

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fcl-092-26	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/18/2019
NAME OF PROVIDER OR SUPPLIER LAKEPARK FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1505 LAKEPARK DRIVE RALEIGH, NC 27612		
(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 initial survey on December 18, 2019.	C 000	Staff C has always been an employee of ours. We just have not updated her file @ Lakepark Family Care Home when the surveyor was here. However, all of Staff C's file has been updated. Her TB questionnaire has been done. ADDENDUM 01/31/20 1. Administrator will make sure upon hire or transfer to this facility all required paperwork will be completed prior to employee working. 2. Administrator will audit employee records quarterly to make sure required paperwork is completed and up to date.	1/31/20
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 3 sampled staff (Staff C) were tested upon hire for tuberculosis (TB) disease.	C 140		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Administrator: *Caroline Dunn* (X6) DATE: 1/31/20

STATE FORM

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C3J311

If continuation sheet 1 of 12

Reviewed and accepted 02/03/20. *Kg*

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C 140	Continued From page 1 The findings are: Review of Staff C's personnel record revealed: -Staff C did not have a job description or hire date. -There was no documentation of a current completed TB skin test. -There was a record of TB screening completed 05/04/17. -Staff C had a chest x-ray completed on 05/20/05 that showed no active TB. Interview with Staff C on 12/18/19 at 3:30 pm revealed: -She had not completed a recent TB test completed for this facility. -She tested positive for TB due to having a mandatory vaccine and only had to answer questions for a screening. -The Administrator had not asked her to get a screening. Interview with the Administrator on 12/18/19 at 3:38pm revealed: -She was responsible for making sure staff completed all required paperwork. -Staff C worked a couple of shifts per month and was considered pm (as needed). -She had completed required paperwork on all full-time staff; she did not think to do paperwork for pm staff. -She had not requested a TB screening on Staff C.	C 140	Staff C's Job description is up to date ADDENDUM 01/31/20 1. Administrator will make sure upon hire or transfer to this facility all required paperwork will be completed prior to employee working. 2. Administrator will audit employee records uarterly to make sure required paperwork is completed and up to date.	12/30/19
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	C 145		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LAKEPARK FAMILY CARE HOME

1505 LAKEPARK DRIVE
RALEIGH, NC 27612

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C 145	Continued From page 2 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: Based on interviews, and record reviews, the facility failed to access the North Carolina Health Care Personnel Registry (HCPR) to assure 1 of 3 facility staff (Staff C) had no substantiated findings listed on the HCPR. The findings are: Review of Staff C's personnel record revealed: -Staff C did not have a job description or hire date. -There was no documentation a Health Care Personnel Registry Check (HCPR) was completed upon hire. Interview with Staff C on 12/18/19 at 3:30 pm revealed she did not know if a HCPR check had been completed since she had started working at this facility. Interview with the Administrator on 12/18/19 at 3:38pm revealed: -She was responsible for maintaining personnel records. -Staff C worked a couple of shifts per month and was considered pm (as needed). -She had completed required paperwork on all full-time staff; she did not think to do paperwork for pm staff. -She had not had completed a new HCPR on Staff C.	C 145	Staff C's HCPR is up to date	12/26/2019

ADDENDUM 01/31/20

1. Administrator will make sure upon hire or transfer to this facility all required paperwork will be completed prior to employee working.
2. Administrator will audit employee records uarterly to make sure required paperwork is completed and up to date.

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PRINTED: 01/05/2020
FORM APPROVED

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NAME OF PROVIDER OR SUPPLIER
LAKEPARK FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**1505 LAKEPARK DRIVE
RALEIGH, NC 27612**

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C 147	Continued From page 3	C 147	Staff C has another Criminal background done. Administrator has already completed this.	12/30/2019
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 interviews and record review, the facility failed to assure 1 of 3 sampled staff (Staff C) had a criminal background check upon hire. The findings are: Review of Staff C's personnel record revealed: -Staff C did not have a job description or hire date. -There was no documentation of a signed consent for a criminal background check for Staff C. -There was no documentation a criminal background check had been completed for Staff C. Interview with Staff C on 12/18/19 at 3:30 pm revealed: -She worked once a week at the facility as the medication aide. -She did not know if a criminal background check had been completed. Interview with the Administrator on 12/18/19 at 3:38pm with the Administrator revealed: -She was responsible for maintaining personnel records. -She knew a criminal background was required	C 147		

ADDENDUM 01/31/20

1. Administrator will make sure upon hire or transfer to this facility all required paperwork will be completed prior to employee working.
2. Administrator will audit employee records quarterly to make sure required paperwork is completed and up to date.

