STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008044	A. BUILDING: _____ B. WING _____	02/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGINIA'S PLACE #2	138 CONNARISTA ROAD KELFORD, NC 27847

(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 and Bertie County Department of Social Services conducted an initial survey on February 26-27, 2020.	C 000	RECEIVED APR 05 2020 ADULT CARE LICENSURE SECTION RALEIGH	
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: TYPE B VIOLATION Based on record review and interviews, the facility failed to ensure 3 of 3 staff (Staff A, B, and	C 140		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Patricia Hines TITLE: Administration (X6) DATE: 4/3/20

STATE FORM 6899 11RZ11 If continuation sheet 1 of 32

Reviewed and accepted with revisions. [illegible] 04/22/2020.

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C 140	Continued From page 1 C) were tested upon hire for tuberculosis (TB) disease using a two-step tuberculosis skin test according to the control measures adopted by the Commission for Health Services. The findings are: 1. Review of Staff A's personnel record revealed: -Staff A was hired on 02/10/2020. -There was no position title for Staff A. -There was documentation of a negative TB skin test dated 06/05/2019. -There was no documentation of a second TB skin test. Interview with the Owner/Administrator on 2/27/2020 at 10:50am revealed: -She did not know that staff could have a second TB skin test completed within 7 to 10 days after the first scheduled TB skin test. -She was responsible for informing staff of the required documentation that was needed to complete job requirements. -She was responsible for maintaining personnel records. -She scheduled Staff A to have a second TB skin test on 02/28/2020. -She developed a check-off sheet with staff job requirements but had not used the check off sheet at this facility. Refer to the interview with the Owner/Administrator on 02/27/2020 at 12:03pm. Refer to the second interview with the Owner/Administrator on 02/27/2020 at 12:55pm. 2. Review of Staff B's personnel record revealed: -Staff B was hired as a medication aide (MA) on 02/10/2020. -There was documentation of a tuberculosis (TB)	C 140		

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C 140	Continued From page 2 skin test placed on 10/25/2019 and read as 0mm (negative) on 10/28/2019. -There was no documentation Staff B had a TB skin test placed or read on or after the hire date of 02/10/2020. Refer to the interview with the Owner/Administrator on 02/27/2020 at 12:03pm. Refer to the second interview with the Owner/Administrator on 02/27/2020 at 12:55pm. 3. Review of Staff C's personnel record revealed: -Staff C was hired as a personal care aide (PCA) on 12/23/2019. -There was no documentation of any TB skin test for Staff C. Interview with Staff C on 02/26/2020 at 12:33pm revealed: -His duties included administering medications, cooking, and cleaning for the facility residents. -He had been employed at the facility since December 2019. Interview with the Owner/Administrator on 02/27/2020 at 12:47pm revealed: -She had not been able to find any information regarding TB skin testing for Staff C. -She had not requested Staff C to get a TB skin test prior to 02/27/2020. Refer to the interview with the Owner/Administrator on 02/27/2020 at 12:03pm. Refer to the second interview with the Owner/Administrator on 02/27/2020 at 12:55pm. Interview with the Owner/Administrator on 02/27/2020 at 12:03pm revealed:	C 140		

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C 140	Continued From page 3 -She was responsible for ensuring all staff had documentation for testing of the two-step TB skin test. -There had been a shortage of the serum used for TB skin testing, but she knew the shortage was over because she had other staff who had been tested. Second interview with the Owner/Administrator on 02/27/2020 at 12:55pm revealed: -She knew all staff needed to have documentation for having a two-step TB skin test. -She had a check off sheet for information that needed to be in personnel records that included TB skin testing results. -She reviewed the check off sheet "maybe every three months". -She had not followed up on the information on the check off sheet used for monitoring information in personnel records. The facility failed to ensure all staff had been tested for TB disease as required which increased the risk of transmission of TB disease. The facility's failure was detrimental to the health, safety, and welfare of the residents which constitutes a Type B Violation The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/27/2020 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 12, 2020.	C 140	The administrator will develop a check sheet to ensure all staff meets the qualification of having the TB skin test before hire, and the step-two will follow with 10 days, after hire. 3/10/20 Addendum per telephone conversation with Patricia Greene, Administrator on 4/22/2020 @ 5:15 p.m. - The Administrator will review the checklist sheet every three months to ensure all staff have a 2-step TB test on file and in personnel record. — H Faris, RN 4/22/2020 @ 5:15p	
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications	C 145		

