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MCCLAIN'S FAMILY CARE HOME # 1	5963 THE PLAZA ROAD CHARLOTTE, NC 28215

(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 and follow-up survey on 04/13/21.	C 000		
C 236	10A NCAC 13G .0802 (a) Resident Care Plan 10A NCAC 13G .0802 Resident Care Plans (a) A family care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan shall be an individualized, written program of personal care for each resident. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure that an individualized care plan was developed within 30 days of admission for 1 of 3 sampled residents (Resident #3). The findings are: Review of Resident #3's current FL2 dated 07/15/20 revealed: -Diagnoses included schizoaffective disorder, autism spectrum disorder, and neuroleptic induced tardive dyskinesia. -Resident #3 was ambulatory. -There was no orientation status indicated. Review of Resident #3's Resident Register revealed an admission date of 07/08/20. Review of Resident #3's record revealed there was no care plan available for review. Observation of Resident #3 on 04/13/21 from 8:15am-4:30pm revealed:	C 236		

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C 236	Continued From page 1 -The resident was able to eat independently at the dining room table. -The resident dressed and groomed himself. -The resident was independent with bathing. Interview with the Supervisor-In-Charge (SIC) on 04/13/21 at 1:20pm revealed: -She was responsible for completing the care plan assessments. -She was responsible for making sure the care plan went to the primary care provider (PCP) for review and signature. -She normally completed the care plan and sent to the PCP when the FL2 needed to be updated annual. -She assessed the residents needs when they were first admitted through observation, but she did not document on the care plan. -She was going to send the care plan for signature in July 2021 because she usually sent the FL2s and care plans to the PCP annually. -Resident #3 used a cane to ambulate. -Resident #3 was independent and did not need assistance with eating, toileting, ambulating, dressing, and transferring. -Resident #3 required reminders/cueing with bathing and grooming Telephone interview with the Administrator on 04/13/21 at 2:40pm revealed: -She did not have a care plan for Resident #3. -She did not know that Resident #3 needed a care plan within 30 days of admission. -She expected the SIC to complete the assessment and have the PCP sign within 30 days of admission. Based on observations, interviews, and record reviews it was determined Resident #3 was not interviewable.	C 236		

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C 236	Continued From page 2 Attempted telephone interview with Resident #3's primary care provider on 4/13/21 at 9:59am was unsuccessful.	C 236		
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure health care referral and follow-up for 2 of 3 sampled residents (Resident #1 and #2) as related to physician notification related to notifying the physician of aggressive and threatening behaviors (#3) and follow-up with the physician for a current diet order (#2). The findings are: 1. Review of Resident #1's current FL2 dated 06/16/20 revealed diagnoses included schizoaffective disorder and bipolar disorder type 1. Interview with Resident #1 on 04/13/21 at 3:04pm revealed: -He was frustrated with the owner of the facility because he was not getting funds. -He had been back and forth with his family about his money and was unable to find a solution. -He told the owner and did not understand why he was not getting help. -If he could not get his funds handled, he was going to "get a gun and handle the situation himself".	C 246		

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C 246	Continued From page 3 Observation of Resident #1 on 04/13/21 from 3:04pm-4:30pm revealed: -The resident was agitated and upset about his finances. -The resident was pacing the facility, stating he was upset. -The resident argued and raised his voice with the Supervisor-in-Charge (SIC) and the owner. -The resident repeatedly stated he would get a gun a handle his finances on his own. -The facility staff did not reach out to the primary care provider (PCP) or local behavioral health crisis hotline. Observation of the wall in the dining room revealed there was list of telephone numbers which included a crisis hotline for behavioral health. Interview with the SIC on 04/13/21 at 3:30pm revealed: -Resident #1 always got upset when talking about his money. -Resident #1 would raise his voice, get loud and upset. -She and the owner at times could not calm him down. -She and the owner would call the police when Resident #1 got hostile and irate. -She always called the police when Resident #1 because aggressive and never thought of calling the crisis hotline. -She was not sure if crisis hotline would come. -The police did not do anything to address Resident #1's behavior. -She called the police just in case Resident #1 did anything to harm others. -She had never heard Resident #1 say that he would get a gun.	C 246		

