NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 20, 2019

Syvilla Pristell, Administrator
Impact Care Training & Services, LLC, Licensee
Impact Family Care Home
P.O. Box 706
Sanford, NC 27331

Email: srpristell@gmail.com

Re: Receipt of Plan of Correction (7JCD11)
Facility: Impact Family Care Home
Licensure Number: FCL-053-014
County: Lee

Dear Ms. Pristell:

Based on our telephone conversation on August 14, 2019, there was an addendum to the Plan of Correction for the Statement of Deficiencies dated May 29, 2019. The pages noting the addendum are provided for your records.

Please do not hesitate to contact us at 919-538-4847, if you have questions or we may be of further assistance.

Sincerely,

Kim Olson

Kim Olson, RN, BSN, M.Ed., Nurse Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosure

cc: Lesa Price, Supervisor, Lee County Department of Social Services
Theresa Conley, Team Supervisor, East 7 Region, Adult Care Licensure Section
Dai Tworek, Branch Manager, East Region, Adult Care Licensure Section
Facility File

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL053014	A. BUILDING: _____ B. WING _____	05/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMPACT FAMILY CARE HOME	211 RED HOLLY DRIVE SANFORD, NC 27330

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C 000	Initial Comments The Adult Care Licensure Section conducted an initial survey on May 29, 2019.	C 000		
C 054	10A NCAC 13G .0309 (e) Bathroom 10A NCAC 13G .0309 Bathroom (e) Hand grips shall be installed at all commodes, tubs and showers used by the residents. This Rule is not met as evidenced by: Based on observations and interview, the facility failed to provide hand grips for the commodes in 2 of 2 common resident bathrooms. The findings are: Observation of the common resident bathroom in the hallway on 05/29/19 at 10:53am revealed the hand grip for the toilet was hanging from the wall where the two screws that originally held it had torn out of the plaster of the wall. Observation of the common resident half bathroom off from the living room on 05/29/19 at 10:57am revealed there were no hand grips beside the toilet. Interview with a Supervisor in Charge (SIC) on 05/29/19 at 11:00am revealed: -The hand grip for the toilet in the hallway broke off about a month ago. -She was going to get a quote for fixing that hand grip on 05/29/19. -The residents in the facility sometimes used	C 054	Hand grips in both residents restrooms have been replaced at this time. Manager will monitor for any repairs and take care of in a timely manner. Manager and admin will continue to monitor for all repairs to be made in a timely manner for resident safety. Monitoring will occur monthly. — Kolson 8/14/19	5/30/19

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Crystal Anderson — TITLE: admin — (X6) DATE: 6/15/19

POC Reviewed and accepted with Revisions. — Kim Olson 08-14-19

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C 054	Continued From page 1 hand grips at the hallway toilet, but one resident was always accompanied to the bathroom to assist. -She did not know that the half bathroom was required to have a toilet hand grip. -She would make sure the Administrator was aware and the hand grip was purchased and installed promptly. Attempted interview with the Administrator on 05/29/19 at 9:45am was unsuccessful.	C 054		
C 059	10A NCAC 13G .0310 (b) Storage Areas 10A NCAC 13G .0310 Storage Areas (b) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be supervised while in use. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure cleaning products including bleach, window cleaner, all-purpose cleaner, ant killer spray, bed bug and flea killer spray, oven cleaner, flooring glue, car wax, house/siding cleaner and powder cleanser were stored in a locked area resulting in hazardous chemicals being accessible to residents. The findings are: Observation of the kitchen cabinet located below the sink on 05/29/19 at 11:10am revealed: -The cabinet double doors were not locked. -There were cleaning chemicals on the cabinet	C 059	All cleaning agents and supplies are Kept in storage area with a lock on door. Manager will check daily to make sure No cleaning agents are left out after use. Manager will also discuss with staff the importance of making sure all supplies are locked away for the safety of	6/25/19