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C 147	Continued From page 4 for staff. -She had not completed a criminal background check on Staff C; Staff C was a prn (as needed) employee. -Staff C worked a couple of shifts per month. -She had completed required paperwork on all full-time staff; she did not think to do prn staff.	C 147		
C 172	10A NCAC 13G .0504 (b) Competency Validation For Licensed Health Pro 10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Task (b) Competency validation shall be performed by the following licensed health professionals: (1) A registered nurse shall validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(1) through (28) of Rule .0903 of this Subchapter. (2) In lieu of a registered nurse, a respiratory care practitioner licensed under G.S. 90, Article 38, may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(6), (11), (16), (18), (19) and (21) of Rule .0903 of this Subchapter. (3) In lieu of a registered nurse, a registered pharmacist may validate the competency of staff who perform the personal care task specified in Subparagraph (a)(8) of Rule .0903 of this Subchapter (4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a) (22) through (27) of Rule .0903 of this Subchapter.	C 172	ADDENDUM 01/31/20 1. Administrator will make sure upon hire or transfer to this facility all required paperwork will be completed prior to employee working. 2. Administrator will audit employee records quarterly to make sure required paperwork is completed and up to date. 3. Administrator will ensure that when a transfer from one location to another happens, all staff's LHPs and Job descriptions will be updated or renewed by a licensed health professional.	

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C 172	Continued From page 5 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 3 staff (Staff C) had been competency validated by a licensed health professional to perform tasks of transfers and assistance with mobility devices for three of three residents. The findings are: Review of Staff C's personnel record revealed: -Staff C did not have a job description or hire date. -There was no documentation of a Licensed Health Professional Support (LHPS) competency validation form. Interview with Staff C on 12/18/19 at 3:30 pm revealed: -She had not been competency validated by a licensed health professional at this facility. -There were residents who had to be transferred and used walkers and wheelchairs. Interview with the Administrator on 12/18/19 at 3:38pm revealed: -The facility had three non-ambulatory residents. -She was responsible for making sure staff completed all required training. -Staff C worked a couple of shifts per month and was considered prn (as needed). -She had completed required paperwork on all full-time staff; she did not think to do prn staff. -Staff C had not been validated for LHPS tasks.	C 172		
C 257	10A NCAC 13G .0904(a)(2) Nutrition and Food Service	C 257		

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C 257	Continued From page 6 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure foods were stored in a manner to prevent contamination by not labeling food with contents and date opened. The findings are: Observations of the refrigerator on 12/18/19 at 11:00am revealed: -There was a reusable plastic container not labeled or dated and was identified by the Administrator as beets. -There was a large reusable plastic container labeled as pasta casserole but was not dated. -There was a plastic jar of apple sauce that was not labeled with an open date. -There was a small jar of garlic salsa that was not labeled with an open date. -There was a second small jar of salsa that was not labeled with an open date. -There was a large jar of salsa that was not labeled with an open date. -There was a jar of sweet relish that was not labeled with an open date. -There was a small container of artichoke salad that was not labeled with an open date. -There was a small container of sour cream with an expiration date of 11/26/19. -There was a large reusable plastic container labeled as cream of broccoli for a named resident only that was not dated. -There was a reusable plastic container that was	C 257	Facility will make sure that all opened containers of foods are labeled and dated. Administrator will make sure that all foods in the refrigerator are labeled. Administrator will check refrigerator twice a week to ensure that all opened container in the refrigerator are properly labeled.	12/18/19