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C 145	Continued From page 4 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; This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure 2 of 3 sampled staff (Staff A and B) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR). The findings are: 1. Review of Staff A's personnel record review revealed: -Staff A was hired on 02/10/2020. -There was no position title for Staff A. -There was documentation of a HCPR check dated 02/26/2020. Interview with the Owner/Administrator on 02/27/2020 at 3:00pm revealed: -Staff A was hired on 02/10/2020. -Staff A was hired as a "fill-in" -Staff A had worked twice in the facility. -Staff A was responsible for preparing meals and watching the residents. -Staff A did not administer medications. -She knew an HCPR check was supposed to be completed prior to hire date. -She was responsible for completing the HCPR check on potential staff upon hire. -She was getting around to completing the HCPR check for staff. -She had reviewed staff personnel records on	C 145	Using the check sheet ~~the a~~ The administrator will ensure that ~~staff~~ before hire, there will be a Health Care Registry check performed, on all potential employees, The administrator will review the checksheet every three months.	3/2/20

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C 145	Continued From page 5 02/26/2020 to ensure compliance. 2. Review of Staff B, Medication Aide's personnel record revealed: -There was a documented hire date of 02/10/2020. -There was documentation of a Health Care Personnel Registry (HCPR) check dated 02/26/2020 with no findings listed on the HCPR. Interview with the Owner/Administrator on 02/27/2020 at 11:23am revealed: -Staff B started work at the facility around 02/10/2020. -She (Owner/Administrator) completed the HCPR check for Staff B on 02/26/2020. -She went through Staff B's paperwork on 02/26/2020 and realized the HCPR check had not been completed so she completed the HCPR check. -She was responsible for completing the HCPR checks. -She "normally" performed the HCPR checks once she considered hiring someone.	C 145	The administrator will ensure that an application is on file, and job title is on the application, using the check sheet.	3/3/20
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 1 of 3 sampled staff (Staff A) had a statewide criminal background check completed upon hire.	C 147	The administrator will ensure that the staff, has a criminal background check, before hire. The administrator has delelop a checksheet of all the required documentation before hire. The check-sheet will be reviewed by the administrator every 3 months	3/20/20

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C 147	Continued From page 6 The findings are: Review of Staff A's personnel record revealed: -Staff A was hired on 02/10/2020. -There was no position title for Staff A. -Staff A did not have a job description. -There was documentation of a statewide criminal background check completed on 02/26/2020. Interview with Staff A on 02/28/2020 at 11:40am revealed: -Staff A did not know her job title. -She was "part time help". -She was responsible for cooking, cleaning and watching the residents. Interview with the Owner/Administrator on 02/27/2020 at 2:00pm revealed: -She was responsible for maintaining personnel records. -Record chesk were completed within every 3 months. -She knew that a criminal background check was required upon hire for all staff. -She had requested a criminal background check for Staff A on 02/26/2020. -She had hired Staff A as a fill-in. -She had scheduled Staff A to work twice at the facility. -She had reviewed staff personnel records' on 02/26/2020.	C 147		
C 335	10A NCAC 13G .1004 (f) (1-4) Medication Administration 10A NCAC 13G .1004 Medication Administration (f) If medications are prepared for administration	C 335		

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C 335	Continued From page 7 in advance, the following procedures shall be implemented to keep the drugs identified up to the point of administration and protect them from contamination and spillage: (1) Medications are dispensed in a sealed package such as unit dose and multi-paks that is labeled with the name of each medication and strength in the sealed package. The labeled package of medications is to remain unopened and kept enclosed in a capped or sealed container that is labeled with the resident's name, until the medications are administered to the resident. If the multi-pak is also labeled with the resident's name, it does not have to be enclosed in a capped or sealed container; (2) Medications not dispensed in a sealed and labeled package as specified in Subparagraph (1) of this Paragraph are kept enclosed in a sealed container that identifies the name and strength of each medication prepared and the resident's name; (3) A separate container is used for each resident and each planned administration of the medications and labeled according to Subparagraph (1) or (2) of this Paragraph; and (4) All containers are placed together on a separate tray or other device that is labeled with the planned time for administration and stored in a locked area which is only accessible to staff as specified in Rule .1006(d) of this Section. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications prepared for administration in advance were kept in a container that identified the name and strength of each medication and were identified up to the point of administration for 3 of 3	C 335	The administrator Will develop a Checksheet to ensure all staff have received the proper training and the training is properly documented, and current. All medication will remain in the proper package. The check sheet will be reviewed by the administrator every 3 month	3/2/20