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C 059	Continued From page 2 shelf that included 40-ounce spray bleach, 40-ounce spray window cleaner, 120-ounce spray all-purpose cleaner,17-ounce ant killer spray, 17-ounce bed bug and flea killer spray, 17-ounce spray oven cleaner, 16-fluid ounces flooring glue, 10-fluid ounces car wax, and 1-gallon house/siding cleaner. -The labels on the cleaning chemicals had various warnings including avoid contact with skin and eyes, can be skin and eye irritant, keep out of reach of children and pets, and harmful if swallowed. Observation of the laundry room located near the resident living room on 05/29/19 at 11:15am revealed: -There were sliding doors that were open and had no lock. -The washer and dryer were in the room with a 2-gallon open container of powder cleanser on top of the dryer. -There was a resident sitting eight feet from the open powder cleanser. -There was no staff member within eyesight. Interview with the Supervisor-in-Charge (SIC) on 05/29/19 at 11:54am revealed: -She knew the cleaning products had to be kept in a separate locked space. -She was not aware that cleaning products were stored under the kitchen sink. -The facility had a separate cleaning supply closet that was locked. -She did not know why all of the cleaning supplies under the kitchen sink were not stored in the cleaning supply closet. -She was going to remove the cleaning products from under the sink and put them in the locked cleaning supply closet located next to the dining room.	C 059	All residents.	

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C 059	Continued From page 3 Observation of the cleaning supply closet next to the dining room on 05/29/19 at 1:00pm revealed: -The closet door handle was broken. -There was no lock on the closet door. -There were various cleaning agents on the closet shelves. Interview with the SIC on 05/29/19 at 1:10pm revealed: -The lock to the cleaning supply closet door and the door knob broke that morning. -She would get the lock and door knob repaired immediately. -The cleaning supply closet was the only locked area that cleaning supplies were kept.	C 059	All locks to Supply Closets and other areas have been replaced/repaired Manager will maintain making sure all Supplies are locked away and that Supply areas are locked at all times	5/30/19
C 078	10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; 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 maintain a clean and hazard-free environment as evidenced by a broken bathroom mirror, exposed light sockets, chipped paint and rusted metal on and in the microwave, and a broken exposed burner lying in black substances in the bottom of the oven.	C 078	microwave has been removed and replaced as well as old stove lights sockets have now been replaced with new bulbs bathroom mirror has been removed	5/30/19

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C 078	Continued From page 4 The findings are: Observation of the common resident half bathroom off from the living room on 05/29/19 at 10:57am revealed: -There was a 24-inch crack in the mirror above the sink. -There were two light sockets, each two inches wide, above the mirror, that were missing light bulbs, exposing the electrical wiring. Interview with a Supervisor in Charge (SIC) on 05/29/19 at 11:00am revealed: -She was responsible for tracking and getting repairs needed for the facility. -The mirror broke in the bathroom just after they moved in, but she had not had a chance to get a new one. -She would get light replacements for the bathroom, as well as a new mirror immediately. Observation of the kitchen on 05/29/19 at 12:21pm revealed: -The microwave had numerous areas of black substances, chipped paint and rusted metal on the inside and outside. -The oven had a black substance covering the entire bottom and inside door. -The burner in the bottom of the oven was broken in two pieces and the electrical edges of the two sides of the burner were lying in the black substance on the bottom of the oven. Interview with a SIC on 05/29/19 at 12:30pm revealed: -She was aware of the condition of the microwave a few months ago, and had planned to replace it. -She would buy a new microwave immediately. -She had informed the facility owner in early April	C 078	Contractors have been contacted to come and paint facility to get rid of all old chipped painting and wallpaper manager will monitor facility for all repair and maintence issues and make sure they are taken care of issues within a timely manner to insure safety for all residents. Monitoring will occur monthly. — KOlsm 8-14-19	7/30/19

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C 078	Continued From page 5 that the oven needed replacing and was told to get pricing on it. -She was not aware of the broken burner in the bottom of the oven, but would inform staff to not use the oven until they get a replacement. -She would buy a new oven immediately.	C 078		
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 3 of 3 sampled staff (Staff A, B, and C) had a statewide criminal background check completed upon hire. The findings are: 1. Review of Staff A's, Medication Aide (MA), personnel record revealed: -Staff A was hired on 04/05/16. -There was documentation of a background check completed on 04/05/16 through an online database. Interview with the Supervisor in Charge (SIC) on 05/30/19 at 4:30pm revealed: -She knew of the requirements for completing criminal backgrounds for Staff A. -She did not know the online database could not be used to complete the required criminal background checks for employment.	C 147	All staff members are required to obtain state wide Criminal search from Proper agencies that meet state requirements. Manager will overview (monthly) all background checks to make sure they are correct and meet all requirements 7/15/19 The affected staff members had new criminal background checks completed according to G.S. 114-19.10 and G.S. 131D-40 — KO 8-14-19	

