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
	FCL024014	A. BUILDING: _____ B. WING _____	01/23/2020

RECEIVED
FEB 18 2020
ADULT CARE LICENSURE SECTION
RALEIGH

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITH FAMILY CARE HOME	492 SPEARMAN ROAD BOLTON, NC 28423

(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 and complaint investigation on 01-23-2020.	C 000	10A NCAC 13G .0405 To remain compliance with 10A NCAC 13G .0405(a)(b) Test for Tuberculosis SMITH FAMILY CARE HOME has taken actions set forth in the following plan of correction.	
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 4 sampled staff (Staff D) were tested upon hire for tuberculosis (TB) disease with the two-step TB skin test in	C 140	DEFICIENCY CITED HAVE BEEN CORRECTED (Staff D) • There was a TB Skin Test done on 08/10/2019 with no documentation of any other TB skin testing. • Two-Step TB Skin Test administered 01/24/2020 and read 01/27/20: Results Negative • Two-Step TB Skin Test administered 02/04/20 and read 02/07/20: Results Negative New hire checklist has been created and the list will contain dates of completion of each individual test guaranteeing that all necessary forms have been collected. Test results will be maintained in employee's personnel file and stored electronically. The administrator will be responsible for reviewing the "New Hire" checklist 7 business days prior to employment and 7 business days after employment to ensure hiring file includes the documents and actions taken for the hiring of each position. C140 Addendum per telephone with Mrs. Ronnette Smith on 02/24/20. All staff will have a TB skin test Two steps prior to hire. N Morelle (RM)	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Ronnette Smith 02/18/2020
Nika Morelle 02/24/20
* The Plan of Correction with Addendum was received and accepted on 02/24/20. Refer to addendums on pages 1, 2, 3, and 5 of this statement of deficiencies. N Morelle (RM)

C140 Addendum per telephone with Mrs. Ronnette Smith on 02/24/20:
The administrator will be responsible for the "New Hire" checklist 7 business days prior to employment and 7 business days after employment annually and thereafter to ensure hiring files includes the documents and actions taken for the hiring of each position. N Morelle (RM)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL024014	A. BUILDING: _____ B. WING _____	01/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITH FAMILY CARE HOME	492 SPEARMAN ROAD BOLTON, NC 28423

(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 140	Continued From page 1 compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Staff D supervisor in charge personnel record revealed: -There was no hire date. -There was a TB skin test done on 08/10/19 that was read as negative. Interview with the Administrator on 01/23/20 at 12:41pm revealed: -Staff D did not have an official hire date. -She was a volunteer in training to become a staff member. -She started to volunteer in the facility in September 2019. -She was unaware that Staff D did not have a TB skin test. -She was responsible to maintain all staff personnel records and ensure TB skin test were completed. -Staff D had started training several months ago as a supervisor in charge and medication aide. Interview with the Administrator on 01/24/20 at 9:20am revealed Staff D had never received a TB skin test.	C 140	C140 Addendum per telephone with Mrs Ronnette Smith on 02/24/20. The completion date is 02/07/20. M Mizell (RN) 10A NCAC 13G .0406(a) To remain in compliance with 10A NCAC 13G .0406(a)(5) Other Staff Qualifications SMITH FAMILY CARE HOME has taken actions set forth in the following plan of correction. DEFICIENCY CITED HAVE BEEN CORRECTED (Staff C) • North Carolina Health Care Personnel Registry verification completed 01/23/20. Results "No Findings" New hire checklist has been created and the list will include date of completion of North Carolina Health Care Personnel Registry guaranteeing verification. The results will be maintained in an employee's personnel file and stored electronically. The administrator will be responsible for reviewing the "New Hire" checklist 7 business days prior to employment and 7 business days after employment to ensure hiring file includes the documents and actions taken for the hiring of each position.	
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;	C 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL024014	A. BUILDING: _____ B. WING _____	01/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITH FAMILY CARE HOME	492 SPEARMAN ROAD BOLTON, NC 28423

