Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl029013	A. BUILDING: _____ B. WING _____	03/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARY'S HOUSE FAMILY CARE HOME	120 COTTON CROSS DRIVE LEXINGTON, NC 27292

(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 the Davidson County Department of Social Services conducted an initial survey on 03/10/21.	C 000		
C 077	10A NCAC 13G .0315(a)(4) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a current Environmental Health Sanitation Inspection had been completed annually and available for review. The findings are: Review of the facility's Environmental Health sanitation inspection report dated 10/21/19 revealed: -There was no total demerit score listed. -There was one recommendation to add a refrigerator thermometer to the refrigerator to monitor temperatures. Observation of the refrigerator in the kitchen area on 03/10/21 at 11:00am revealed there was no thermometer in the refrigerator. Interview with the Administrator on 03/10/21 at 12:35 pm revealed: -She obtained a sanitation inspection in 2019 but	C 077	C 077 - Observation on 3/12/21 states no thermometer in refrigerator. Possibly overlooked, the refrigerator has a built in thermometer. It has been present the entire time the business has been open. Problem cannot occurr again, as thermometer will remain. S.I.C. and Administrator will monitor once monthly. Completed March 2020 3/2020	

reviewed and accepted 04/05/21 hp

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C 077	Continued From page 1 did not open the facility until January 2021. -She did not know she had to have a current annual sanitation inspection on file. -She had not contacted the Local Health Department or Environmental Health Agency to schedule an annual Environmental Health inspection for the facility.	C 077	C 077 - Health and Sanitation Report has been updated and is current and on file at the facility. Health and Sanitation will be updated annually in March, moving forward. Yearly reminders will be placed on facility calendar and calendar of Administrator, to prevent any future occurrance. S.I.C. and Administrator will monitor annually for compliance. Completed March 11, 2021. 3/11/21	
C 100	10A NCAC 13G .0316 (e) Fire Safety And Disaster Plan 10A NCAC 13G .0316 Fire Safety And Disaster Plan (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure fire evacuation plans, including fire drills, were rehearsed at least four times yearly. The findings are: Observations on 03/10/21 between 10:30am and 4:30pm revealed: -There were of 2 residents residing in the facility -One resident was continuously moving around in the facility. -The second resident was ambulatory without an	C 100		

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C 100	Continued From page 2 assistive device but did not move around much. Review of the facilities fire and safety records revealed: -The facility had a fire evacuation plan for review. -The facility had a copy of the facility's floor plan with evacuation routes marked and the plan was posted within the facility. -There was a Fire Inspection Safety Report dated 10/24/2019. -There were no deficiencies or non-compliance documented on the inspection. -There was no Fire Inspection and Safety Report subsequent to 10/24/19. Interview with the medication aide/Supervisor-in-Charge (MA/SIC) on 03/10/21 at 4:00pm revealed: -There had been one resident admitted at the facility from 01/16/21 until 03/01/21. -She was unaware of any fire drills performed at the facility. -She would have been responsible for fire drills at the facility when she worked because she was the only staff on duty. -She had never seen a fire drill performed at the facility. -She had not been instructed to complete a fire drill for residents. Interview with the Administrator on 03/10/21 at 11:35am revealed: -She had not requested a fire inspection since the initial inspection 10/24/19 because she did not admit a resident until 01/16/21. -She did not realize she needed to request an annual fire inspection. -She remembered a form for documenting fire drills when she put together information for her pre-licensure survey.	C 100	C 100 - Fire Inspection and Safety Report needs annual updating. New inspection is currently scheduled awaiting scheduling. Will place in facility file for review. Will schedule for future annual inspections in March. S.I.C. and administrator will place on appropriate calendars and monitor for compliance. Completion date, April 15, 2021. 4/15/21 C 100 - Fire drills must be conducted quarterly. First 2021 quarter fire drill will take place on Wednesday, March 31, 2021 and will be documented accordingly. All employees and residents were briefed on fire and emergency procedures on March 25, 2021. Future drills will take place in June, September, and December, 2021. Quarterly drills will be placed on facility calendar and administrators calendar to ensure compliance. Completion date, March 31, 2021. 3/31/21	

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C 100	Continued From page 3 -She admitted the first resident on 01/16/21 and the second resident on 03/01/21. -She had not conducted a fire drill since the first resident was admitted on 01/16/21. -She was responsible for ensuring that the fire drills were performed at the facility.	C 100		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure at least one staff was on the premises at all times for 1 of 2 sampled staff 2 (Staff B) who had completed cardio-pulmonary (CPR) and choking management within the past 24 months for 29 of 72 shifts. The findings are:	C 176		

