DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONFIDENCE BUILDERS II COFILED, NC 27922	**1135A AHOSKIE-COLDIELD ROAD**

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)	COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an Annual Survey on 09/22/22.	C 000		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or moving into a family care home, the administrator, all other staff, and any persons living in the family care home shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205, which is hereby incorporated by reference, including subsequent amendments. (b) There shall be documentation on file in the family care home that the administrator, all other staff, and any persons living in the family care home are free of tuberculosis disease. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 3 of 3 sampled staff (Administrator, Staff B, and Staff C) was tested upon hire for Tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Public Health. The findings are: 1. Review of the Administrator's personnel record revealed: -There was not a personnel record on site for the Administrator. -There was no documentation of a TB skin test. -She had not completed a TB skin test. Interview with Administrator on 09/22/22 at	C 140	The administrator and staff as well as residence will have atleast one test of Tuberculosis. This will prove or be evident administrator, staff & residence are free of T.B	11/18/22

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE — TITLE — DATE

Carolyn Hall — Administrator — 11/9/22

STATE FORM – DHSR LIMITED USE STATEMENT OF DEFICIENCIES

Reviewed & Acknowledged Nella G. Wilson 11/21/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

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C 140	Continued From page 1 3:00pm revealed: -She had not completed a TB skin test. Refer to interview with Administrator on 09/22/22pm at 3:00pm. 2. Review of Staff's B, Medication Aide (MA), personnel recorded revealed: -There was not a personnel record on site. -There was no documentation of a TB skin test. Interview with the Administrator on 09/22/22 at 3:00pm revealed: -Staff B had completed TB skin test. -She did not provide documentation for TB skin tests for Staff B. Attempted telephone interview with Staff B on 09/22/22 at 3:38pm and 4:39pm was not successful. Refer to interview with Administrator on 09/22/22pm at 3:00pm. 3. Review of Staff C's, Personal Care Aide (PCA), personnel recorded revealed: -There was not a personnel record on site. -There was no documentation of a TB skin test. Interview with Staff C on 09/22/22 at 3:17pm revealed: -He worked at the facility Monday - Friday from 7:00pm to 7:00am. -He was the only staff working from 7:00pm - 7:00am. -He had been employed for about 4 weeks but could not remember his date of hire. -He had not taken a TB skin test. -He was not asked to complete a TB skin test.	C 140	Before staff start work and residents enter the home 11/16/22	

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Carolyn Hall — TITLE: administrator — DATE: 11/1/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 140	Continued From page 2 Interview with the Administrator on 09/22/22 at 3:17pm revealed: -She did not know when Staff C was hired but had worked at the facility since July 2022. -Staff C had completed TB skin test. -She did not provide a date of Staff C's TB skin test. -She did not provide documentation for TB skin tests for Staff C. Refer to interview with Administrator on 09/22/22pm at 3:00pm. Interview with the Administrator on 09/22/22 at 3:00pm revealed: -She kept staff records in a plastic sleeve and posted on the message board. -She was responsible for ensuring all staff were tested for TB. -She was responsible for maintaining personnel records.	C 140		
C 145	10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure the North Carolina Health Care Personnel Registry (HCPR) had no substantiated findings for 3 of 3 facility staff (Administrator, Staff B and Staff C) upon hire. The findings are: 1. Review of the Administrator personnel record revealed:	C 145	The administrater will make sure all paper work is in the facility at time of hire and a Healthcare personnel Registry is done on all staff 11/1/22	

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE — TITLE — DATE

Carolyn Hall — administrator — 11/1/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

