Resident #3 was last seen by the home health agency on 05/22/19 for a dressing change to a suprapubic catheter. . -The most recent LHPS evaluation was October 2018. -The LHPS task documented in October of 2018 was for the suprapubic catheter. -There was no documentation on the care plan for the suprapubic catheter. Attempted interview with Resident #1 on 07/05/19 was unsuccessful as the resident was	C 252		

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C 252	Continued From page 7 out of the facility during the survey. Refer to the interview with the contracted pharmacy LHPS nurse contracted with the facility on 07/05/19 at 11:31am. Refer to the interview the Administrator on 07/05/19 at 11:57am. _____ Interview with the contracted pharmacy LHPS nurse contracted with the facility on 07/05/19 at 11:31am revealed: -He had not been to the facility since October of 2018. -The facility had a change in ownership and he was not aware of who the facility had to review residents LHPS task after 10/28/19. Interview with the Administrator on 07/05/19 at 11:57am revealed: -The facility had never changed pharmacies under the new ownership. -The Administrator was responsible for notifying the LHPS nurse of needed assessments. -"It just got dropped'. -The facility would follow up with the current pharmacy to re-establish LHPS services as soon as possible.	C 252		
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community.	C 288		

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C 288	Continued From page 8 This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to develop and implement an activity program that promoted active involvement for all 6 residents who resided in the facility. The findings are: Observation on 07/05/19 at 9:15am of activity supplies in the main dining room revealed: -There was a four-shelf, open, cabinet that contained two board games. -The one game was wrapped in cellophane and had not been opened. There was no activities calendar posted in the facility. Random interviews with residents in the facility on 07/05/19 9:00am through 10:35am during the initial tour revealed: -One resident did not participate in activities, as he was out of the facility during the day. -One resident liked to walk outside and go to the store. -Four residents were unable to comment as they were out of the facility. Interview with the Supervisor in Charge (SIC) on 07/05/19 at 10:18am revealed: -She was responsible for offering the activities and posting the activity calendar. -The residents usually did what they wanted to during the day. -"My guys like to stay to themselves." -The residents had gone out of the facility "to do there own thing" -There usually wasn't but one or two residents at the facility during the day.	C 288		

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C 288	Continued From page 9 -She was responsible for putting up the calendar but had not done so because she had asked the Administrator for a dry erase board to place the activities on. -She could not remember the last time she had posted an activity calendar. -She had not completed an activity assessment or talked to the residents to see what activities they liked. Interview with the Administrator on 07/05/19 at 4:10pm revealed; -It was the responsibility of the SIC to provide activities for the facility. -She did not know why the SIC had not posted a calendar or was not doing activities.	C 288		
C 320	10A NCAC 13G .1002 (f) Medication Orders 10A NCAC 13G .1002 Medication Orders (f) The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration, are reviewed and signed by the resident's physician or prescribing practitioner at least every six months This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure all current orders for medications were reviewed and signed by the resident's physician or prescribing practitioner at least every six months 3 of 3 sampled residents (Resident #1, Resident #2 and Resident #3). The findings are: 1. Review of Resident #1's current FL2 dated	C 320		

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C 320	Continued From page 10 08/01/18 revealed: -Diagnoses included psychosis, hypertension, neurogenic urinary tract infection, gastroesophageal reflux (GERD) alcohol abuse and tobacco dependence. -Medications included: lisinopril 10mg one daily(used to treat high blood pressure), lorazepam 0.5mg one tablet twice daily (used to treat anxiety), nicotine patch 21mg/24 hour 1 patch used daily (used to assist in smoking cessation), olanzapine one tablet daily (used to treat schizophrenia and bipolar disorder), omeprazole one tablet daily (used to treat GERD), multivitamin one tablet daily, and sertraline 100mg tablet one daily (used to treat depression). Review of Resident #1's record revealed there was no documentation the prescribing physician had completed a six-month review of medication orders in February 2019. Refer to the interview on 07/05/19 at 4:08pm with the SIC. Refer to the interview on 07/05/19 at 4:43pm with the Administrator. 2. Review of Resident #2's current FL2 dated 07/27/18 revealed: -Diagnoses included: schizophrenia, anxiety, hypertension, allergic rhinitis and seasonal allergies. -Medications included clozapine (used to treat schizophrenia), cetirizine (used to treat allergies), fluticasone (used to prevent asthma attacks). Review of Resident #2's record revealed there was no documentation the prescribing physician	C 320		

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C 320	Continued From page 11 had completed a six-month review of medication orders in January 2019. Refer to the interview on 07/05/19 at 4:08pm with the SIC. Refer to the interview on 07/05/19 at 4:43pm with the Administrator. 3. Review of Resident #3's current FL2 dated 07/31/19 revealed: -Diagnoses included: asthma, hypertension, mild mental retardation, schizophrenia and gastroesophageal reflux. -Medications included: amlodipine 5m once daily(used to treat high blood pressure or chest pain), Aspirin 81mg once daily, calcium 600 once daily, certirizine 10mg once daily (used to treat allergies), clonidine 0.1mg one tablet at bedtime (used treat high blood pressure), hydrochlorothiazide 25mg 1/2 tablet daily (used to treat high blood pressure), paliperidone 1.5ml inject intramuscular every 4 weeks (used to treat schizophrenia), lisinopril 10mg once daily (used to treat high blood pressure), montelukast 10mg once daily at bedtime (used to treat allergies), Nasacort inhale 2 sprays in each nostril daily (used to treat allergies), ranitidine 150mg one tablet twice daily (used to treat heartburn), sertraline 50mg once daily (used to treat depression), simvastatin 30mg once daily (used to treat high cholesterol), symbicort 160/4.5mcg inhale 2 puffs twice daily (used to treat asthma) and vitamin D3 2000 units daily. Review of Resident #3's record revealed there was no documentation the prescribing physician had completed a six-month review of medication orders in January 2019.	C 320		