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C 176	Continued From page 4 Review of Staff B's, medication aide (MA)/personal care aide (PCA) personnel record revealed. -There was no hire date documented in the personnel record. -There was no documentation of past or current CPR certification for Staff B. Review of staff documentation on the Medication Administration Record (MAR) from 2/15/21 to 2/28/21 revealed: -Staff B documented administration of medications to a resident on 11 of 42 shift. -There was not a staff present in the facility that was trained in CPR within the past 24 months for those shifts. Review of staff documentation on the March 2021 MAR from 03/01/21 to 3/10/21 revealed: -Staff B documented administration of medications for 18 of 30 shifts. -There was not a staff present in the facility who was trained in CPR within the past 24 months for those shifts. Interview with Staff B on 3/10/21 at 3:40 pm revealed: -She worked shifts alone at the facility as the only staff. -She had been employed by the facility since the beginning of February 2021, but could not recall the exact date. -She did not have a current CPR certification. -She had CPR training in the past, but not within the past 24 months. -She was not aware she needed to be CPR certified until after she started working for the facility. -She was scheduled for a CPR class on 03/17/21.	C 176	C 176 - Staff person B had no start date listed in file. Start date is February 1, 2021. Start date has been added to employees file. Administrator will monitor and ensure start date is correctly recorded in each employees file. Completed March 11, 2021. 3/11/21 C 176 - No employee can be left alone with residents without appropriate CPR/BLS certification. Administrator will ensure CPR/BLS training is complete prior to scheduling any employee to work alone on a single shift. Staff person B, has updated certification and will update bi-annually. Certification is on file at facility. Completed March 17, 2021. 3/17/21	

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C 176	Continued From page 5 Interview with the Administrator on 03/10/21 at 3:50 pm revealed: -She did not have a prepared staff schedule. -She was aware that Staff B needed to complete CPR training. -She had scheduled Staff B for CPR training this month. -She overlooked having Staff B get the CPR training before starting work at the facility.	C 176		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled residents (Resident #1) received Tuberculosis (TB) testing upon admission to the facility. The findings are: Review of the Resident Register for Resident #1 revealed she was admitted from her own residence to the facility on 03/01/21.	C 202		

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C 202	Continued From page 6 Interview with the Administrator on 03/10/21 at 12:30 pm revealed: -Resident #1 was admitted to the facility directly from her residence on 03/01/21. -Resident #1 was scheduled to see her Primary Care Provider (PCP) on 03/12/21 for completion of an FL2 and obtaining documentation of a negative TB skin test placed previously. -Resident #1 did not have a FL-2 available for review. Review of Resident #1's immunization record on 03/10/21 revealed no documentation for TB skin testing was available for review. Interview with the Administrator on 03/10/21 at 2:30pm revealed: -Upon admission, all residents should have completed at least one TB skin test. -She corresponded with Resident #1's PCP on 03/01/21 for information on the resident's status for TB skin testing. -She was told the resident had documentation for a negative TB skin test in her history at the PCP's office. -She requested a copy of the TB skin testing result on 03/01/21 (not sure if this was the exact date) but had not received the information. -She had planned to obtain all the information when she took the resident to her appointment on 03/12/21. -She had not requested or scheduled a first or second TB skin test for Resident #1. Based on observations, interviews, and record reviews on 03/10/21, it was determined that Resident #1 was not interviewable.	C 202	C 202 - No resident will be admitted prior to TB testing. Administrator will monitor and ensure all new admissions meet TB testing requirements prior to admission. Resident #1 was admitted without TB test on file. Administrator was assured by Primary Doctor that client had a negative TB test on file. It was never received. Administrator took resident #1 in for TB testing on March 18, 2021. Unfortunately, resident #1 was admitted to a local hospital for illness and was unable to return for the test to be read. Administrator requested a licensed health care worker read the test while client was in hospital, but the request was not completed....likely overlooked. Administrator informed hospital that new test must be placed and read prior to resident returning to facility. As of March 28, 2021, resident was still in hospital. Documentation of placed test is on file. Should resident return to facility, and allowing for additional hospitalization time, completion date will be April 30, 2021. 4/30/21 C 202 - No resident will be admitted without FL2 on file. Administrator will monitor and ensure this requiement is met prior to admission. Resident #1 was admitted without FL2 on file, but administrator did have resident register and current orders for medications. Primary Doctor informed administrator that FL2 would be sent. There was a delay, but it was eventually received. Administrator will monitor each new client to ensure FL2 is recieved by admission date. Completed March 12, 2021. 3/12/21	

