STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008032	A. BUILDING: _____ B. WING _____	12/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY'S FAMILY CARE HOME #3	106 HARMON STREET AULANDER, NC 27805

(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 12/27/19.	C 000		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 2 sampled staff (Staff B) was tested upon hire for Tuberculosis (TB) disease in compliance with control measures adopted by the Commission of Public Health.	C 140		

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C 140	Continued From page 1 The findings are: Review of Staff B's, Medication Aide (MA), personnel record revealed: -He was hired 09/25/19. -There was no documentation of TB skin test. Interview with Staff B on 12/27/19 at 4:41pm revealed: -He had been employed since September 2019. -He worked overnights from 10:00am Friday until Sunday 10:00am. -He had not been administered a TB skin test or been asked to. -He did not have an appointment to complete a TB test. -He did not know why he had not been administered a TB test. Interview with the Administrator on 12/17/19 at 4:07pm revealed: -Staff B did not have documentation of a negative TB skin test. -Staff B was responsible for scheduling and completing his TB test. -The Administrator thought the TB test would had been completed "by now". -The Administrator was responsible for ensuring all staff had completed a TB skin test prior to hire.	C 140		
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	C 145		

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C 145	Continued From page 2 according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to assure the North Carolina Health Care Personnel Registry (HCPR) had no substantiated findings for 1 of 2 facility staff (Staff B) upon hire. The findings are: Review of Staff B's personnel record revealed: -Staff B was hired as a Medication Aide (MA) in September 2019. -There was no documentation a Health Care Personnel Registry Check (HCPR) was completed upon hire. Interview with Staff B on 12/27/19 at 4:41pm revealed, he did not know if a HCPR check had been completed since his hire. Interview with the Administrator on 12/27/19 at 4:07pm revealed: -Staff B worked as the live-in MA from 10:00am Fridays to 10:00am Sundays. -The Administrator had not completed a HCPR on Staff B. -The Administrator thought she had completed the HCPR for Staff B. - The Administrator was responsible for maintaining personnel records.	C 145		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications	C 147		

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	FCL008032	A. BUILDING: _____ B. WING _____	12/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY'S FAMILY CARE HOME #3	106 HARMON STREET AULANDER, NC 27805

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C 147	Continued From page 3 (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 2 of 2 sampled staff, (Staff A and Staff B), had a statewide criminal background check completed upon hire. The findings are: 1. Review of Staff A, Medication Aide (MA), personnel record revealed: -Staff A was hired on 05/28/14. -There was no documentation of a signed consent for a criminal background check for Staff A. -There was no documentation of a state-wide criminal background check completed for Staff A. -There was documentation of an online national criminal record report. -The online national criminal record report did not have a date it was completed. -The online national criminal record report had a disclainer relating to its accuracy. Interview with the Administrator on 12/27/19 at 4:07pm revealed, she was not aware of the document not having a date the search was completed. Refer to interview with Administrator on 12/27/19pm at 4:07pm. 2. Review of Staff B, Medication Aide (MA), personnel record revealed: -Staff B was hired in September 2019.	C 147		

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C 147	Continued From page 4 -There was no documentation of a signed consent for a criminal background check for Staff B. -There was no documentation of a state-wide criminal background check completed for Staff B. -There was documentation of a county criminal record search completed on 04/24/19. Interview with Staff B on 12/27/19 at 5:09pm revealed: -He had worked as a MA since September 2019. -He had completed a criminal background check for his employer. -Staff B thought he had completed a state-wide criminal background check. Interview with the Administrator on 12/27/19 at 4:07pm revealed: -She thought the county criminal background check could be used for Staff B. -Staff B provided the documentation for the county criminal background check. Refer to interview with Administrator on 12/27/19pm at 4:07pm. _____ Interview with the Administrator on 12/17/19 at 4:07pm revealed: -The Administrator was responsible for maintaining personnel records. -She thought any form of a criminal background check could be used for staff.	C 147		
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	C 176		

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	FCL008032	A. BUILDING: _____ B. WING _____	12/27/2019

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C 176	Continued From page 5 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 assure at least one staff person was always on the premises who had completed a cardio-pulmonary resuscitation (CPR) and choking management course within the last 24 months for 1 of 2 sampled staff (Staff A). The findings are: Review of Staff A's, Medication Aide, (MA) personnel record revealed: -Staff A was hired on 05/28/14. -There was documentation of her CPR certification expired in September 2018. Interview with a resident on 12/27/19 at 2:31pm revealed: -Staff A had worked alone in the facility. -Staff A worked overnight during the week. -Staff A last worked alone last night. Interview with the Administrator on 12/27/19 at	C 176		

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	FCL008032	A. BUILDING: _____ B. WING _____	12/27/2019