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C 246	Continued From page 4 -She never called Resident #1's primary care provider (PCP) or mental health provider because he would eventually calm down and act as if nothing ever happened. -She did not think the PCP or mental health provider needed to know about Resident #1's outbursts and aggressive behaviors. Telephone interview with Resident #1's Case Worker on 04/13/21 at 3:39pm revealed: -She was aware that Resident #1 thought the facility stole his money. -Resident #1 had been recently diagnosed with dementia. -She had received phone calls on a weekly basis from Resident #1 for "sometime" due to him being concerned about his finances. Observation of the facility on 04/13/21 at 4:20pm-4:30pm revealed: -The police and paramedics entered the facility. -They received a call from the staff at the facility. -The local police and paramedics left within 10 minutes without Resident #1. -There no gun in Resident #1's bedroom. Interview with the Owner on 04/13/21 at 4:15pm revealed: -Resident #1 got very hostile and aggressive when discussing his funds. -At times, it was hard to calm him down and the police had to be called. -He never thought to call the behavioral health crisis hotline and never thought to call the primary care provider (PCP) or mental health provider about behaviors. -He had never heard the resident mention a gun. -He called the police (today) to help calm Resident #1 down.	C 246		

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C 246	Continued From page 5 Attempted telephone interview with the Administrator on 04/13/21 at 4:27pm was unsuccessful. Attempted telephone interview with Resident #1's mental health provider and PCP on 04/13/21 at 3:15pm was unsuccessful. 2. Review of Resident #2's current FL2 dated 08/12/20 revealed: -Diagnoses included bipolar affective disorder, schizophrenia, obesity, and osteoporosis. -There was no diet order listed. Review of Resident #2's physician's orders revealed there was no signed physician's order with a diet. Observation of lunch on 04/13/21 from 12:00pm-12:30pm revealed: -Resident #2 was served a bologna sandwich, a fruit cup, chocolate pudding, juice, and water. -Resident #2 consumed 100% her lunch meal without difficulty. Interview with the Supervisor-in-Charge (SIC) on 04/13/21 at 9:22am revealed: -She had not realized there was not a diet order in Resident #2's record. -She assumed Resident #2's diet was regular because she did not have a specific diet order. -The SICs and the Administrator were all responsible for obtaining diet orders from the physician. -She had not reached out to the primary care physician (PCP) to obtain a diet order for Resident #2, because she did not know a diet order was needed, "I misunderstood". Interview with Resident #2 on 04/13/21 at	C 246		

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C 246	Continued From page 6 12:28pm revealed: -She thought she was on a regular diet. -She did not think she had any diet restrictions. -She and roommates received the same food during meals. Interview with the Owner on 04/13/21 at 3:00pm revealed: -He and the SICs were responsible for obtaining a diet for each resident upon admission. -Each resident should have a diet order in their record. -He did not realize Resident #2 did not have a diet order in the record. -He thought the diet order was listed on the FL2. -He had not reached out to the PCP to get a diet order. Telephone interview with the Administrator on 04/13/21 at 2:40pm revealed: -The SIC and the Owner were responsible for obtaining diet orders. -She would expect each resident to have a diet order even if they have no known diet restrictions. -She did not know Resident #2's diet order was not in the record. Attempted telephone interview with Resident #2's primary care provider (PCP) on 04/13/21 at 11:30am was unsuccessful.	C 246		
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community.	C 288		

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C 288	Continued From page 7 This Rule is not met as evidenced by: Based on observations and interviews the facility failed to develop and implement an activity program that promoted active involvement for 5 of 5 residents who resided in the facility. The findings are: Observation of the facility on 04/13/21 at 12:43pm revealed that the facility did not have an activity calendar posted for April 2021. Observation of the common area on 04/13/21 from 8:15am to 4:27pm revealed: -The television was on in the common room all day. -Two residents sat on the couch in the common area but frequently left to smoke outside or went to their room. -One resident spent most of the day in her room but came out for meals and met with providers. -One resident spent time in his room but came out for meals and spoke with the Supervisor in Charge (SIC) multiple times. -One resident attended a day program. -The facility did not offer any organized activities for the residents to participate in. Observation of activity items under an end table in the dining room on 4/13/21 at 9:30am revealed there was a box of building blocks; a Connect 4 game and a game board that included chess and checkers. Observation of the facility on 04/13/21 from 8:30am-5:00pm revealed there were no organized activities conducted. Interview with a resident on 04/13/21 at 12:43pm	C 288		