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C 205	Continued From page 7	C 205		
C 205	10A NCAC 13G .0702(c)(2) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test And Medical Examination (c) The results of the complete examination are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following: (2) The FL-2 or MR-2 shall be in the facility before admission or accompany the resident upon admission and be reviewed by the administrator or supervisor-in-charge before admission except for emergency admissions. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 2 sampled residents (Resident #1) had a FL-2 completed which documented the medical examination prior to admission. The findings are: Review of the Resident Register for Resident #1 revealed: -Resident #1 was admitted from her own residence to the facility on 03/01/21. -Resident #1 had significant loss of memory and needed directing and required assistance with dressing, bathing, toileting, grooming, and feeding. Observations of Resident #1 on 03/10/21 from 11:00am to 4:30pm revealed: -The resident ambulated independently within the facility. -Resident #1 appeared calm, but disengaged with	C 205		

CWO
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C 205	Continued From page 8 the staff and other resident. Review of Resident #1's medication orders provided by the contracted pharmacy on 03/10/21 at 2:00pm revealed medications orders as follows: -Risperidone (used to treat mental health disorders) 1mg daily. -Donepezil (used to treat memory loss) 5mg two tablets daily. -Mirtazapine (used to treat depression) 15mg daily. -Fluoxetine (used to treat mental disorders) 10mg daily. -Lorazepam 0.5mg (used to treat anxiety) one tablet as needed. Review of Resident #1's March 2021 medication administration record (MAR) revealed medications listed as follows: -There was an entry for risperidone 1mg daily, scheduled for administration at 8:30pm, and documented as administered daily from 03/01/21 to 03/10/21. -There was an entry for donepezil 5mg two tablets daily, scheduled for administration at 8:30pm, and documented as administered daily from 03/01/21 to 03/10/21. -There was an entry for mirtazapine 15mg daily, scheduled for administration at 8:30pm, and documented as administered daily from 03/01/21 to 03/10/21. -There was an entry for fluoxetine 10mg daily, scheduled for administration at 5:00pm, and documented as administered daily from 03/01/21 to 03/10/21. -There was an order for lorazepam 0.5mg (used to treat anxiety) one tablet as needed, documented as administered for one dose on 03/04/21.	C 205		

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C 205	Continued From page 9 Observation of medications on hand for administration for Resident #1 on 03/10/21 at 2:35pm revealed: -There was a bingo card of risperidone 1mg, labeled with instruction for one tablet at bedtime, dispensed on 03/03/21 for a quantity of 7 tablets with no tablets remaining. -There was a bingo card for donepezil 5mg, labeled with instructions to take two tablets at bedtime, dispensed on 03/03/21 for a quantity of 14 tablets with no tablets remaining. -There was a bingo card for mirtazapine 15 mg daily, labeled with instructions to take one tablet every evening, dispensed on 03/03/21 for a quantity of 7 tablets with one tablet remaining. -There was a bingo card of fluoxetine 10mg, labeled with instruction for one capsule daily, dispensed on 03/03/21 for a quantity of 7 capsules with two capsules remaining. -There was a bingo card of lorazepam 0.5mg, labeled one tablet daily as needed for anxiety or agitation control, dispensed on 03/03/21 for a quantity of 30 tablets with 29 tablets remaining. Interview with the Administrator on 03/10/21 at 12:30pm revealed: -She did not know the date of Resident #1's last visit with her Primary Care Provider (PCP) or examination by the PCP. -The Administrator scheduled an appointment with Resident #1's PCP on 03/12/21 for completion of the FL2. -She thought she had a few days to get a FL-2 for a resident -She had contacted Resident #1's PCP on 03/01/21 for clarification of the resident's medications and for new medication orders to be sent to the contracted pharmacy. -The PCP also ordered a 2 days emergency	C 205		

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C 205	Continued From page 10 supply to be filled at a local pharmacy while the medication came from the contracted pharmacy. -The PCP did not send the facility a copy of the medication orders but she requested copies of the orders today (03/10/21) from the pharmacy. -She was going to ensure the FL2 included orders for the resident's current medication as well. Interview with a medication aide (MA) on 03/10/21 at 1:00pm revealed: -Resident #1 was admitted to this facility on 03/01/21 with some medication from home. -The Administrator contacted Resident #1's PCP for medication orders when the resident was admitted to the facility on 03/01/21. -The Administrator was responsible for all the paperwork associated with admitting residents. -She did not know if Resident #1 had a current FL2. Attempted telephone interview with Resident #1's PCP on 3/10/21 at 4:50pm was unsuccessful.	C 205		

CMR 3/28/21