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C 145	Continued From page 3 -There was not a personnel record on site for the Administrator. -There was no documentation of a HCPR was completed upon hire. Interview with the Administrator on 09/22/22 at 3:00pm: -She had not completed a HCPR on herself. -She was aware of the HCPR needed for employment. -She was responsible for maintaining personnel records. 2. Review of Staff B's, Medication Aide, (MA) personnel record revealed: -There was not a personnel record on site for Staff B. -There was no documentation of a HCPR was completed upon hire. Attempted telephone interview with Staff B on 09/22/22 at 3:38pm and 4:39pm was not successful. Interview with Administrator on 09/22/22pm at 3:00pm revealed: -She had not completed a HCPR on Staff B. 3. Review of Staff C's, Personal Care Aide, (PCA), personnel record revealed: -There was not a personnel record on site for Staff C. -There was no documentation of a HCPR was completed upon hire. Interview with Staff C on 09/22/22 at 3:17pm revealed: -He had worked Monday through Friday from 7:00pm to 7:00am. -He had not remembered the Administrator completing a HCPR for him.	C 145	The administrator will ensure that all staff and residents books are kept in the family care home at all times. 11/12/22	

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Carolyn Hall — TITLE: administrator — DATE: 11/12/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

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C 145	Continued From page 4 Interview with the Administrator on 09/22/22 at 3:00pm revealed: -She had not completed a HCPR on Staff C. -She was responsible for maintaining personnel records.	C 145		
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 2 of 3 sampled staff (Staff B and Staff C), had a criminal background check completed upon hire. The findings are: 1. Review of Staff B's, Medication Aide (MA) record revealed: -There was not a personnel record on site. -There was no documentation of a signed consent for a criminal background check for Staff B. -There was no documentation of a criminal background check. Attempted telephone interview with Staff B on 09/22/22 at 3:38pm and 4:39pm was not successful. Refer to interview with Administrator on 09/22/22pm at 3:00pm. 2. Review of Staff C's, Personal Care Aide (PCA) record revealed: -There was not a personnel record on site.	C 147	The administrator will ensure that all staff have on site staff records At all times and a criminal background check before hire 11/6/22	

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Carolyn Hall — TITLE: administrator — DATE: 11/1/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

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C 147	Continued From page 5 -There was no documentation of a signed consent for a criminal background check for Staff C. -There was no documentation of a criminal background check. Interview with Staff C on 09/22/22 at 3:17pm revealed: -He had worked Monday through Friday from 7:00pm to 7:00am. -He had not completed a criminal background check. -He had not signed a release to have a criminal background check completed. Interview with the Administrator on 09/22/22 at3:00pm revealed: -She was responsible for maintaining personnel records. -She knew criminal background checks were required for the staff. -She was responsible for completing criminal background checks for all staff upon hire. -She had not completed criminal background checks for the staff.	C 147		
C 176	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	C 176		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE Carolyn Ball TITLE administrator DATE 11/1/22

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C 176	Continued From page 6 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: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to ensure at least one staff person was always on the premises who had completed a cardio-pulmonary resuscitation (CPR) and choking management course within the last 24 months for 3 of 3 sampled staff (Administrator, Staff B, Staff C). The findings are: 1. Review of the Administrator's personnel record revealed: -There was not a personnel record on site for the Administrator. -There was no documentation of the Administrator completing CPR training. Interview with the Administrator on 09/22/22pm at 3:00pm revealed: -She had completed a CPR training. -She did not provide documentation of her CPR certification. Refer to interview with Administrator on 09/22/22pm at 3:00pm. 2. Review of Staff B's, Medication Aide (MA) personnel record revealed:	C 176	The administrater will ensure all paper work is located in the facility at all time with the CPR 3 first aid card available in the Staff Book 11/6/22	

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Carolyn Hall — TITLE: administrater — DATE: 11/1/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

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C 176	Continued From page 7 -There was not a personnel record on site for Staff B. -There was no documentation of Staff B completing CPR training. Interview with the Administrator on 09/22/22 at 3:00pm revealed: -Staff B had completed CPR training. -She did provide documentation of Staff B's CPR certification. Attempted telephone interview with Staff B on 09/22/22 at 3:38pm and 4:39pm was not successful. Refer to interview with Administrator on 09/22/22pm at 3:00pm. 3. Review of Staff C's, Personal Care Aide, (PCA) personnel record revealed: -There was not a personnel record on site for Staff C. -There was no documentation of Staff C completing CPR training. Interview with Staff C on 09/22/22 at 3:17pm revealed: -He worked Monday through Friday from 7:00pm to 7:00am. -He lasted worked on 09/21/22. -He had completed CPR training. -He did not remember when he had completed the training. -He did not provide a copy of his CPR certification. Interview with the Administrator on 09/22/22 at 3:00pm revealed: -Staff C had completed CPR training.	C 176		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE | TITLE | DATE

Carolyn Hall | administrator | 11/1/22

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C 176	Continued From page 8 -She did provide documentation of Staff C's CPR certification. Interview with the Administrator on 09/22/22 at 3:00pm revealed: -There were two staff, including herself, that worked at the facility. -She was responsible for ensuring staff trainings and certifications were provided. The Administrator failed to ensure at least one staff in the facility at all times had successfully completed Cardio-Pulmonary Resuscitation within the last 24 months which placed the residents at risk for the possible delay of life-saving measures if needed. This failure was detrimental to the health and safety of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 09/22/22 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 6, 2022.	C 176	The administrator will ensure all staff Book are located in the home at all times with the CPR and first aid cevalible and up to date as well as the staff working have CPR & first aid before hire	11/6/22

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Carolyn Hall — TITLE: administrator — DATE: 11/1/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

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C 202	Continued From page 9 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 record reviews and interviews, the facility failed to ensure 1 of 3 residents sampled (Residents #3) were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Resident #3's FL2 dated 04/11/22 revealed diagnoses included Type 2 without complications, anxiety disorder, aphasia, atherosclerotic heart disease, cerebrovascular disease, and hyperlipidemia. Review of Resident's #3's Resident Register revealed, Resident #3 was admitted to the facility on 01/05/22. Review of Resident #3's record revealed: -There was no documentation of TB test since Resident #3 was admitted to the facility on 01/05/22.	C 202	Administrator will make sure The residents will have a TB skin test before he/she entered the home 11/1/22	

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE — TITLE — DATE

Carolyn Hall — Administrator — 11/1/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

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C 202	Continued From page 10 Interview with Resident #3 on 09/22/22 at 11:43am revealed: -He had taken a TB test when he came to the facility. -He was not asked about taking another TB test. -He had not shown any signs or symptoms of TB. Interview with the Administrator on 09/22/22 at 1:53pm revealed: -Resident #3 had not shown any signs or symptoms of TB. -She thought Resident #3 had completed a TB test. -She was responsible for scheduling TB testing appointments. -She was responsible for ensuring all TB tested had been completed.	C 202		
C 246	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 interviews and record reviews, the facility failed to ensure referral and follow-up to meet the routine follow up and acute health care needs for 1 of 3 sampled residents (Resident #3) related to podiatry and nail care. The findings are: Review of Resident #3's FL2 dated 04/11/22 revealed diagnoses included, Type 2 diabetes without complications, atherosclerotic heart disease, cerebrovascular disease, and hyperlipidemia. Interview of Resident #3's Care plan dated 02/11/22 revealed Resident #3 required assistance with ambulation.	C 246	The administrator will continue to encourage resident to go to podiatry and nail care and to keep me up coming appointment and note when resident refuse care	11/6/22

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Carolyn Hall — TITLE: administrator — DATE: 11/1/22

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C 246	Continued From page 11 Observation of Resident #3's feet on 09/22/22 at 1:01pm revealed: -Resident #3's toenails on both feet were at least 1 ½ inch long and thick. -His feet were dark in complexion. Interview with Resident #3 on 09/22/22 at 1:01pm revealed: -He had not received any nail care since he was admitted to the home. -He had only worn two different pairs of shoes (sneakers and slides) because of his toenails being long and his feet swelling. -He had wanted his toenails clipped. -He had not asked to have his toenails clipped. -The Administrator had not asked if he wanted his toenails clipped. -He could not remember the last time he had seen his Primary Care Physician (PCP). Telephone interview with the Nurse at Resident #3's PCP office on 09/22/22 at 2:14 pm revealed: -Resident #3 last office was on 06/13/22 for his 4-month follow up appointment. -He had not received or been referred for podiatry care. -The Administrator contacted the PCP office on 08/22/22 to have forms completed for personal care services. -The Administrator had not contacted the PCP for podiatry care for Resident #3. Interview with the Administrator on 09/22/22 at 1:53pm revealed: -She had spoken with Resident #3 in March, June and May 2022 (dates not provided) about getting his toenails cut.	C 246		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Carolyn Hall — TITLE: administrater — DATE: 11/1/22