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C 147	Continued From page 6 Telephone interview with the weekend SIC on 05/30/19 at 4:43pm revealed: -She completed the criminal background checks through an online database for Staff A. -She knew of the requirements for completing criminal backgrounds. -She was the person responsible for completing the criminal background checks. -She did not know the online database could not be used to complete the required criminal background checks for employment. 2. Review of Staff B's, MA, personnel record revealed: -Staff B was hired on 01/05/18. -There was documentation of a background check completed on 01/16/18 through an online database. Telephone interview with the weekend SIC on 05/30/19 at 4:43pm revealed: -She completed the criminal background checks through an online database for Staff B. -She knew of the requirements for completing criminal backgrounds. -She was the person responsible for completing the criminal background checks. -She did not know the online database could not be used to complete the required criminal background checks for employment. 3. Review of Staff C's, MA, personnel record revealed: -Staff C was hired on 03/23/16. -There was documentation of a background check completed on 03/23/16 through an online database. Interview with the Supervisor in Charge (SIC) on	C 147		

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C 147	Continued From page 7 05/30/19 at 4:30pm revealed: -She knew of the requirements for completing criminal backgrounds for Staff A. -She did not know the online database could not be used to complete the required criminal background checks for employment. Telephone interview with the weekend SIC on 05/30/19 at 4:43pm revealed: -She completed the criminal background checks through an online database for Staff C. -She knew of the requirements for completing criminal backgrounds. -She was the person responsible for completing the criminal background checks. -She did not know the online database could not be used to complete the required criminal background.	C 147		
C 292	10A NCAC 13G .0905 (d) Activities Program 10A NCAC 13G .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees.	C 292	Activity Calenders have been updated with 14 hours per week of activities. All residents are asked if they would like to participate in daily activities Daily logs will be kept to show which residents	5/30/19

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C 292	Continued From page 8 This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to assure the 14 hours of planned group activities per week were made available for the 2 residents residing at the facility. The findings are: Interview with a resident on 05/29/19 at 10:00am revealed: -She had lived at the facility for 14 years. -No one had offered her to participate in a group activity in at least the last six months. -The facility offered structured activities back when there were more residents, -She liked to sit on the front porch and watch the rabbits and the deer. -She wished they would have group activities like playing cards. Interview with a second resident on 05/29/19 at 10:30am revealed: -He had lived at the facility for "many years". -He usually watched television. -He would like to have activities, but they were not offered. Observation of the facility's activity calendar showed April 2019 calendar posted on the wall near the kitchen on 05/29/19 at 2:35pm revealed: -There were six hours of activities for the week of 04/01/19-04/06/19. -There were eight hours of activities for the week of 04/07/19-4/13/19. -There were eight hours of activities for the week of 04/14/19-04/20/19. -There were eight hours of activities for the week	C 292	participated in activities and which one refused. All staff will complete an inservice on Activities so that all staff can preform activites instead of one certain individual. Manager will continue to make sure that resident are offered to participate in all activities and outings. monthly —KOBm 8/14/19	

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C 292	Continued From page 9 of 04/21/19-04/27/19. Observation of the facility's activity calendar for May 2019 on 05/29/19 at 2:40pm revealed: -The May 2019 activity calendar was not posted. -The Supervisor-In-Charge retrieved the May 2019 calendar from a file in a desk drawer. -There were six hours of activities for the week of 05/05/19-05/11/19. -There were eight hours of activities for the week of 05/12/19-05/18/19. -There were eight hours of activities for the week of 05/19/19-05/25/19. -There were eight hours of activities for the week of 05/26/19-05/31/19. Observations made on 05/29/19 (between 10:00am-1:30pm, and 2:15pm-7:15pm) revealed no activities were offered to the residents. Interview with the Supervisor-In-Charge (SIC) on 05/29/19 at 3:00pm revealed: -She was responsible for completing the activity calendar each month. -She did not know that 14 hours of group activities were required each week. -She had never had any activity training and had never completed an activity director's course. -Another staff member came to the facility everyday to offer an activity. -That staff member would be attending the training to become a licensed activity director. -That staff member was supposed to be at the facility at 3:30pm on 05/29/19 but called and said she could not make it due to an appointment. -There were no activity supplies on site, she thought they may had been in the staff member's car. -Usually the two residents just liked to sit outside and not do any activities.	C 292		