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C 288	Continued From page 8 revealed: -His daily activities included cleaning and resting. -He has not seen the other residents participate in organized games or activities. Observation of a second resident speaking with a counselor on 04/13/21 at 1:52pm revealed: -Resident #2 was upset. -The counselor asked her why she felt upset and Resident #2 responded "I don't leave the house; the TV is always on and there is nothing fun". Interview with a third resident on 4/13/21 at 12:45pm revealed: -There were no activities implemented in the facility. -He just stayed in his room, watched television and read the bible. -He would like to participate in activities such as outings and interacting with others. Interview with SIC on 04/13/21 at 12:30pm revealed: -There was no calendar for April 2021. -She asked the Administrator about the calendar at the beginning of the month, but it was still not posted. -Residents did not like to participate in activities, "they like to be in their bedroom". -It was hard to get residents to participate in activities. -Due to COVID-19 pandemic, she kept residents separate to maintain 6 feet distance. -She would try to participate in activities with the residents two to three times a week. -She did not ask residents for their input to suggest what type of activities they would like to participate in every six months.	C 288		

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C 288	Continued From page 9 Interview with the Owner on 4/13/21 at 3:00pm revealed: -He was responsible for printing the calendar and posting it on the dining room wall. -He had not brought the calendar to the facility because he forgot. -He was responsible for printing the calendar and bringing it to the facility. -The staff should be encouraging residents during the day to so activities according to the calendar. -The residents were not interested in activities. -Planned activities with the residents were not always completed because the residents did not like to participate. Telephone interview with the Administrator on 04/13/21 at 2:30pm revealed: -She was the Activities Director (AD). -She was responsible for making the activity calendar for the facility each month. -She faxed the activity calendar to the Owner at the beginning of the month. -She expected the owner and/or the SIC to post the calendar at the beginning of the month. -She expected activities to be offered and implemented in the facility according to the calendar.	C 288		
C 315	10A NCAC 13G .1002(a) Medication Orders 10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or	C 315		

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C 315	Continued From page 10 (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure contact with the residents prescribing practitioner for clarification of orders for 2 of 3 sampled residents (Resident #1 & 3) regarding a medication to treat asthma, a supplement to prevent vitamin deficiency, a medication to high blood pressure, a medication used for smoking cessation (Resident #1), and a medication to treat bacterial infections (Resident #3). The findings are: 1. Resident #1's current FL-2 dated 06/16/20 revealed: -Diagnoses included arthritis of left knee, atypical chest pain, cocaine abuse, COPD, Crohn's disease, diabetes mellitus, diabetic neuropathy, diverticulosis, acid reflux, hyperlipidemia, schizoactive disorder, bipolar type 1 and intracolonic lipoma. -Symbicort 160-4.5mcg twice daily, Lisinopril 40mg once daily, SM nicotine 4mg chewing gum four times daily were not listed under medications. Review of Resident #1's physician orders revealed: -Order for Symbicort 160-4.5mcg twice daily (used to treat shortness of breath caused by	C 315		

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COPD) dated 06/26/19.
-Order for Lisinopril 40mg once daily (used to treat high blood pressure) dated 04/09/20.
-Order for SM nicotine 4mg chewing gum four times daily (used to help reduce cigarette use) dated 08/05/19.

Review of Resident #1's February 2021 medication administration record (MAR) revealed:
-There was an entry for Symbicort 160-4.5mcg twice daily scheduled and administered twice daily at 8am and 8pm, from 02/01/21-02/28/21.
-There was an entry for Lisinopril 40mg once daily scheduled and administered at 8am, from 02/01/21-02/28/21.
-There was an order form SM nicotine 4mg chewing gum four times daily scheduled and administered at 8:00am, 12:00pm, 4:00pm and 8:00pm, from 02/01/21-02/28/21.