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C 320	Continued From page 12 Refer to the interview on 07/05/19 at 4:08pm with the SIC. Refer to the interview on 07/05/19 at 4:43pm with the Administrator. Interview with the SIC on 07/05/19 at 4:08pm revealed: -She was responsible for all the paperwork in the resident record. -She was unaware that all current orders for medications or treatments, including standing orders and orders for self-administration, were to be reviewed and signed by the resident's physician or prescribing practitioner at least every six months. Interview on 07/05/19 at 4:43pm with the Administrator revealed: -The paperwork in the home was the responsibility of the Supervisor-In-Charge (SIC/MA). -Staff A, SIC/MA, had worked at the facility since 1/01/19. -She was unaware if Staff A had been trained upon hire. -She would begin training Staff A on handling the paperwork immediately.	C 320		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by	C 375		

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C 375	Continued From page 13 the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure pharmaceutical reviews were completed at least quarterly to ensure medication administration records were current with medication orders for 3 of 3 sampled residents (Residents #1, #2 and #3). The findings are:	C 375		

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C 375	Continued From page 14 1. Review of Resident #1's current FL2 dated 08/01/18 revealed: -Diagnoses included psychosis, hypertension, neurogenic urinary tract infection, gastroesophageal reflux (GERD) alcohol abuse and tobacco dependence. -Medications included: lisinopril 10mg one daily(used to treat high blood pressure), lorazepam 0.5mg one tablet twice daily (used to treat anxiety), nicotine patch 21mg/24 hour 1 patch used daily (used to assist in smoking cessation), olanzapine one tablet daily (used to treat schizophrenia and bipolar disorder), omeprazole one tablet daily (used to treat GERD), multivitamin one tablet daily, and sertraline 100mg tablet one daily (used to treat depression). Review of Resident #1's record revealed there were no quarterly pharmacy reviews completed since 10/29/18. Refer to the interview with the pharmacy representative contracted with the facility on 07/05/19 at 11:31am. Refer to the interview the Administrator on 07/05/19 at 11:57am. 2. Review of Resident #2's current FL2 dated 07/27/18 revealed: -Diagnoses included: schizophrenia, anxiety, hypertension, allergic rhinitis and seasonal allergies. -Medications included clozapine (used to treat schizophrenia), cetirizine (used to treat allergies), fluticasone (used to prevent asthma attacks). Review of Resident #2's record revealed there	C 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011277	A. BUILDING: _____ B. WING _____	07/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUNDVIEW II #32	32 SMITH GRAVEYARD RD ASHEVILLE, NC 28806

(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 375	Continued From page 15 were no quarterly pharmacy reviews completed since 10/29/18. Refer to the interview with the pharmacy representative contracted with the facility on 07/05/19 at 11:31am. Refer to the interview the Administrator on 07/05/19 at 11:57am. 3. Review of Resident #3's current FL2 dated 07/31/19 revealed: -Diagnoses included: asthma, hypertension, mild mental retardation, schizophrenia and gastroesophageal reflux. -Medications included: amlodipine 5m once daily(used to treat high blood pressure or chest pain), Aspirin 81mg once daily, calcium 600 once daily, certirizine 10mg once daily (used to treat allergies), clonidine 0.1mg one tablet at bedtime (used treat high blood pressure), hydrochlorothiazide 25mg 1/2 tablet daily (used to treat high blood pressure), paliperidone 1.5ml inject intramuscular every 4 weeks (used to treat schizophrenia), lisinopril 10mg once daily (used to treat high blood pressure), montelukast 10mg once daily at bedtime (used to treat allergies), Nasacort inhale 2 sprays in each nostril daily (used to treat allergies), ranitidine 150mg one tablet twice daily (used to treat heartburn), sertraline 50mg once daily (used to treat depression), simvastatin 30mg once daily (used to treat high cholesterol), symbicort 160/4.5mcg inhale 2 puffs twice daily (used to treat asthma), vitamin D3 2000 units daily. Review of Resident #2's record revealed there were no quarterly pharmacy reviews completed since 10/29/18.	C 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011277	A. BUILDING: _____ B. WING _____	07/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 375	Continued From page 16 Refer to the interview with the pharmacy representative contracted with the facility on 07/05/19 at 11:31am. Refer to the interview the Administrator on 07/05/19 at 11:57am. _____ Interview with the pharmacy representative contracted with the facility on 07/05/19 at 11:31am revealed: -He had not been to the facility since October of 2018. -The facility had a change in ownership and he was not aware of who the facility had to review medications and medication orders for the residents. Interview with the Administrator on 07/05/19 at 11:57am revealed: -The facility had never changed pharmacies under the new ownership. -The Administrator was responsible for obtaining the LHPS nurse. -"It just got dropped'. -The facility would follow up with the current pharmacy to re-establish LHPS services as soon as possible.	C 375		