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C 257	Continued From page 7 not labeled or dated and was identified by the Administrator as a soup. -There was a reusable plastic container labeled as biscuits, with the instructions to pair with creamy vegetable and chicken that was not dated. -There was a reusable plastic container that was not labeled or dated and was identified by the Administrator as stir-fried vegetable and rice. -There was a reusable plastic container that was not labeled or dated and was identified by the Administrator as a beef and pasta dish. Interview with the Administrator on 12/18/19 at 11:14am revealed: -She had a cooking day where she would prepare several days of food that could be heated and served to the residents. -She did not cook every day. -She had cooked the stir-fried rice and biscuits three days ago, 12/15/19. -She cooked the pasta casserole yesterday, 12/17/19. -The salsas were for the staff to eat; it was not served to the residents. -She had made the soup two days ago, 12/16/19. -She did not know the sour cream had expired. -She was at the facility every day, so she knew when the foods had been prepared and would be discarded. -She knew food items were supposed to be labeled with contents and date opened.	C 257			
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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C935	Continued From page 8 (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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C935	Continued From page 9 This Rule is not met as evidenced by: documentation of successful completion of the medication clinical skills validation portion of the competency evaluation prior to administration of medications. The findings are: Review of Staff C's personnel record revealed: -Staff C did not have a job description or hire date. -There was no documentation Staff C completed a medication clinical skills validation checklist. -There was documentation Staff C completed 15-hour medication training on 06/26/17. -There was documentation Staff C passed the written medication exam on 08/04/17. Interview with Staff C on 12/18/19 at 3:30 pm revealed: -She worked once a week as the medication aide (MA). -She had demonstrated medication clinical skills at the previous facility. -She had not demonstrated medication clinical skills since the facility had moved. Interview the Administrator on 12/18/19 at 3:38pm revealed: -She was responsible for making sure staff completed all required training. -She knew all medication aides required a medication clinical skills checklist. -Staff C worked a couple of shifts per month and was considered prn (as needed). -She had completed required paperwork on all full-time staff; she did not think to do paperwork	C935	ADDENDUM 01/31/20 1. Administrator will make sure upon hire or transfer to this facility all required paperwork will be completed prior to employee working. 2. Administrator will audit employee records quarterly to make sure required paperwork is completed and up to date. 3. Administrator will also ensure that during a transfer all med training will be updated by a licensed health professional	

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NAME OF PROVIDER OR SUPPLIER

LAKEPARK FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

1505 LAKEPARK DRIVE
RALEIGH, NC 27612

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C935	Continued From page 10 for prn staff. -She had not completed a new medication clinical skills checklist on Staff C.	C935	Staff C has a new drug test done. Let's keep in mind that we moved from one location to another. And Staff C had all these requirements done at the /our previous location. They just hadn't been done at this new location. We used to be Falls of Neuse Sr. Living but now Lakepark FCH. Before staff C was hired @ the previous location every thing was done.	12/30/19
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 care home may require a second examination	C992		

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C992	Continued From page 11 and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure 1 of 3 staff sampled (Staff C) had been screened for the presence of controlled substances upon hire. The findings are: Review of Staff C's personnel record revealed: -Staff C did not have a job description or hire date. -There was no documentation of a completed controlled substance screening. Interview with Staff C on 12/18/19 at 3:30 pm revealed: -She worked once a week at the facility as the medication aide. -She had not completed a drug screen at this facility. Interview with the Administrator on 12/18/19 at 3:38pm revealed: -She was responsible for maintaining personnel records. -She knew a drug screen was required on staff. -She had not completed a drug screen on Staff C; Staff C was a prn (as needed) employee. -Staff C worked a couple shifts per month. -She had completed required paperwork on all full-time staff; she did not think to do prn staff.	C992	ADDENDUM 01/31/20 1. Administrator will make sure upon hire or transfer to this facility all required paperwork will be completed prior to employee working. 2. Administrator will audit employee records uarterly to make sure required paperwork is completed and up to date.		