| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL074041 | A. BUILDING: _____ B. WING _____ | R 07/15/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| CLEMMIE'S FAMILY CARE HOME II | 110 PEARL DR GREENVILLE, NC 27834 |

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| C 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual and follow-up survey on July 15, 2021. | C 000 | | |
| C 207 | 10A NCAC 13G .0702(c)(4) Tuberculosis Test and Medical Examination<br><br>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination<br>(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:<br>(4) If the information on the FL-2 or MR-2 is not clear or is insufficient, the administrator or supervisor-in-charge shall contact the physician for clarification in order to determine if the services of the facility can meet the individual's needs.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews the facility failed to ensure the FL-2 was completed on 1 of 2 residents sampled (Resident #1) to include a diet order.<br><br>The findings are:<br><br>Review of Resident #1's current FL-2 dated 06/30/21 revealed:<br>-Diagnoses included schizophrenia and mild intellectual disability.<br>-There was no diet order.<br><br>Review of Resident #1's Resident Register revealed an admission date of 04/06/21.<br><br>Observation of Resident #1 on 07/15/21 at | C 207 | | |

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| C 207 | Continued From page 1<br>8:20am revealed:<br>-The resident was seated at the dining room table eating breakfast.<br>-She was served sausage, toast, eggs, oatmeal, orange juice and coffee.<br><br>Interview with the Supervisor in Charge (SIC) on 07/15/21 at 9:00am revealed:<br>-Resident #1 was on a regular diet.<br>-She was not sure who was responsible for ensuring that there was a diet ordered for the residents.<br>-She followed the menu posted for preparing meals.<br><br>Interview with Resident #1 on 07/15/21 at 8:30am revealed:<br>-The food at the facility was very good.<br>-She enjoyed the food that the SIC cooked.<br>-She was not sure what type of diet she was ordered.<br><br>Interview with the owner on 07/15/21 at 10:48am revealed:<br>-She was not aware that Resident #1's FL-2 did not have a diet ordered.<br>-She was responsible for ensuring that residents had a diet ordered.<br><br>Attempted interview with Resident #1's primary care provider (PCP) on 07/15/21 at 10:38am was unsuccessful. | C 207 | | |
| C 236 | 10A NCAC 13G .0802 (a) Resident Care Plan<br><br>10A NCAC 13G .0802 Resident Care Plans<br>(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 | C 236 | | |

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| C 236 | Continued From page 2 | C 236 | | |

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 record reviews and interviews the facility failed to ensure 1 of 2 residents sampled (Resident #1) had a care plan completed within 30 days following admission.

The findings are:

Review of Resident #1 current FL-2 dated 06/30/21 revealed diagnoses included schizophrenia and mild intellectual disability.

Review of Resident #1's Resident Register revealed an admission date of 04/06/21.

Review of Resident #1's record on 07/15/21 revealed there was no care plan completed.

Interview with Supervisor in Charge (SIC) on 07/15/21 at 9:00am revealed:
-She was not aware that Resident #1 did not have a completed care plan.
-The Administrator and Owner were responsible for ensuring the residents had a completed care plan in their record.

Interview with the Owner on 07/15/21 at 10:48am revealed:
-She thought that Resident #1 had a completed care plan because a social worker had reviewed her record when she arrived.
-She did not know where Resident #1's completed care plan was at the time of the survey.
-It was her responsibility to ensure that resident's

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| C 236 | Continued From page 3<br>care plans were completed on admission and placed in the resident's records. | C 236 | | |
| C935 | G.S. § 131D-4.5B (b) ACH Medication Aides;Training and Competency<br><br>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.<br><br>(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:<br>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:<br>a. The key principles of medication administration.<br>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.<br>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.<br>(3) Within 60 days from the date of hire, the individual must have completed the following:<br>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:<br>1. The key principles of medication administration.<br>2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if | C935 | | |

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| C935 | Continued From page 4 | C935 | | |

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 (Staff A) had taken the medication aide examination and completed the state approved medication administration course prior to being allowed to administer medications.

The findings are:

Review of Staff A, medication aide (MA), personnel record revealed:
-Staff A's date of hire was 09/16/20.
-Staff A completed the medication skills checklist on 01/09/21.
-Staff A had not taken the MA exam.
-Staff A had not completed the 5, 10, or 15-hour online training for MAs.

Review of the residents June 2021 electronic Medication Administration Record (eMAR) revealed Staff A administered medications 22 out of 30 days in the month.

Review of the residents July 2021 electronic medication administration record (eMAR) (from 07/01/21 to 07/15/21) revealed Staff A administered medications 10 out of 15 days in the month.

Observation of the dining room on 07/15/21 at 8:20am revealed Staff A was administering

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| C935 | Continued From page 5<br>resident's medications.<br><br>Interview with Resident #1 on 07/15/21 at 8:30am revealed Staff A administered her medications in the morning and early in the afternoon.<br><br>Interview with Staff A on 07/15/21 at 9:00am revealed:<br>-She worked the day shift from 7:00am to 3:00pm.<br>-She was responsible for administering medications to all the residents.<br>-She had administered medications since she was hired.<br>-She was a medication aide in the past but did not have a completed verification form from her previous employer.<br>-She was aware she needed to complete the online MA training modules but had not completed them yet.<br>-It was her responsibility to complete the online MA training modules.<br><br>Interview with the Owner on 07/15/21 at 10:48am revealed:<br>-She was aware that Staff A had not completed the 5, 10, and 15-hour online training for MAs and that she had not taken the MA test.<br>-Staff A was supposed to be working on completing the online training.<br>-Staff A was out of the facility for an extended time because of an illness that set her back in taking the trainings.<br>-She was responsible for ensuring all MAs have completed the required training. | C935 | | |