(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 145	Continued From page 2 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 4 staff sampled (Staff C) did not have any findings on NC HCPR according to G.S. 131E-256 (ds). The findings are: Review of Staff C's supervisor in charge personnel record revealed: -Staff C did not have a hire date documented. -There was no documentation of a North Carolina Health Care Personnel Registry (NC HCPR) check having been completed. Interview with the Administrator on 01/23/20 at 12:57pm revealed: -She was responsible for all staff personnel records and was responsible for preforming the NC HCPR checks on all new employees. -She did them before the hire date. -She had not completed Staff C's NCHCPR. -She had not had time to get the NCHCPR completed before Staff C started training for a supervisor in charge (SIC) position. -Staff C had started training in the facility in December 2019. -Staff C's training had included direct patient care and Staff C was left with the resident's unsupervised. -She was unable to recall Staff C's exact hire date. Review of the NCHCPR check dated 01/23/20 for Staff C revealed there were no substantiated findings.	C 145 C145

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL024014	A. BUILDING: _____ B. WING _____	01/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITH FAMILY CARE HOME	492 SPEARMAN ROAD BOLTON, NC 28423

(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 202	Continued From page 3	C 202	10A NCAC 13G .0702(a)	
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure tuberculosis (TB) testing had been completed upon admission in compliance with the control measures adopted by the commission for Health Services for 1 of 3 sampled residents (Resident #2). The findings are: Review of Resident #5's current FL-2 dated 09/10/19 revealed diagnoses major depressive disorder, intellectual disability, primary insomnia, wheezing, tobacco abuse, alcohol abuse, seasonal allergies, and skin picking disorder. Review of Resident #2's Resident Register revealed an admission date of 03/21/18. Review of Resident #2's Tuberculosis (TB) Screening form revealed: -There was documentation of a TB skin test	C 202	To remain in compliance with 10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination SMITH FAMILY CARE HOME has taken actions set forth in the following plan of correction. • There was a TB Skin Test done on 03/14/2018 with no documentation of any other TB skin testing. DEFICIENCY CITED HAVE BEEN CORRECTED (Resident #2). • Two-Step TB Skin Test administered 01/24/2020 and read 01/27/20: Results Negative • Two-Step TB Skin Test administered 02/04/20 and read 02/07/20: Results Negative New admission checklist has been created and the list will contain dates of completion of each individual test guaranteeing that all necessary forms have been collected. Test results will be maintained in resident's admission file and stored electronically. The administrator will be responsible for reviewing the "New Admission" checklist prior to admission and 7 business days after admission to ensure resident file includes the required documents for admission.	

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
	FCL024014	A. BUILDING: _____ B. WING _____	01/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITH FAMILY CARE HOME	492 SPEARMAN ROAD BOLTON, NC 28423

(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 202	Continued From page 4 administered to Resident #2 on 03/14/18 and read as negative on 03/16/18. -There was no documentation of any other TB skin testing. Interview with the Administrator on 01/23/20 at 3:22pm revealed: -She was responsible for reviewing and completing admission paperwork. -She normally got residents' TB skin test results upon admission. -She normally did not admit residents unless the resident had documentation for two TB skin tests. -Documentation of TB skin test results would be kept in the resident record. -She did not realize Resident #2 did not have a two TB skin tests. -She did not have a system in place for reviewing resident records, after admission, for documentation of two TB skin tests because she was the only person who was responsible for information placed in the residents' record. -Somehow Resident #2's second TB skin test had been overlooked. Interview with Resident #2 on 01/23/20 at 5:30pm revealed: -He remembered having a TB skin test placed when he was at the hospital prior to admission to the facility. -He did not remember if a second TB skin test had been done since his admission to the facility.	C 202 C202 C202	Addendum per telephone with Mrs. Ronnette Smith on 02/24/20: The administrator will be responsible for reviewing the "New Admission" checklist prior to admission and 7 business days after admission annually and thereafter to ensure resident file includes the required documents for admission. n mazell (RN) Addendum per telephone with Mrs Ronnette Smith on 02/24/20 The administrator will be responsible that any new residents will have the second Two-Step TB skin test within 10 business days for residents that are admitted with one negative TB Skin test. The residents will be free of TB either by a negative TB skin test or Chest xray for any resident with a history of a positive TB skin test ensuring there is no active TB. n. mazell (RN)	

C202 Addendum per telephone with Mrs. Ronnette Smith on 02/24/20: The completion date is 02/07/20.

n mazell (RN)