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
	FCL008030	A. BUILDING: _____ B. WING _____	R 08/31/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATHWAYS	743 CHARLES TAYLOR ROAD AULANDER, NC 27805

(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 a follow up survey on 08/31/21.	(C 000)		
C 201	10A NCAC 13G .0701 (b) Admission Of Residents 10A NCAC 13G .0701 Admissions Of Residents (b) Exceptions. People are not to be admitted: (1) for treatment of mental illness, or alcohol or drug abuse; (2) for maternity care; (3) for professional nursing care under continuous medical supervision; (4) for lodging, when the personal assistance and supervision offered for the aged and disabled are not needed; or (5) who pose a direct threat to the health or safety of others. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled residents (Resident #2) was not admitted for the treatment of a mental illness. The findings are: Review of Resident #2's current FL2 dated 02/16/21 revealed: -Diagnoses included bipolar type and schizoaffective disorder. -The resident was ambulatory. -There was no information related to orientation status. -The recommended level of care was domiciliary. -There were no other documented diagnosis.	C 201	• Facility will only admit Adults over the age of 18 who have chronic ~~physical~~ medical conditions ~~or mental~~ EC 10-14-21 ~~disability~~, needs a substitute home, in the opinion of the resident, physician, family or social worker. Services and accomodations of the home meet particular needs of the adults Spoke with Marvelyn today for clarification. Elonia G 10-14-21	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE 9-24-21

FORM CMS-2567(02-99) JCWY12 If continuation sheet 1 of 6

STATE FORM

ND

Reviewed & Acknowledged
-Melody Dix 10/15/21

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C 201	Continued From page 1	C 201		

Review of Resident #2's record revealed there was no current Resident Register completed.

Review of Resident #2's care plan dated 02/26/21 revealed:
-The resident was oriented with adequate memory.
-The resident was independent with eating, toileting, ambulation and transferring.
-The resident required supervision with bathing, dressing and grooming/personal hygiene.

Interview with Resident #2 on 08/31/21 at 11:53am revealed:
-He did not know the name of his mental health diagnoses.
-He did not know if he had a medical diagnosis.

Interview with the Supervisor in Charge (SIC) on 08/31/21 at 11:04am revealed:
-Resident #2 had mental health diagnoses.
-She thought Resident #2 could be admitted to the facility only with his mental health diagnosis.
-She did not know when Resident #2 was admitted to the family care home.
-Resident #2 had been transferred from another family care home.

Attempted telephone interview with the Primary Care Provider on 08/31/21 at 12:11pm was unsuccessful.

Telephone interview with the Administrator on 08/31/21 at 1:03pm revealed:
-He was not aware residents could not be admitted with only mental health diagnoses.
-Resident #2 was receiving mental health services.
-He did not know the date of Resident #2's

- Facility will only admit adults who have a ~~mental~~ medical condition as primary diagnosis and mental disability for secondary diagnosis ~~disability~~ defined by physician, family, or social worker. EC 10-5-21
- Nurse will review future placements to ensure only adults with ~~mental disability~~ medical condition as primary diagnosis and mental disability for secondary diagnosis defined by physician or social worker. 10-5-21
- Monitoring will take place prior to admission.
- Completed on 9-24-21

Ethyn S 10-5-21

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C 201	Continued From page 2 admission to the family care home.	C 201		
C 230	10A NCAC 13G .0801(a) Resident Assessment 10A NCAC 13G .0801 Resident Assessment (a) A family care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that an initial assessment was completed within 72 hours of admission using the Resident Register for 1 of 3 sampled residents (#2). The findings are: Review of Resident #2's current FL-2 dated 02/16/21 revealed diagnoses included bipolar type and schizoaffective. Review of Resident #2's record revealed there was no Resident Register available for review. Interview with Review #2 on 08/31/21 at 12:56pm revealed: -He did not know the date he moved into the family care home. -He did not know how long he had lived at the family care home. Interview with the Supervisor-in-Charge (SIC) on 08/31/21 at 12:04pm revealed: -Resident #2 had been transferred from another family care home. -She did not know when Resident #2 had been admitted to the family care home.	C 230	• Staff will ensure Resident Register within 72 hours of Admission. Staff will complete check list to ensure Resident Register is completed. • Supervisor will Review Resident Records within 30 days to ensure All Admission documents have been completed. • Supervisor will monitor patient chart within 30days to ensure All Admission form have been completed. • Monitoring of new Admissions will take place within 30 days.	

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C 230	Continued From page 3 -The Administrator was responsible for completing the Resident Register. Interview with the Administrator on 08/31/21 at 1:03pm revealed: -He did not know the date of Resident #2's admission to the family care home. -When a resident transferred from one family care to another, he had residents to complete and sign a new residents' rule packet that listed the rules and regulation for the family care home. -He was not aware of Resident #2 not having an updated Resident Register. -He was the person responsible for completing the Resident Register.	C 230	Completed on 9-24-21	
C 358	10A NCAC 13G .1006 (g) Medication Storage 10A NCAC 13G .1006 Medication Storage (g) Medications shall not be stored in a refrigerator containing non-medications and non-medication related items, except when stored in a separate container. The container shall be locked when storing medications unless the refrigerator is locked or is located in a locked medication area. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure medications, such as insulins, that were stored inside the kitchen food refrigerator were kept in a locked container.	C 358	Supervisor will ensure medication that are in the refrigerator will be stored in a locked container in a separated location. Supervisor will monitor locked container when patient records are reviewed. Supervisor will monitor medication container to ensure it is locked and	

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C 358	Continued From page 4 The findings are: Observation on 08/31/21 at 9:23am revealed: -The kitchen was adjacent to the dining area used by residents for eating meals. -The kitchen was accessible from the living room and hall that led to the residents' rooms. -There was a latch for a padlock on the refrigerator, but the refrigerator was not locked. -There were two boxes of prescribed insulin in a clear storage bag placed on the shelf of the refrigerator door. -The two boxes of insulin were Lantus. -The storage boxes were labeled with a resident's name. -There was food and drinks stored in the refrigerator with the insulin. -The kitchen contained an upright refrigerator/freezer combination. -There was not a sign posted as a notice to residents to not open the refrigerator. Interview with a resident on 08/31/21 at 11:53am revealed: -The staff had stored his insulin in the refrigerator. -The refrigerator remained unlocked when staff cooked. -He had not gotten his insulin out of the refrigerator. -Residents were not allowed to open and retrieve items from the refrigerator. Interview with the Supervisor-in-Charge (SIC) 08/31/21 at 9:35am revealed: -She was the staff who administered the insulin. -She had always kept the insulin in the refrigerator. -She did not the insulin was to be kept in a lockbox if stored in the refrigerator.	C 358	medication has not expired when Patient Records are Reviewed. • Supervisor will monitor medications and Records quarterly. • 9-24-21 Completion date.	

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C 358	Continued From page 5 -She kept the refrigerator locked when she was not preparing meals or getting other items out when needed. -Residents did not have access to the refrigerator. Interview with the Administrator on 08/31/21 at 1:03pm revealed he had not been made aware of the insulin being stored on the shelf of the refrigerator door.	C 358		

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	HAL037001	A. BUILDING: _____ B. WING _____	10/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GATES HOUSE	11 COMMERCE DRIVE GATESVILLE, NC 27938

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 10/13/21 to 10/14/21.	D 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE