STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL020011	A. BUILDING: _____ B. WING _____	03/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
L AND N FAMILY CARE HOME	142 GRASSY KNOB ROAD ANDREWS, NC 28901

(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 03/16/21.	C 000		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to administer a medication as ordered by a licensed prescribing practitioner for 1 of 3 sampled residents (#2) related to a medication to treat anemia. The findings are: Review of Resident #2's current FL2 dated 09/10/20 revealed: -Diagnoses included iron deficiency anemia, hypertension, uncontrolled diabetes, and edema. -There was an order for ferrous sulfate 325mg (a medication to treat iron deficiency anemia) to be given daily. Review of Resident #2's January 2021 Medication Administration Record (MAR) revealed: -There was an entry for ferrous sulfate 325mg to be given daily at 8am.	C 330		

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-The entry contained a note that the family provides.
-Ferrous sulfate 325 mg was documented as administered from 01/01/21 to 01/31/21 for 31 of 31 opportunities.

Review of Resident #2's February 2021 Medication Administration Record (MAR) revealed:
-There was an entry for ferrous sulfate 325mg to be given daily at 8am.
-The entry contained a note that the family provides.
-Ferrous sulfate 325 mg was documented as administered from 02/01/21 to 02/28/21 for 28 of 28 opportunities.

Review of Resident #2's March 2021 Medication Administration Record (MAR) revealed:
-There was an entry for ferrous sulfate 325mg to be given daily at 8am.
-The entry contained a note that the family provides.
-Ferrous sulfate 325 mg was documented as administered from 03/01/21 to 03/16/21 for 16 of 16 opportunities.

Observation of Resident #2's medications available for administration on 03/16/21 at 11:14am revealed:
-There was a 100 tablet bottle of Ferrous Sulfate 27mg that was half empty.
-The bottle of ferrous sulfate 27mg was labeled with a generic label from a local store.
-Ferrous sulfate 325mg was not available for administration.

Interview with a medication aide (MA) on 03/16/21 at 12:25pm revealed:
-She administered 1 tablet of ferrous sulfate

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27mg to Resident #2 and documented it on the MAR.
-The family purchased Resident #2's ferrous sulfate or the facility provided it.
-She was not aware that ferrous sulfate 27mg was not the equivalent to ferrous sulfate 325mg.

Telephone interview with a representative from the facility's contract pharmacy on 03/16/21 at 11:39am revealed:
-The pharmacy received an order on 09/10/19 for Resident #2 for ferrous sulfate 325mg daily to treat iron deficiency anemia.
-Ferrous sulfate 27mg was not equivalent to ferrous sulfate 325mg.
-The pharmacy never dispensed ferrous sulfate 325mg because the family provided it.

Telephone interview with a representative from Resident #2's primary care provider (PCP) on 03/16/21 at 2:33pm revealed:
-Resident #2 was diagnosed with iron deficiency anemia in September 2019.
-The PCP ordered ferrous sulfate 325mg to be given daily.
-The ferrous sulfate was to be provided by the family or the facility and did not need to be dispensed from the pharmacy.
-Ferrous sulfate 27mg was not equivalent to ferrous sulfate 325mg.
-Resident #2 needed the dose of iron that was ordered; ferrous sulfate 325mg.
-If Resident #2 did not receive the correct dose of ferrous sulfate her anemia could worsen.

Interview with the Administrator on 03/16/21 at 12:10pm revealed:
-Either Resident #2's family provided the ferrous sulfate or the facility purchased it.
-Resident #2 had been receiving ferrous sulfate

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C 330	Continued From page 3 "for a long time". -She purchased the current bottle of ferrous sulfate 27mg at a local store. -She did not know that ferrous sufate 27mg was not the equivalent to ferrous sulfate 325mg. -She as well as the other MAs documented on the MAR that ferrous sulfate 325mg was administered when they administered ferrous sulfate 27mg.	C 330		
C 611	10A NCAC 13G .1701 (b) Infection Prevention & Control Program (temp) 10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM (b) The facility shall assure the following policies and procedures are established and implemented consistent with the federal CDC published guidelines, which are hereby incorporated by reference including subsequent amendments and editions, on infection control that are accessible at no charge online at https://www.cdc.gov/infectioncontrol, and addresses the following: (1) Standard and transmission-based precautions, for which guidance can be found on the CDC website at https://www.cdc.gov/infectioncontrol/basics, including: (A) respiratory hygiene and cough etiquette; (B) environmental cleaning and disinfection; (C) reprocessing and disinfection of reusable resident medical equipment; (D) hand hygiene; (E) accessibility and proper use of personal protective equipment (PPE); and (F) types of transmission-based precautions and when each type is indicated, including contact	C 611		

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precautions, droplet precautions, and airborne precautions;
(2) When and how to report to the local health department when there is a suspected or confirmed
reportable communicable disease case or condition, or communicable disease outbreak in accordance with Rule .1702 of this Section;
(3) Resident care when there is suspected or confirmed communicable disease in the facility, including,
when indicated, isolation of infected residents, limiting or stopping group activities and communal
dining, and based on the mode of transmission, use of source control as tolerated by the residents.
Source control includes the use of face coverings for residents when the mode of transmission is through a respiratory pathogen;
(4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs
of illness, as well as posting signage for visitors regarding screening and restriction procedures;
(5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness
from working;
(6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of
the residents during a communicable disease outbreak;
(7) The annual review and update of the facility ' s IPCP to be consistent with published CDC guidance
on infection control; and
(8) a process for updating policies and

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C 611	Continued From page 5 procedures to reflect guidelines and recommendations by the CDC, local health department, and North Carolina Department of Health and Human Services (NCDHHS) during a public health emergency as declared by the United States and that applies to North Carolina or a public health emergency declared by the State of North Carolina. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were implemented when caring for 4 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of residents, staff, and visitors and wearing required personal protective equipment (PPE). The findings are: Review of the CDC guidelines for the prevention and spread of COVID-19 in long-term care (LTC) facilities last updated 11/20/20 revealed: -All essential visitors should be screened for the presence of fever and symptoms of the virus when entering the building. -Personnel should be screened for fever and symptoms of COVID-19 before starting each shift. -Screen residents daily for fever and symptoms of COVID-19. -Staff should wear a facemask at all times while they are in the facility.	C 611		

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C 611	Continued From page 6 Review of the NCDHHS guidance for the prevention and spread of COVID-19 in LTC facilities dated 09/2020 revealed: -Actively screen all residents at least daily for fever and respiratory symptoms. -All visitors to the facility should be screened for signs and symptoms of COVID-19 prior to entering the facility. -Implement universal facemask use by staff, residents, and visitors. Observation upon entering the facility on 03/16/21 at 9:50am revealed: -The Supervisor in Charge (SIC) came to the front entrance and she was not wearing a facemask. -The SIC did not screen the surveyors for signs and symptoms of COVID-19 or take their temperatures. -The Administrator was not wearing a facemask. -There was a pack of disposable facemasks, a thermometer, and a container of hand sanitizer near the front entrance. Interviews with two residents on 03/16/21 from 9:56am to 10:00am revealed: -Staff had not worn facemasks. -Staff had not screened the residents for signs and symptoms of COVID-19. -The residents wore facemasks when they left the facility for appointments. Interviews with two more residents on 03/16/21 from 9:53am to 10:04am revealed: -Staff nor residents wore a facemask when in the building. -Everyone wore a facemask if they went anywhere in the community.	C 611		

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C 611	Continued From page 7 Interview with the SIC on 03/16/21 at 10:10am revealed: -She had not worn a facemask in the facility because she only worked in the facility and then went home after and had not been exposed to the virus. -She had not screened herself for signs and symptoms of the virus because she only went to work and then home. Interview with the Administrator on 03/16/21 at 10:15am revealed: -There were 4 residents residing in the facility. -Two residents had received the COVID-19 vaccines. -Staff and residents had not worn facemasks in the facility because she knew they had not been exposed to the virus. -She lived in the facility and only went to the grocery store where she wore a facemask and kept six feet apart from other people. -She had not screened the residents because she "knew" the residents. -Staff had not been screened because she knew they had not been exposed to the virus. -It was not necessary to follow the COVID-19 guidance from the CDC and NCDHHS because she observed the residents everyday and she "knew" them. Observation in the dining room on 03/16/21 at 10:51am revealed: -Two visitors entered the facility through a door in the dining room walked through the kitchen and downstairs to the Administrator's private living area. -The visitors were not screened for COVID-19. -The vistors did not have facemasks on. Observation in the dining room on 03/16/21 at	C 611		

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C 611	Continued From page 8 11:09am revealed: -A third visitor entered the facility through a door in the dining room walked through the kitchen and downstairs to the Administrator's private living area. -The visitor was not screened for COVID-19. -The vistor did not have a facemask on. A second interview with the Administrator on 03/16/21 at 11:34am revealed: -The two visitors came to the facility about once monthly. -She knew she should have screened the visitors but they were family and had not been around the residents.	C 611		
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 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	C935		

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C935	Continued From page 9 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: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled Medication Aides (MA) (Staff B) who administered medications to residents had completed the 5, 10, or 15 hour state approved medication administration training courses as required. The findings are: Review of the personnel record for Staff B, MA, on 03/16/21 revealed: -Staff B had a hire date of 02/2019. -There was documentation Staff B passed the medication administration exam on 06/29/20.	C935		

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C935	Continued From page 10 -There was documentation Staff B completed the medication clinical skills training on 09/23/20. -There was no documentation for the 15 hour medication administration training. Interview with Staff B on 03/16/21 at 12:49pm revealed: -She had not been a MA prior to taking the test on 06/29/20. -She administered medications to the residents. -Another MA in the facility had trained her. -She was not aware of the 5, 10, or 15 hours of required training. Interview with the Administrator on 03/16/21 at 12:46pm revealed: -The Licensed Health Professional Support (LHPS) nurse had conducted the medication clinical skills training. -The Administrator just did not "think about it" (15 hour training) because the facility seldom had new hires. -She did not know why the LHPS nurse had not conducted the 15 hour training. -The LHPS nurse was only in the facility every 3 months. Attempted telephone interview with the LHPS nurse on 03/16/21 at 12:45pm was unsuccessful.	C935		