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C 335	Continued From page 8 residents sampled (Residents #1, #2, and #3). The findings are: 1. Review of Resident #1's current FL-2 dated 01/17/2020 revealed diagnoses included "MDD" (major depressive disorder) recurrent, severe, "ADHD" (attention deficit hyperactivity disorder), and autism. Review of a physician orders for Resident #1 dated 01/17/2020 revealed: -There was a physician order for Luvox (used to treat social anxiety disorders, obsessive compulsive disorders, and depression) 50mg tablet take three tablets at bedtime. -There was a physician order for Remeron (used to treat depression) 15mg tablet at bedtime. Observations of Resident #1's medications stored in the medication room on 02/26/2020 between 2:25pm and 3:25pm revealed: -The medications were stored in a clear plastic container inside a wooden storage cabinet. -There was no resident name on the outside of the clear plastic container. -Inside the clear plastic container there was one pharmacy labeled medication blister pack each for Remeron 15mg tablet take one tablet at bedtime for appetite, and Luvox 50mg tablet take one tablet every morning and three tablets every night for "OCD"(obsessive compulsive disorder). -There was a 7-day medication planner with small square deep closure sections for morning, noon, evening, and bed time engraved on top of the cup closures. -Inside the cup closure sections for Wednesday through Saturday labeled bedtime there were three small white round tablets and one oblong tablet. There was no information to identify the	C 335	Addendum per telephone interview with Patricia Greene, Administrator on 04/22/2020 @ 5:15pm: - All medications will remain in the pharmacy labelled dispensing packaging until time for administration. - Each employee will be properly trained on medication preparation, packaging, labeling and administration. - A sign roster will be compiled with each employee's name and date of training. The roster will be reviewed every three months for compliance. - The RN will observe, monitor and review the MA procedures once a month unannounced. - The RN will monitor storage, labeling, preparing and administering of meds to ensure MAs are following procedure. - The RN will provide ongoing quarterly trainings with the MAs on MARs/meds. - The RN and Administrator will be responsible for monitoring. - The correction date will be 04/29/2020. — Ms. Scott, RN Licensure Consultant	

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C 335	Continued From page 9 names and strengths of the tablets inside the medication planner cupped sections. -There was no resident name on the medication planner. Refer to the interview with a personal care aide (PCA) on 02/26/2020 at 2:27pm. Refer to the second interview with the PCA on 02/26/2020 at 3:19pm. Refer to the interview with the Owner/Administrator on 02/27/2020 at 9:10am. Refer to the second interview with the Owner/Administrator on 02/27/2020 at 11:15am. 2. Review of Resident #2's current FL-2 dated 01/17/2020 revealed diagnoses mental retardation, "ADHD" (attention deficit hyperactivity disorder), seizures, and asthma. Review of a physician orders for Resident #2 dated 01/17/2020 revealed: -There was a physician order for Metadate (generic for Ritalin and used to treat ADHD) ER CD 50 capsule daily. -There was a physician order for Prozac (used to treat depression) 40mg tablet daily. -There was a physician order for Seroquel (used to treat sleep disorders) XR 2 tablet at bedtime. -There was a physician order for Desyrel (used to treat depression, anxiety, sleep, and pain) 100mg two tablets at bedtime. -There was a physician order for Depakote (used to treat seizures) two tablets at bedtime. -There was a physician order for Intuniv ER 2 (used to treat ADHD) one tablet at bedtime. Observations of Resident #2's medications stored	C 335		

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C 335	Continued From page 10 in the medication room on 02/26/2020 between 2:25pm and 3:25pm revealed: -The medications were stored in a clear plastic container inside a wooden storage cabinet. -There was no resident name on the outside of the clear plastic container. -Inside the clear plastic container there was one pharmacy labeled medication blister pack each for Ritalin SR 5mg daily, Prozac 40mg tablet daily, Desyrel 100mg two tablets at bedtime, Depakote ER 500mg two tablets at bedtime, and Intuniv ER 2mg tablet daily at bedtime. -There was a 7-day medication planner with small square deep closure sections for morning, noon, evening, and bed time engraved on top of the cup closures. -There was no blister pack for Seroquel ER 200mg tablets inside the clear plastic container. -Inside the cup closure section for Thursday through Saturday labeled morning there were no medications. -Inside the cup closure section for Wednesday through Saturday labeled bedtime there were 2 small white round tablets and 3 oblong tablets. There was no information to identify the names and strengths of the tablets inside the medication planner cupped sections. -There was no resident name on the medication planner. Refer to the interview with a personal care aide (PCA) on 02/26/2020 at 2:27pm. Refer to the second interview with the PCA on 02/26/2020 at 3:19pm. Refer to the interview with the Owner/Administrator on 02/27/2020 at 9:10am. Refer to the second interview with the	C 335		

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C 335	Continued From page 11 Owner/Administrator on 02/27/2020 at 11:15am. 3. Review of Resident #3's current FL-2 dated 01/17/2020 revealed diagnoses schizophrenia, multiple episodes and chronic "MI". Review of a physician orders for Resident #1 dated 01/17/2020 revealed: -There was a physician order for Vitamin D (dietary supplement) 1.25mg every Friday. -There was a physician order for Cogentin (used to treat involuntary movement due to use of psychotropic medication) 1mg tablet daily in the morning. -There was a physician order for Miralax Powder (used to treat constipation) 7gm in 8 ounces of water and drink daily. -There was a physician order for Colace (a stool softener used) 200mg daily. Observations of Resident #3's medications stored in the medication room on 02/26/2020 between 2:35pm and 3:25pm revealed: -The medications were stored in a clear plastic container inside a wooden storage cabinet. -There was no resident name on the outside of the clear plastic container. -Inside the clear plastic container there was one pharmacy labeled medication blister pack each for Colace 100mg take two capsules every morning, Cogentin 1mg tablet take one tablet at bedtime, and Vitamin D2 1.25mg capsule take one capsule every Friday at bedtime. There were two 100mg vials inside a medication bottle labeled for Haldol Decanoate (used to treat behaviors) injection 150mg IM (intramuscular) every four weeks. -There was no blister pack for Haldol tablets inside the clear plastic container. -There was a 7-day medication planner with small	C 335		

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C 335	Continued From page 12 square deep closure sections for morning, noon, evening, and bed time engraved on top of the cup closures. -Inside the cup closure sections for Thursday through Saturday labeled morning there were two small red oblong gel capsules. There was no information to identify the names and strengths of the gel capsules inside the medication planner cupped sections. There was no resident name on the medication planner. -Inside the cup closure section for Wednesday labeled bedtime there was one small white round tablet and one oblong white tablet. There was no information to identify the names and strengths of the medications inside the medication planner cupped sections. There was no resident name on the medication planner. -Inside the cup closure sections for Thursday and Saturday labeled bedtime there was one oblong white tablet. There was no information to identify the name and strength of the medication inside the medication planner cupped sections. There was no resident name on the medication planner. -Inside the cup closure section for Friday labeled bedtime there was one green oblong gel capsule and one oblong white tablet. There was no information to identify the names and strengths of the medications inside the medication planner cupped sections. There was no resident name on the medication planner. Interview with the personal care aide (PCA) on 02/26/2020 at 3:25pm revealed he could not think of the name for the small round white tablet in the bedtime cupped section for Wednesday, and "that's the one he ran out of". Refer to the interview with a personal care aide (PCA) on 02/26/2020 at 2:27pm.	C 335		

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VIRGINIA'S PLACE #2	138 CONNARISTA ROAD KELFORD, NC 27847

(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 335	Continued From page 13 Refer to the second interview with the PCA on 02/26/2020 at 3:19pm. Refer to the interview with the Owner/Administrator on 02/27/2020 at 9:10am. Refer to the second interview with the Owner/Administrator on 02/27/2020 at 11:15am. Interview with a PCA on 02/26/2020 at 2:27pm revealed: -He "punched out" the medications into the medication planner. -He was the only staff that worked at the facility, and he administered medications. -Sometimes he pre-poured medications so he would not have to "cram" all at one time. -He had to work in the mornings at the facility, so he pre-poured medications so he could "just give them". -He did not know he could not pre-pour medications more than 24 hours in advance. -He worked at the facility "24/7, 7 days a week". -He had never asked anybody if he could pre-pour medications. Interview with the PCA on 02/26/2020 at 3:19pm revealed: -He knew who the medications in the unlabeled medication planner were for because they were in the medication bin stored with the pharmacy labeled medication blister packs for the resident. -He was trained to use the medication administration records (MARs) when he administered medications. -He was not trained to pre-pour medications. -He administered medications based on the instructions printed on the medication package. -Sometimes he did not use the MARs when he administered medications.	C 335		

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C 335	Continued From page 14 Interview with the Owner/Administrator on 02/27/2020 at 9:10am revealed: -The PCA had been pre-pouring the medications. -The PCA "mostly" administered medications. Second interview with the Owner/Administrator on 02/27/2020 at 11:15am revealed: -She expected staff to administer medications correctly and on time. -She was aware medications could not be prepared in advance of 24 hours. -She was aware medications were being pre-poured. -The pre-pouring of medications was happening because the residents got up early and left the facility early in the morning and "may be just convenient".	C 335		
C 341	10A NCAC 13G .1004 (i) Medication Administration 10A NCAC 13G .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the medication	C 341	Using the developed checksheet The med technican and the administrator will check the MAR, to ensure they are signed at the time of dispense, by ~~them~~ Med tech. that dispense the meds and the administrator.	3/9/20

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C 341	Continued From page 15 administration records (MARs) were accurate to include the initials of staff who administered the medication to 3 of 3 sampled residents (#1, #2, and #3). The findings are: 1. Review of Resident #1's current FL-2 dated 01/17/2020 revealed diagnoses included major depressive disorder, recurrent, severe, attention deficit hyperactivity disorder and autism. a. Review of a physician orders for Resident #1 dated 01/17/2020 revealed there was a physician order for Luvox (used to treat social anxiety disorders, obsessive compulsive disorders, and depression) 50mg tablet take three tablets at bedtime. Review of the January 2020 medication administration records (MARs) for Resident #1 revealed: -Luvox 50mg take three tablets at bedtime and one in the morning was hand written to the MAR and scheduled for administration daily at 8:00am and 8:00pm. -There was documentation of administration for the 8:00am dose of Luvox 50mg for 01/01/2020 through 01/23/2020. There was no documentation of administration for the 8:00am dose of Luvox 50mg tablet in the morning for 01/24/2020 through 01/31/2020. -There was documentation of administration for the 8:00pm dose of Luvox 50mg three tablets for 01/01/2020 through 01/19/2020. There was no documentation of administration for the 8:00am dose of Luvox 50mg tablet in the morning for 01/20/2020 through 01/31/2020. -There was documentation of medication administration by one staff only.	C 341	Ltr Addendum per telephone conversation with Patricia Deane, Administrator on 04/28/2020 @ 5:15pm: - The RN will observe and reviews the MAR procedures with the MAs monthly to include documenting and administering medications. - The RN will observe and monitor the MAs once a month to insure safety and proper procedure are being followed for medication Administration procedures and requirements. - The Administrator and nurse are responsible for monitoring. - The correction date will be 04/30/2020. - The POC to the Licensure Consultant	

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C 341	Continued From page 16 -There was no signature on the MAR to identify who the staff was that had initialed the MAR documenting the administration of medications. Review of the February 2020 MARs for Resident #1 revealed: - There were printed entries to the MAR for Luvox 50mg tablet every morning at 7:00am, and Luvox 50mg take three tablets at bedtime and scheduled for administration daily at 8:00pm. -There was documentation of medication administration by one staff only. -There was no signature on the MAR to identify who the staff was that had initialed the MAR documenting the administration of medications. -There were no staff initials for documenting the administration of the 7:00am scheduled dose of Luvox 50mg one tablet every morning for 02/26/2020. b. Review of a physician orders for Resident #1 dated 01/17/2020 revealed a medication order for Remeron (used to treat depression) 15mg tablet at bedtime. Review of the January 2020 medication administration records (MARs) for Resident #1 revealed: -Mirtazapine (generic for Remeron) 15mg tablet take one tablet every night at bedtime for appetite was printed to the MARs and scheduled for administration daily at 8:00pm. -There was documentation of administration for the 8:00pm dose of Remeron 15mg tablet for 01/01/2020 through 01/23/2020. -There was documentation of medication administration by one staff only. -There was no signature on the MAR to identify who the staff was that had initialed the MAR documenting the administration of medications.	C 341		

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C 341	Continued From page 17 Review of the February 2020 MARs for Resident #1 revealed documentation of administration for Remeron 15mg every night from 02/01/2020 through 02/25/2020. Interview with Resident #1 on 02/26/2020 at 2:43pm revealed: -He did not know the names of his medications. -The PCA (named) administered medications "all the time". -The PCA (named) administered him medications on the evening of 02/25/2020 and the morning of 02/26/2020. Second interview with Resident #1 on 02/26/2020 at 3:00pm revealed: -Another staff administered him medication "this past weekend" (02/22/2020 - 02/23/2020). -The PCA administered medication during the week. -Sometimes the Owner/Administrator administered medications. -The last time he remembered the Owner/Administrator administering medications was "last year". Refer to the interview with the personal care aide (PCA) dated 02/26/2020 at 12:33pm. Refer to the second interview with the PCA on 02/26/2020 at 2:25pm revealed he was the only staff at the facility who administered medications. Refer to the interview with a second resident dated 02/26/2020 at 2:54pm. Refer to the third interview with the PCA dated 02/26/2020 at 2:58pm.	C 341		

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C 341	Continued From page 18 Refer to the interview with the Owner/Administrator dated 02/27/2020 at 9:10am. 2. Review of Resident #2's current FL-2 dated 01/17/2020 revealed diagnoses included mental retardation, attention deficit hyperactivity disorder (ADHD), seizures, and asthma. a. Review of a physician orders for Resident #2 dated 01/17/2020 revealed there was a physician order for Prozac (used to treat depression) 40mg tablet daily for depression. Review of the February 2020 MARs on 02/26/2020 for Resident #2 revealed: -Prozac 40mg tablet every morning was printed to the MARs and scheduled for administration at 7:00am. -There were no staff initials for documenting the administration of the 7:00am scheduled dose of Prozac 40mg tablet for 02/26/2020. -There was documentation of medication administration by one staff only. -There was no signature on the MAR to identify who the staff was that had initialed the MAR documenting the administration of medications. b. Review of a physician orders for Resident #2 dated 01/17/2020 revealed there was a physician order for Metadate ER CD (generic for Ritalin and used to treat ADHD) 50 one tablet daily tablet daily. Review of the February 2020 MARs on 02/26/2020 for Resident #2 revealed: -Metadate CD 5 one tablet every morning was printed to the MARs and scheduled for administration at 7:00am. -There were no staff initials for documenting the	C 341		