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C 292	Continued From page 10 Attempted interview with the staff member who performed the activities was unsuccessful on 05/29/19 at 3:30pm.	C 292		
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	All staff members are required to have a drug screening before start date of employment. Admin will set up accont with outside agency to preform drug test. for all staff members Manager will be required to set up appointments to have potential staff sent to agency to have screening administered. All results will be filed in employee Charts after screening has been completed 7/30/19	

all appected employees have completed screening for controlled substances through the local hospital. The manager will monitor monthly — ICORRECT 8/14/19

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C992	Continued From page 11 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 3 of 3 staff sampled (Staff A, B and C) had completed an examination and screening for the presence of controlled substances upon hire. The findings are: 1. Review of Staff A's, Medication Aide (MA), personnel record revealed: -The test results did not include a date, time or the type of controlled substances tested. -The test did not have a company's name listed. -Staff A's name had been handwritten on the test results. Interview with the Supervisor in Charge (SIC) on 05/29/19 at 5:03pm revealed: -Staff A's control substance screening was completed prior to the SIC hire. -The agency purchased controlled substance screening kits from a local retail store. -She was not aware the method used for control substance screening did not properly identify those staff being tested. Refer to the telephone interview with the weekend SIC on 05/29/19 at 5:07pm. 2. Review of Staff B's, MA, personnel record revealed: -The test results did not include a date, time or the type of controlled substances tested.	C992		

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C992	Continued From page 12 -The test did not have a company's name listed. -Staff B's name had been handwritten on the test results. Refer to the telephone interview with the weekend SIC on 05/29/19 at 5:07pm. 3. Review of Staff C's, MA, personnel record revealed: -The test results did not include a date, time or the type of controlled substances tested. -The test did not have a company's name listed. -Staff C's name had been handwritten on the test results. Interview with the Supervisor in Charge (SIC) on 05/29/19 at 5:03pm revealed: -Staff C's controlled substances screening was completed prior to the SIC hire. -The agency purchased controlled substance screening kits from a local retail store. -She was not aware the method used for controlled substance screening did not properly identify those staff being tested. Refer to the telephone interview with the weekend SIC on 05/29/19 at 5:07pm. Telephone interview with the weekend SIC on 05/29/19 at 5:07pm revealed: -The control substance screening kits were purchased from a local retail store. -She was the person responsible for maintaining personnel records and ensuring staff completed a controlled substances examination and screening upon hire. -She was not aware the method used for controlled substances screening did not properly identify those staff being tested.	C992		

Olson, Kimberly A

From: ods06568cpc <ods06568cpc@OfficeDepot.com>
Sent: Wednesday, August 14, 2019 11:38 AM
To: Olson, Kimberly A
Subject: [External] Documents
Attachments: DOCUMENTS 0001.pdf

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Olson, Kimberly A

From: Olson, Kimberly A
Sent: Wednesday, August 14, 2019 12:05 PM
To: Crystal Anderson
Subject: RE: [External] Fw: Annual Survey

Ms. Anderson,

I did receive your plan of correction today and was able to open the document. If we have additional questions or if the plan of correction is not accepted, I will contact you.

Thank you,

Kim Olson, RN, BSN, M.Ed.
Nurse Consultant
Division of Health Service Regulation, Adult Care Licensure Section
NC Department of Health and Human Services

Office: 919-538-4847
Fax: 919-733-9379
kim.olson@dhhs.nc.gov

801 Biggs Drive, Brown Building
2708 Mail Service Center
Raleigh, NC 27699

Twitter | Facebook | YouTube | LinkedIn

From: Olson, Kimberly A
Sent: Monday, August 5, 2019 6:17 PM
To: Crystal Anderson <andersoncrystal756@yahoo.com>
Subject: RE: [External] Fw: Annual Survey

Ms.Anderson, I have received your email with the attachment, but I am unable to open it, as it is giving an error message.

Can you please either send it as a new document or fax it to: Fax: 919-733-9379

Thank you,

Kim Olson, RN, BSN, M.Ed.
Nurse Consultant
Division of Health Service Regulation, Adult Care Licensure Section
NC Department of Health and Human Services

Office: 919-538-4847
Fax: 919-733-9379
kim.olson@dhhs.nc.gov

801 Biggs Drive, Brown Building
2708 Mail Service Center
Raleigh, NC 27699

Fax Cover Page

To: Kim Olson
Fax Number: (919) 733-9379
Pages: 15 including cover
From: Impact Family Care
Phone Number: 919 708 5565
Date:
Comments:

Initial Survey.

POC.