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C 246	Continued From page 12 -She had recognized the need for Resident #3 to get podiatry and nail care treatment but had not made an appointment. -She was responsible for making medical appointments for Resident #3.	C 246		
C 292	10A NCAC 13G .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on interviews, record reviews and observations the facility failed to ensure residents were offered activities designed to promote the residents' active involvement. The findings are: Review of the activities calendar in the dining room area on 09/22/22 at 9:46am revealed: -The activities calendar for September 2022 was laying on the copier machine in the living room. -The September 2022 activities calendar had daily activities listed. -The September 2022 activities calendar did not have times listed by the activity.	C 292	The administrator or an staff will daily activities for atleast two hours a day / 7 days a week	11/16/22

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Carolyn Hall — TITLE: administrator — DATE: 11/11

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C 292	Continued From page 13 -The only activity scheduled for 09/22/22 was "current events". Observation of the living room area on at 9:47am revealed the facility did not have any activity supplies. Observation of the facility activities on 09/22/22 from 10:00am to 5:00pm revealed: -No activities had been offered to the residents. -Three residents remained in their rooms except for lunch. -Two residents sat outside on the back deck at various times during the day. -The Administrator had not facilitated activities. Interview with a resident on 09/22/22 at 9:30am revealed: -Activities were offered "sometimes" but not every day. -The residents went out on group activities sometimes on the weekend. -He liked to do group activities. Interview with a second a resident on 09/22/22 at 11:43am revealed: -Activities were offered to residents "occasionally" but not every day. -Residents played card games. -The Administrator did not have time to do activities with the residents. -The other staff had not offered activities to the residents. Interview with the Administrator on 09/22/22 at 3:00pm revealed: -She had facilitated board and card games activities with the residents. -She had taken the residents on outings. -There were activities supplies on site.	C 292		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE Carolyn Hall TITLE administrator DATE 11/1/22

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CONFIDENCE BUILDERS II COFILED, NC 27922	**1135A AHOSKIE-COLDIELD ROAD**

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)	COMPLETE DATE
C 342	Continued From page 14 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 #1). This Rule is not met as evidenced by: The findings are: 1. Review of Resident #1's current FL-2 dated11/04/21 revealed diagnoses included schizophrenia, hypertension and diabetes mellitus.	C 342	The administrator will make sure as well as staff the medication records are accurate and PRN on site at the facility 11/16/22	

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE — TITLE — DATE

Carolyn Hall — Administrator — 11/16/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONFIDENCE BUILDERS II COFILED, NC 27922	**1135A AHOSKIE-COLDIELD ROAD**

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)	COMPLETE DATE
C 342	Continued From page 15 a. Review of an order for nystatin cream on 04/20/21 was to be applied to the left groin area as needed. Review Resident #1's July 2022 Medication Administration Records (MAR) revealed: -There was an entry on the MAR for nystatin cream to be applied to the left groin area as needed. -There was not an entry of documentation for nystatin cream administered on 07/01/22 to 07/31/22. Review Resident #1's August 2022 MAR revealed: -There was an entry on the MAR for nystatin cream to be applied to the left groin area as needed. -There was not an entry of documentation for nystatin cream administered on 08/01/22 to 08/30/22. Review Resident #1's September 2022 MAR revealed: -There was an entry on the MAR for nystatin cream to be applied to the left groin area as needed. -There was an entry of documentation for nystatin cream administered at 8:00am on 09/01/22 to 09/22/22. Observation of Resident #1's medications on 09/22/22 at 2:27pm revealed the nystatin cream was not on site to be administered. b. Review of an order for acetaminophen 500mg on 07/13/22 was to be administered every 6 hours as needed for pain. Review Resident #1's July 2022 MAR revealed: -There was an entry on the MAR for acetaminophen 500mg was to be administered every 6 hours as needed for pain. -There was an entry of documentation for acetaminophen 500mg administered at 8:00am on 07/12/22. -There was an entry of documentation for acetaminophen 500mg administered at 8:00pm on 07/13/22.	C 342		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE | TITLE | DATE

Carolyn Abel | administrator | 11/1/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 342	Continued From page 16 Review Resident #1's August 2022 MAR revealed: -There was an entry on the MAR for acetaminophen 500mg was to be administered every 6 hours as needed for pain. -There was not an entry of documentation for acetaminophen 500mg administered on 08/01/22 to 08/30/22. Review Resident #1's September 2022 MAR revealed: -There was an entry on the MAR for acetaminophen 500mg was to be administered every 6 hours as needed for pain. -There was not an entry of documentation for acetaminophen 500mg administered on 09/01/22 to 09/22/22. Observation of Resident #1's medications on 09/22/22 at 2:27pm revealed the acetaminophen 500mg was not on site to be administered. Interview with Resident #1 on 09/22/22 at 3:51pm revealed: -He had not had the nystatin cream lately. -He could not remember the last time he used the nystatin cream. -He knew the cream was used in his "private area". -He took the acetaminophen every day.	C 342	The administrator will make sure all PRN medication is on site at all times 11/1/22	
C 353	10A NCAC 13G .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration. This Rule is not met as evidenced by: TYPE B VIOLATION	C 353		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE — TITLE — DATE

Carolyn Hall — administrator — 11/1/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONFIDENCE BUILDERS II COFILED, NC 27922	**1135A AHOSKIE-COLDIELD ROAD**

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C 353	Continued From page 17 Based on observations, interviews, and record reviews, the facility failed to ensure medications were maintained in a safe manner under locked security except when under the direct physical supervision of the staff in charge of the medication cabinet. The findings are: Observation of the medication cabinet on 09/22/22 at 12:57pm revealed: -There was a two-drawer file cabinet located in the resident's main sitting area. -The file cabinet had two drawers. -The top drawer of the file cabinet had a lock in place and was locked. -The bottom drawer of the file cabinet was unlocked and did not have a lock on it. -The bottom drawer of the file cabinet contained multiple medication packs as well as 2 bottles of Miralax. Intermittent observations of the medication cabinet on 09/22/22 from 1:00pm-6:30pm revealed: -Residents sometimes went into the area where the medication cabinet was kept. -No residents were observed touching the medication cabinet. Review of Resident #2's current FL-2 dated 11/04/21 revealed she was ambulatory and intermittently disoriented. Review of Resident #1's current FL-2 dated 11/04/21 revealed he was ambulatory and intermittently disoriented.	C 353	The facility will make sure the file cabinet that contains meds are locked at all times and will be check often to make sure cabinet is locked	11/6/22

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Carolyn Hall — TITLE: administrator — DATE: 11/7/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONFIDENCE BUILDERS II COFILED, NC 27922	**1135A AHOSKIE-COLDIELD ROAD**

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C 353	Continued From page 18 Interview with the Administrator on 09/22/22 at 2:18pm revealed: -The bottom drawer of the medication cabinet did not have a lock on it and was never locked. -She had never seen residents go into the medication cabinet. -The bottom drawer of the file cabinet contained Resident #1's medications as well as another resident's medications. Interview with a staff member on 09/22/22 at 3:17pm revealed: -He stayed at the facility with the residents from 7:00pm-8:00am Monday through Friday. -He did not administer medications to residents. -Sometimes medications were delivered to the facility while he was working, and he would sign for them. -When he received medications at the facility, he did not place them in the medication cabinet but placed them in the floor of the common living area for the Administrator to go through when she arrived at the facility the next morning. Interview with a resident on 09/22/22 at 4:49pm revealed: -He did not know if the medications were locked in the medication cabinet or not. -Sometimes there were medications out on the floor in the common living area. -He had never seen a resident take any of the medications that were on the floor. Observation of Resident #1's medications on hand on 09/22/22 at 2:27pm revealed: -Resident #1's medications were in the bottom drawer of the medication cabinet which was unlocked.	C 353		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Carolyn Hall — TITLE: administrator — DATE: 11/1/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