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C 341	Continued From page 19 administration of the 7:00am scheduled dose Metadate ER CD for 02/26/2020. -There was documentation of medication administration by one staff only. -There was no signature on the MAR to identify who the staff was that had initialed the MAR documenting the administration of medications. Refer to the interview with the personal care aide (PCA) dated 02/26/2020 at 2:33pm. Refer to the second interview with the PCA on 02/26/2020 at 2:25pm revealed he was the only staff at the facility who administered medications. Refer to the interview with a second resident dated 02/26/2020 at 2:54pm Refer to the third interview with the PCA dated 02/26/2020 at 2:58pm. Refer to the interview with the Owner/Administrator dated 02/27/2020 at 9:10am. 3. Review of Resident #3's current FL-2 dated 01/17/2020 revealed diagnoses schizophrenia, multiple episodes and chronic "MI". a. Review of a physician order for Resident #3 dated 01/17/2020 revealed there was a physician order for Vitamin D (dietary supplement) 1.25mg every Friday. Review of the January 2020 medication administration records (MARs) for Resident #3 revealed: -There was an entry for Vitamin D2 1.25mg 50,000 take one capsule every Friday at bedtime printed to the MAR and scheduled for	C 341		

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C 341	Continued From page 20 administration at 8:00pm. -There was documentation of administration for the Vitamin D2 daily from 01/01/2020 through 01/31/2020. -There was documentation of medication administration by one staff only. -There was no signature on the MAR to identify who the staff was that had initialed the MAR documenting the administration of medications. Review of the February 2020 MARs on 02/26/2020 for Resident #3 revealed: -There was documentation of administration for the Vitamin D2 daily from 02/01/2020 through 02/25/2020. -There was documentation of medication administration by one staff only. -There was no signature on the MAR to identify who the staff was that had initialed the MAR documenting the administration of medications. Observations of the Vitamin D2 on hand for Resident #3 on 02/26/2020 revealed: -There was a pharmacy printed label on the Vitamin D2 blister pack on hand dispensed from the pharmacy on 02/05/2020 for a quantity of four capsules. -There were printed instruction for Vitamin D 1.25mg every week on Friday. -There was one capsule of Vitamin D 1.25mg remaining on hand. b. Review of a physician orders for Resident #3 dated 01/17/2020 revealed there was a physician order for Cogentin (used to treat involuntary movement due to use of psychotropic medication) 1mg tablet daily in the morning. Review of the January 2020 medication administration records (MARs) for Resident #3	C 341		

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C 341	Continued From page 21 revealed: -There was an entry for Cogentin 1mg take one tablet every morning printed to the MAR and scheduled for administration at 7:00am. -There was documentation of administration for the Cogentin 1mg from 01/01/2020 through 01/31/2020. -There was documentation of medication administration by one staff only. -There was no signature on the MAR to identify who the staff was that had initialed the MAR documenting the administration of medications. Review of the February 2020 MARs on 02/26/2020 for Resident #3 revealed: -There was documentation of administration for the Cogentin 1mg tablet daily from 02/01/2020 through 02/25/2020. -There were no staff initials for documenting the administration of the 7:00am scheduled dose of Cogentin 1mg for 02/26/2020. -There was documentation of medication administration by one staff only. -There was no signature on the MAR to identify who the staff was that had initialed the MAR documenting the administration of medications. c. Review of a physician orders for Resident #1 dated 01/17/2020 revealed there was a physician order for Miralax Powder (used to treat constipation) 17gm in 8 ounces of water and drink daily. Review of the January 2020 medication administration records (MARs) for Resident #3 revealed: -There was an entry for Miralax Powder 17gms in 8 ounces water and drink daily printed to the MAR and scheduled for administration at 7:00am. -There was documentation of administration for	C 341		

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C 341	Continued From page 22 the Miralax Powder from 01/01/2020 through 01/31/2020. -There was documentation of medication administration by one staff only. -There was no signature on the MAR to identify who the staff was that had initialed the MAR documenting the administration of medications. Review of the February 2020 MARs on 02/26/2020 for Resident #3 revealed: -There was an entry for Miralax Powder 17gms in 8 ounces water and drink daily printed to the MAR and scheduled for administration at 7:00am. -There was documentation of administration for the Miralax Powder every morning from 02/01/2020 through 02/25/2020. -There were no initials documenting the administration of the Miralax Powder for 02/26/2020 at 7:00am. -There was documentation of medication administration by one staff only. -There was no signature on the MAR to identify who the staff was that had initialed the MAR documenting the administration of medications. d. Review of a physician orders for Resident #3 dated 01/17/2020 revealed there was a physician order for Colace 200mg daily. Review of the January 2020 medication administration records (MARs) for Resident #3 revealed: -There was an entry for Colace 100mg take two capsules every morning printed to the MAR and scheduled for administration at 7:00am. -There was documentation of administration for the Colace 200mg capsule every morning from 01/01/2020 through 01/31/2020. -There was documentation of medication administration by one staff only.	C 341		

