STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092289	A. BUILDING: _____ B. WING _____	05/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWINKLE-STAR HOME SERVICES 2	202 BAINBRIDGE CIRCLE GARNER, NC 27529

(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 Initial Survey on 05/10/22.	C 000		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled staff, (Staff B), had a statewide criminal background check completed upon hire. The findings are: Review of Staff B, Owner, personnel record revealed: -Staff began employment on 02/02/22. -There was documentation of a fingerprint card dated 09/12/19. -There was no documentation of a signed consent for a criminal background check for Staff B. -There was no documentation of a state-wide criminal background check completed for Staff B. Interview with Staff B on 05/10/22 at 3:05pm revealed: -She had worked at the facility while the Administrator and the Supervisor In Charge (SIC) were on leave. -She had completed the fingerprint card but had not made an appointment with the local Sheriff's	C 147		

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C 147	Continued From page 1 office to get the criminal background completed. -She had not completed the statewide criminal background check. -She had not thought she would be working at the facility and this was why she had not completed the criminal background.	C 147		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medication administration records were accurate for 1 of 3 sampled residents (Resident #3).	C 342		

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C 342	Continued From page 2 The findings are: Review of Resident #3's current FL-2 dated 03/10/22 revealed diagnoses included benign prostatic hyperplasia and lower esophagitis. Review of the Resident Register for Resident #3 revealed: -Resident #3 had an admission date of 03/01/22. -The resident had significant memory loss. -There was a physician's order for Viberzi 100 mg tablet twice daily, (a medication used to treat diarrhea and abdominal pain.) Review Resident #3's May 2022 Medication Administration Records (MAR) revealed: -There was an entry to the MAR for Vlberzi 100 mg tablet two times a day scheduled for 8:00am and 8:00pm daily. -There was no documentation for Viberzi 100 mg tablet administered at 8:00pm on 05/04/22. -There was no documentation for Viberzi 100 mg tablet administered at 8:00am and at 8:00pm 05/05/22 through 05/07/22. -There was no documentation for Viberzi 100 mg tablet administered at 8:00am on 05/08/22 Observation of Resident #3's medications on 05/10/22 at 3:53pm revealed: -There was a 60-tablet count of Viberzi 100 mg in a bubble pack . -There were 20 tablets of Viberzi 100 missing from the bubble pack. -There was 40 tablets of Viberzi 100 mg on hand. Review of Resident #3's control log on 05/10/22 at 3:57pm for the Viberzi 100 mg tablet revealed: -There were 20 tablets of the Viberzi 100 mg documented as administered.	C 342		

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C 342	Continued From page 3 -There were 40 tablets of the Viberzi 100 mg remaining. Interview with Resident #3 on 05/10/22 at 3:51pm revealed: -He was given all of his medications every day. -He took two different pills at night but did not know the name of the pills. -The Owner had given his medication to him the past few days. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 05/10/22 at 2:31pm revealed: -Resident #3 had a prescription for Viberzi 100 mg on 04/01/22. -Viberzi was a controlled medication. -Viberzi 100 mg was last filled for 60 tablets on 04/27/22 for a 60-day supply. Attempted telephone interview with the Primary Care Physician (PCP) on 05/10/22 at 2:45pm was unsuccessful. Interview with the Owner on 05/10/22 at 12:39pm revealed: -She worked as the medication aide (MA) since 05/04/22. -She last administered the Viberzi 100 mg to Resident #3 at 8:00am on 05/10/22. -She administered Resident #3 Viberzi 100 mg at 8:00pm on 05/04/22, at 8:00am and 8:00pm on 05/05/22 to 05/07/22 and at 8:00am on 05/08/22 . -She forgot to document on the May 2022 MAR that she administered the Viberzi 100 mg to Resident #3 because she started charting on other residents after administering the medication.	C 342		