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C 176	Continued From page 6 4:07pm revealed: -Staff A had been employed since 2014. -Staff A had worked alone in the facility. -Staff A worked as the live-in staff from 10:00am on Mondays through 10:00am on Fridays. -The Administrator had scheduled an upcoming CPR training for Staff A. -The CPR Trainer had not been available. -The Administrator was aware Staff A CPR had expired in 2018. -The Administrator was responsible for ensuring staff trainings and certifications were provided.	C 176		
C 256	10A NCAC 13G .0904(a)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure the kitchen and food storage areas were clean and free of contamination related to the refrigerator, stove oven, and counter tops. The findings are: Review of the county Inspection Report revealed the facility received an inspection score of "A" on 01/16/18.	C 256		

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C 256	Continued From page 7 Observation of the refrigerator on 12/27/19 at 9:56am revealed: -There were white powdery stains on the bottom shelf. -There was an open bag of bread on the bottom shelf. -There was a dried yellow stain under the bins. -There were small black particles on the shelves located on the door. -The vent cover was dusty. Observation of the counter in the kitchen area on 12/27/19 at 9:57am revealed: -The contact paper on the counter top had peeled off in some areas. -The second shelf of the counter had rusted and no longer was covered with the contact paper. Observation of the oven on 12/27/19 at 9:58am revealed: -There were black and dark brown stains inside the oven. -There were black and dark brown stains on the inside of the oven door. -There were black debris on the bottom of the oven. Observation of the counter in the kitchen area on 12/27/19 at 11:57am revealed: -Staff prepared bologna sandwiches on the counter top. -Staff layed the knife on the counter top. Interview with a Medication Aide (MA) on 12/27/19 at 10:00am revealed: -The staff on duty was responsible for cleaning the kitchen. -There was no cleaning schedule for the kitchen. -She last cleaned the refrigerator on 12/20/19. -She cleaned the kitchen once a week.	C 256		

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	FCL008032	A. BUILDING: _____ B. WING _____	12/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 256	Continued From page 8 -The stove was to be cleaned by the second MA. -She did not know what the white powdery substance was on the bottom shelves of the refrigerator. -She did not know what the dried yellow stain was under the bottom shelf of the refrigerator. -She did not know how long the stains had been in the refrigerator. Interview with a second MA on 12/27/19 at 12:29pm revealed: -Staff were responsible for cleaning the entire kitchen. -He cleaned the oven once bi-weekly. -He used oven cleaner to clean the oven. -There was not a cleaning schedule. -He cleaned the kitchen two times a week. -The white powdery substance in the refrigerator was spilled flour. -He had not cleaned the refrigerator. -He did not know what the yellow dried substance was under the drawers in the refrigerator. Interview with the Administrator on 12/27/19 at 4:45pm revealed: -The staff were responsible for cleaning the entire home. -There was not a cleaning schedule. -She did not know the last time the refrigerator and oven had been cleaned. -She expected the staff to clean the entire kitchen weekly.	C 256		
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	C 292		

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	FCL008032	A. BUILDING: _____ B. WING _____	12/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 292	Continued From page 9	C 292		

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.

This Rule is not met as evidenced by:
Based on record review, observations and interviews, the facility failed to assure residents were offered activities designed to promote the residents' active involvement.

The findings are:

Record review of the activities calendar dated August 2019 posted in the dining area on 12/27/19 at 10:08am revealed:
-August 2019 had been marked through with a black marker.
-The 27th day on the August 2019 calendar was on a Tuesday.
-The 27th day of December 2019 was on a Friday.
-The activities to be facilitated on August 27th was 10:00am Rap Session, 2:00 pm Dominos and 6:00pm Reminisce.
-There was not an activities calendar posted for December 2019.

Observation of the day room on 12/27/19 at

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	FCL008032	A. BUILDING: _____ B. WING _____	12/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 292	Continued From page 10 10:11am revealed there were board games on a table in the resident's day room. Observation of activities on 12/27/19 at 2:15pm revealed: -No activities had been offered to the residents. -Three residents were sitting in the day room watching TV. -Staff were not facilitating an activity. Interview with a resident on 12/27/19 at 10:13am revealed: -There were not activities offered to the residents. -"Every now and then" residents went out on an outing. -He was interested in drawing and arts and crafts. Interview with a second a resident on 12/27/19 at 12:07pm revealed: -Activities are not offered daily at the facility. -The residents played cards. -He participated in activities sometimes. Interview with a third resident on 12/27/19 at 2:31pm revealed: -There were no daily activities offered. -He liked participating in the activities when offered but sometimes he had declined. Interview with a Medication Aide (MA) on 12/27/19 at 10:08am revealed: -She facilitated activities. -Activities were offered to the residents daily. -Residents were offered to played card games. -She did not always follow the posted activities calendar. -She was not aware the posted activities calendar was not current. -The residents' last activity was a card game on Wednesday, 12/18/19.	C 292		