Review of Resident #1's March 2021 MAR revealed:
-There was an entry for Symbicort 160-4.5mcg twice daily scheduled and administered twice daily at 8am and 8pm, from 03/01/21-03/31/21.
-There was an entry for Lisinopril 40mg once daily scheduled and administered at 8am, from 03/01/21-03/31/21.
-There was an order form SM nicotine 4mg chewing gum four times daily scheduled and administered at 8:00am, 12:00pm, 4:00pm and 8:00pm, from 03/01/21-03/31/21.

Review of Resident #1's April 2021 MAR revealed:
-There was an entry for Symbicort 160-4.5mcg twice daily scheduled and administered twice daily at 8am and 8pm, from 04/01/21-04/12/21.
-There was an entry for Lisinopril 40mg once daily

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scheduled and administered at 8am, from 04/01/21-04/13/21.
-There was an order form SM nicotine 4mg chewing gum four times daily scheduled and administered at 8:00am, 12:00pm, 4:00pm and 8:00pm, from 04/01/21-04/12/21.

Interview with the Supervisor-in-Charge (SIC) on 04/13/21 at 11:30am revealed:
-Resident #1's Case Worker attended medical appointments with him and she never brought medical documents back to the facility.
-The SIC tried to call the physician's office for information but had "a difficult time reaching someone".

Telephone interview with Resident #1's Case Worker on 04/13/21 at 12:59pm revealed:
-She attended appointments with Resident #1 and was never given paperwork to bring to the facility.
-The physician's office faxed medication changes to the facility and to the pharmacy after Resident #1's appointments.

Telephone interview with the pharmacy technician at the facility's contracted pharmacy on 04/13/21 at 11:45am revealed:
-The pharmacy received a signed order for Symbicort 160-4.5mcg twice daily on 08/05/20 and resident had 11 refills left.
-The pharmacy received a signed order for Lisinopril 40mg once daily on 04/09/20 and resident did not have any refills left.
-The pharmacy received a signed order for SM nicotine 4mg chewing gum four times daily on 10/02/20 and resident had 1 refill left.

Attempted telephone interview with the Administrator on 04/13/21 at 2:55pm was

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C 315	Continued From page 13 unsuccessful. 2. Review of Resident #3's current FL2 dated 07/15/20 revealed diagnoses included schizoaffective disorder and autism spectrum disorder. Review of Resident #3's prescription receipts revealed: -There was a prescription receipt from the local pharmacy dated 02/02/21 for minocycline 50mg (used to treat infections), take one capsule daily for acne. -There was no physician's order for minocycline 50mg. -There was a prescription receipt dated 03/15/21 for doxycycline hyclate 50mg, take one capsule every day, "office visit before refill". -There was handwriting (undated) on the prescription receipt "do not take minocycline, this replaces it", there was no signature. -There was no physician's order for doxycycline hyclate 50mg. ' Review of Resident #3's physician's orders revealedthere was not physician order for minocyline 50mg one capsule daily or doxycycline hyclate 50mg one capsule daily. Review of Resident #3's February 2021 Medication Administration Record (MAR) revealed: -There was a handwritten entry for minocycline 50mg at 12:30pm. -Minocycline 50mg was documented as administered daily from 02/02/21-02/28/21. Review of Resident #3's March 2021 MAR revealed: -There was a handwritten entry for minocycline	C 315		

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	FCL060123	A. BUILDING: _____ B. WING _____	R 04/13/2021