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C 341	Continued From page 23 -There was no signature on the MAR to identify who the staff was that had initialed the MAR documenting the administration of medications. Review of the February 2020 MARs on 02/26/2020 for Resident #3 revealed: -There was an entry for Colace 100mg take two capsules every morning printed to the MAR and scheduled for administration at 7:00am. -There was documentation of administration for the Colace 200mg capsules every morning from 02/01/2020 through 02/25/2020. -There were no initials documenting the administration of the Colace for 02/26/2020 at 7:00am. -There was documentation of medication administration by one staff only. -There was no signature on the MAR to identify who the staff was that had initialed the MAR documenting the administration of medications. Interview with Resident #3 on 02/26/2020 at 2:59pm revealed: -The PCA (named) administered him medications on the evening of 02/25/2020 and the morning of 02/26/2020. -The PCA (named) administered medications on week days. -Another staff (named) administered him medications on the weekend and had last administered him medications "this past weekend" (02/22/2020 - 02/23/2020). Refer to the interview with the personal care aide (PCA) dated 02/26/2020 at 2:33pm. Refer to the second interview with the PCA on 02/26/2020 at 2:25pm revealed he was the only staff at the facility who administered medications.	C 341		

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C 341	Continued From page 24 Refer to the interview with a second resident dated 02/26/2020 at 2:54pm. Refer to the third interview with the PCA dated 02/26/2020 at 2:58pm. Refer to the interview with the Owner/Administrator dated 02/27/2020 at 9:10am. _____ Interview with the PCA on 02/26/2020 at 12:33pm revealed his duties included medication administration. Second interview with the PCA on 02/26/2020 at 2:25pm revealed he was the only staff at the facility who administered medications. Interview with a second resident on 02/26/2020 at 2:54pm revealed: -The PCA (named) administered his medications. -He had notice that "people don't always sign the paper. He lets [Owner/Administrator named] do everything I guess." Third interview with the PCA on 02/26/2020 at 2:58pm revealed: -When he administered medications, he initialed the MARs using his initials. -He administered medications the night of 02/25/2020. -He always made sure he signed his name or initials on the MARs, "either me or [Owner/Administrator]". -The initials on the January 2020 and February 2020 MARs were the Owner/Administrator's initials. -He could not explain why his initials were not on the MARs documenting when he had administered medications.	C 341		

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C 341	Continued From page 25 -He was trained to use the MARs when he administered medications. -He was supposed to initial the MARs, documenting administration of medication, after he administered each resident's medication before going to the next resident. -Sometimes he did not have the MARs when he administered medications. Interview with the Owner/Administrator on 02/27/2020 at 9:10am revealed: -She had "just been signing the MAR's". -Staff B had been administering medications to the residents in the morning and sometimes at night. -She was at the facility every day. -She did not know why she had been signing the MARs when PCA was administering the medications. -A "lot of time" she was "sitting right here". -The PCA had been trained by a nurse to administer medication. -The nurse went over everything on the medication checklist to make sure the PCA understood.	C 341		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure all residents	C 912		

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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 912	Continued From page 26 received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to tuberculosis skin testing and medication aide training and competency. The findings are: 1. Based on record review and interviews, the facility failed to ensure 3 of 3 staff (Staff A, B, and C) were tested upon hire for tuberculosis (TB) disease using a two-step tuberculosis skin test according to the control measures adopted by the Commission for Health Services. [Refer to Tag 140, 10A NCAC 13G .0405 Test For Tuberculosis (Type B Violation)]. 2. Based on observations, interviews and record reviews, the facility failed to ensure 1 of 1 sampled staff (Staff C), who was administering and pre-pouring medications, had taken and passed the medication aide test within 60 days of completing the medication clinical skills evaluation. [Refer to Tag 935, G.S. 131D-4.5B ACH Medication Aide Training and Competency Evaluation (Type B Violation)].	C 912	The administrator developed a checksheet to ensure all staff qualifications are documented, the administrator will ensure that all staff dispensing meds will have the properly trained, and all documentation will be kept in the staff folder. The administrator will ensure that all staff has a TB skin test on file, prior to hire.	3/26/20
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. (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	C935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008044	A. BUILDING: _____ B. WING _____	02/27/2020

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C935	Continued From page 27 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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record	C935		

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C935	Continued From page 28 reviews, the facility failed to ensure 1 of 1 sampled staff (Staff C), who was administering and pre-pouring medications, had taken and passed the medication aide test within 60 days of completing the medication clinical skills evaluation. The findings are: Review of Staff C's personnel record revealed: -Staff C was hired on 12/23/2019 as a "caretaker". -There was no job description for a caretaker in the personnel record. -There was documentation of a medication clinical skills competency validation checklist completed for Staff C dated 12/06/2019. -There was documentation of the 15-hour state approved medication aide training completed for Staff C dated 12/06/2019. -There was no documentation Staff C had passed the state approved medication aide test. Interview with Staff C on 02/26/2020 at 12:33pm revealed: -He was a medication aide (MA). -He administered medications at 6:30am and between 7:30pm and 8:00pm. -He had been employed at the facility since the beginning of December 2019. Interview with a resident on 02/26/2020 at 2:43pm revealed: -Staff C administered his medications. -He did not know the names of medications he was administered. Second interview with the same resident on 02/26/2020 at 2:56pm revealed Staff C had administered medications to him on the evening	C935	The administrator will ensure that each staff that is administering the meds have taken and pass the med test within 60 days of the med skill check street. 3/10/20 The administrator will ensure the training is properly documented. Addendum per telephone call with Patricia Brewer, Administrator on 04/22/2020 @ 5:15p.m.: - Employees hired will receive a letter from the Administrator after 30 days informing them of the need to complete the MA testing if not completed/passed prior to hire. - The DHSR Licensure Consultant	

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C935	Continued From page 29 of 02/25/2020 and the morning of 02/26/2020. Second interview with Staff C on 02/26/2020 at 2:58pm revealed: -He administered the residents their medications on the evening of 02/25/2020. -He always "went back" to review the medication administration records (MARs) to make sure he signed his name or initials on the MARs "either me or [Owner/Administrator named]". Interview with two residents on 02/26/2020 from 2:58pm - 3:00pm revealed Staff C administered their medications during the week and had administered their medications as recent as the morning of 02/26/2020. Review of three residents' medication administration records (MARs) for February 2020 revealed: -There was documentation for medication administration from 02/01/2020 through 02/25/2020 at 8:00pm by the Owner/Administrator. -There was no documentation for medication administration by Staff C. Second interview with Staff C on 02/26/2020 at 3:05pm revealed: -He was trained by the RN (named) to administer medications, and she "gave me med license". -He documented his initials on the MARs when he administered medications. -The Owner/Administrator documented her initials on the MARs when she administered medications. -He could not explain why his initials were not on the MARs documenting when he had administered medications to the residents on 02/26/2020 at 7:00am.	C935	Addendum Continued: - The RN nurse will train staff administering medications, using the medication aide competency skills checklist, to ensure each staff can perform the tasks. The employee can only administer medications for 60 days after completing the medication aide clinical skills competency checklist. Afterwards, the employee will need to become a certified medication aide. Upon hire the employee will sign a form indicating they have 60 days to pass the medication aide examination in order to continue working as a medication aide. - A roster will be compiled of all employees who have been properly skill competency validated and will be reviewed monthly by the Administrator for compliance. - The completion date will be 04/10/2020. - M Foster, RN Licensure Consultant	

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C935	Continued From page 30 Observations of medications on hand for three residents on 02/26/2020 revealed: -There were pre-poured medications for Wednesday, Thursday, Friday, and Saturday in an unlabeled weekly planner medication container. -There were no medication names listed on the weekly medication planner for identification of the medications. Interview with Staff C on 02/26/2020 at 3:25pm revealed he had pre-poured the medications. Interview with the Owner/Administrator on 02/27/2020 at 9:10am revealed: -Staff C had pre-poured the medications. -Staff C had been administering medications to the residents in the mornings and sometimes at night. Second interview with the Owner/Administrator on 02/27/2020 at 11:45am revealed: -Staff C was not a medication aide. -Staff C had not taken the state approved medication aide test. -Staff C was studying for the medication aide test. -She was aware Staff C was supposed to pass the state approved medication aide test within 60 days of the medication clinical skills validation. -She thought she had until 02/26/2020 for Staff C to pass the state approved medication aide test. The facility failed to assure Staff C, who administered medications to residents, had completed and passed the state approved medication aide test within 60 days of completing the medication clinical skills validation. Staff C administered and pre-poured medications. The facility's failure placed the residents at risk for	C935	The facility / administrator will ensure that any staff that dispense meds have pass the state approved med. test within 60 days of completing the med. skill validation. The administrator will ensure that med. are not pre-poured. The meds will remain in the package container from the pharmacy	3/3/20

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C935	Continued From page 31 medication errors, which was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/27/2020 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 12, 2020.	C935		

Forte, Hope

From: Patricia Greene <virginiaplace1517@gmail.com>
Sent: Sunday, April 5, 2020 9:24 PM
To: Forte, Hope
Subject: [External] Plan Of Correction
Attachments: POC1.pdf; POC2.pdf; POC3.pdf