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CHERRY'S FAMILY CARE HOME #3	106 HARMON STREET AULANDER, NC 27805

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C 292	Continued From page 11 Interview with a second MA on 12/27/19 at 12:29pm revealed: -He facilitated two outings each month. -Activities were facilitated "sometimes" on the weekend. -He did not offer activities to the residents daily. -He did not always follow the activities calendar. -He thought the posted activities calendar was current. Interview with the Administrator on 12/27/19 at 4:07pm revealed: -The Administrator was the Activities Director. -She did not provide a copy of her Activities Director certification. -She was responsible for updating the monthly activities calendar. -She had not updated the 2019 December's activities calendar. -Activities were facilitated daily by staff. -Residents went out on an outing at least twice a month. -At least 12 to 15 hours of activities were scheduled weekly for the residents. -The staff were responsible for facilitating activities with the residents. -She did not have an activities log. -She did not know when the last activities were held with the residents. -She expected the staff to facilitate activities daily.	C 292		
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.	C935		

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	FCL008032	A. BUILDING: _____ B. WING _____	12/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C935	Continued From page 12 (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 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.	C935		

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	FCL008032	A. BUILDING: _____ B. WING _____	12/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY'S FAMILY CARE HOME #3	106 HARMON STREET AULANDER, NC 27805

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C935	Continued From page 13	C935		

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to assure 1 of 2 sampled medication aides (Staff B) completed the 5-hour, 10-hour or 15-hour state approved medication aide training.

The findings are:

Review of Staff B's, Medication Aide (MA), personnel record revealed:
-Staff B was hired on 09/25/19.
-There was documentation of Staff B had passed the medication aide written exam on 09/17/19.
-There was no documentation of MA employment verification.
-There was no documentation of medication training of 5 hours, 10 hours or 15 hours.
-There was documentation of a medication clinical skills competency validation checklist on 09/26/19.

Review of two residents' medication administration records (MARs) for October 2019 revealed Staff B documented administering medications on 10/06/19, 10/07/19, 10/08/19, 10/09/19, 10/12/19, 10/13/19, 10/14/19, 10/20/19, 10/21/19, 10/22/19, 10/25/19, 10/26/19, and 10/27/19 at various.

Review of three residents' MARs for November 2019 revealed Staff B documented administering medications on 11/04/19, 11/05/19, 11/06/19, 11/17/19, 11/18/19, 11/23/19, 11/24/19, 11/25/19 and 11/26/19 at various times.

Review of three residents' MARs for December 2019 revealed Staff B documented administering medications on 12/01/19, 12/02/19, 12/03/19,

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	FCL008032	A. BUILDING: _____ B. WING _____	12/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C935	Continued From page 14 12/07/19, 12/08/19, 12/09/19, 12/16/19, 12/17/19, 12/18/19, 12/22/19, 12/23/19 and 12/24/19 at various times. Interview with a resident on 12/27/19 at 9:48am revealed: -Staff B administered medications to him. -Staff B administered the resident his medications on time. -He could not remember the days and times when Staff B had administered medication to him. Interview with a second resident on 12/27/19 at 2:31pm revealed: -Staff B administered medications to him. -The resident "always get my medication on time." -He could not remember the days and times when Staff B had administered medication to him. Interview with Staff B on 12/27/19 at 4:41pm revealed: -He had been employed for at least three months. -He had taken the medication aide testing exam and passed in September 2019. -He had completed the medication clinical skills competency validation checklist. -He had administered medications to the residents. -He had initialed on the MAR after he administered medication to the residents. -He did not know that he needed to complete the 15-hour medication aide training. Interview with the Administrator on 12/27/19 at 4:07pm revealed: -Staff B had administered medication to the residents. -She did not know the medication aide training was needed if Staff B had passed the medication	C935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008032	A. BUILDING: _____ B. WING _____	12/27/2019

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C935	Continued From page 15 aide exam. -Staff B had not taken the medication training. -Staff B had provided documentation of three hours of medication training. -The Administrator was responsible for ensuring staff training and certification was completed.	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 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	C992		

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C992	Continued From page 16 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 1 of 2 staff sampled (Staff B) had an examination and screening for the presence of controlled substances completed upon hire. The findings are: Review of Staff B, Medication Aide (MA), personnel record revealed: -Staff B was hired on 09/25/19. -There was no documentation Staff B completed a consent for a controlled substances screening. prior to hire. -There was no documentation Staff B had completed a controlled substances screening prior to hire. Interview with Staff B, MA, on 12/17/19 at 4:4pm revealed: -He had been employed for three months. -He had completed a controlled substance screening onsite in January 2019. -He had planned to start work in January 2019. Interview with the Administrator on 12/17/19 at 4:07pm revealed: -Staff B had been employed since September 2019.	C992		

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C992	Continued From page 17 -The Administrator had completed a controlled substances screening on Staff B in January 2019. -She was not aware the results for the controlled substances screening had not been filed in Staff B's personnel record. -She thought the January 2019 controlled substances test was valid. -She was responsible for ensuring all staff completed the controlled substances screening prior to hire. -The Administrator and staff were responsible for maintaining personnel records.	C992		