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C 315	Continued From page 14 50mg at 12:30pm. -Minocycline 50mg was documented as administered daily from 03/01/21-03/14/21. -There was a handwritten entry for doxycycline hyclate 50mg at 12:30pm. -Doxycycline 50mg was documented as administered daily from 03/15/21-03/31/21. Review of Resident #3's April 2021 MAR revealed: -There was a handwritten entry for doxycycline hyclate 50mg at 12:30pm. -Doxycycline 50mg was documented as administered daily from 04/01/21-04/12/21. Interview with the Supervisor-in-Charge (SIC) on 04/13/21 at 11:20am revealed: -Resident #3's family took him to all medical appointments. -After Resident #3 returned from medical appointments, his family filled medications and brought them back to the facility. -She did not have the actual physician order for minocycline or doxycycline. -She used the prescription receipt from the pharmacy to record the medication instructions onto the MAR. -She did not call the physician to get a copy of the order. -She assumed the prescription receipt was a copy of what the physician ordered. Telephone interview with a representative from Resident #3's pharmacy on 04/14/21 at 9:09am revealed: -They received a copy of the order for minocycline 50mg on 2/2/21 and dispensed 30 tablets. -An order was received on 3/15/21 for doxycycline 50mg on 03/15/21, and 30 tablets	C 315		

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C 315	Continued From page 15 were dispensed. -The facility could get a copy of the order if requested to include in records. Telephone interview with the Administrator on 04/13/21 at 2:40pm revealed: -She expected the SIC to have an order for a medication before it is administered. -She expected the SIC to call the pharmacy to clarify orders if a prescription receipt was received before administering the medication. -She did not know there was not an order for Resident #3's minocycline or doxycycline in the record.	C 315		
C 612	10A NCAC 13G .1701 (c) Infection Prevention & Control Program (temp) 10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility.	C 612		

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C 612	Continued From page 16 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 (NC DHHS) were implemented when caring for 5 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of visitors. The findings are: Review of the Center for Disease Control (CDC) guidelines for the prevention and spread of the coronavirus in a long-term care (LTC) facilities last updated 03/10/21 revealed all essential visitors should be screened and restricted from visiting if they have: current SARS-CoV-2 (COVID-19) infection; symptoms of COVID-19; or prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days. Review of the NC DHHS Guidance on Visitation, Communal Dining and Indoor Activities for Larger Residential Settings dated 12/22/20 revealed: - The Core Principles of COVID-19 Infection Prevention included screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms, face covering or mask (covering mouth and nose) and appropriate staff use of Personal Protective	C 612		

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C 612	Continued From page 17 Equipment (PPE) Review of the facility's infection control policy revealed the policy contained no infection prevention and control program related to COVID-19 consistent with or according to the federal CDC and NC DHHS prevention guidelines on prevention and control of COVID-19. Observations upon entry into the facility on 04/13/21 from 8:15am to 4:30pm revealed: -Essential visitors were greeted by the Supervisor-in-Charge (SIC) upon entry. -The SIC was the only staff member present. -There was a cabinet that included a thermometer which was used to take temperatures of visitors and staff. -There was a visitor log located in a binder on top of the cabinet. -The visitor log included the date, time, name, temperature, and staff name. -There were no screening questions available to ask of visitors. -After prompting, the SIC confirmed there were no other questions that needed to be answered prior to entering the facility. -The essential visitors were not asked any screening questions. -A counselor came to meet with a resident for approximately 30 minutes. -There were no screening questions asked of the counselor prior to entering the facility. Interview with the SIC on 04/13/21 at 2:48pm revealed: -She took temperatures of all visitors who came into the facility. -She did not ask visitors screening questions prior to entering the facility. -There were not many visitors who come into the	C 612		

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C 612	Continued From page 18 facility. -She knew screening questions were required to be asked before visitors could enter the facility. -She forgot to ask screening questions of the visitor, "it was an oversight". Interview with the Owner on 04/13/21 at 3:00pm revealed: -She provided oversight to the SIC when the Administrator was not present. -He provided the facility with COVID-19 screening questions for visitors to be screened. -He thought screening questions were asked of visitors prior to entering the facility. Interview with the Administrator 4/13/21 at 2:40pm revealed: -The owner provided screening questions for visitors to be asked prior to entering the facility. -She received correspondence from the North Carolina Division of Health Service Regulation (DHSR) and knew the screening questions needed to be asked. -She faxed a copy of screening questions in January 2021 to the owner to print and provide to the facility. -She expected the staff to be screening visitors included the temperature, signs/symptoms of COVID-19, and exposure risk.	C 612		