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C 353	Continued From page 19 -Residents #1's medications in the unlocked drawer included divalproex sodium (used to treat seizures), Vitamin D2 (a supplement), amlodipine (used to treat high blood pressure), pantoprazole (used for acid reflux), benztropine (used to treat Parkinson's disease), ferrous sulfate (an iron supplement), propranolol (used to treat high blood pressure or for anxiety), trazodone (used to treat depression), melatonin (a sleep aide), furosemide (used for fluid buildup in the body), cetirizine (used for seasonal allergies), fluticasone (a nasal spray for allergies), Miralax (a laxative), docusate sodium (a stool softener), aspirin (a pain medication also used to thin the blood), and atorvastatin (used to treat high cholesterol). Second interview with the Administrator on 09/22/22 at 4:10pm revealed: -Resident's medications should be kept locked up at all times. -The facility's contracted pharmacy delivered medications at night and she did not work nights, so she was not there to receive them. -Medications should not be left out on the floor but should be put away where residents could not get to them or touch them. -It was important that resident's medications be locked up because a resident could get confused and take medications not prescribed to them which could harm the resident. Attempted interview with the facility's primary care provider on 09/22/22 at 12:33pm, 1:24pm, and 4:37pm was unsuccessful. The facility failed to ensure medications were maintained under locked security when not in direct physical supervision of staff including failing	C 353	The administrator order two medication cabinet that the top and Bottom Draws locked and was kept locked at all times as well as new medication we put out of the reach of any residents at all times 11/6/22	

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Carolyn Hall — TITLE: administrator — DATE: 11/1/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

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C 353	Continued From page 20 to have a lock on one of the drawers of the medication cabinet which included multiple medications and having medications that were placed in the floor and left out overnight to which intermittently disoriented residents had access. This failure was detrimental to the health, safety and welfare of the residents which constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on September 22, 2022 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED November 6, 2022.	C 353	Administrator or staff will make sure all medications is locked so no resident can touch it when it arrives at night 11/6/22	

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Carolyn Hall — TITLE: Administrator — DATE: 11/1/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

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	Continued From page 21			
C 935	G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (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: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. 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. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of 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. 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:	C 935	The facility will make sure that anyone administering medication will have Training & Competency Evaluation 5 hr training + clinical skill checklist with 60 days of hire & to this medication Training 11/1/22	

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE — TITLE — DATE

Carolyn Hall — administrator — 11/1/22 — 11/1/22

STATE FORM – DHSR LIMITED USE STATEMENT OF DEFICIENCIES

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DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

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C 935	Continued From page 22 TYPE B VIOLATION Based on interviews and record reviews, the facility failed to ensure 2 of 2 sampled medication aides (Administrator, Staff B) who were administering medications had taken and completed the medication clinical skills competency validation checklist, completed employee verification, or completed medication aide training. The findings are: 1. Review of the Administrator's personnel record revealed: -There was not a personnel record on site for the Administrator. -There was no documentation that the Administrator had passed the medication aide written exam. -There was no documentation of the Administrator's employment verification within the previous 24 months. -There was no record of the 5, 10, or 15-hour medication training. -There was no documentation of a medication clinical skills competency validation checklist. Review of three residents' medication administration records (MARs) for July 2022 revealed the Administrator documented administration of medications at 8:00am and 8:00pm on 07/01/22 to 07/31/22. Review of three residents' MARs for August 2022 revealed the Administrator documented administration of medications at 8:00am and 8:00pm on 08/01/22 to 08/30/22.	C 935	The facility will ensure administrator has passed med aide written exam 5, 10, 15 hr training & medication clinical skills competency validation checklist as well as staff administering medication	11/6/22

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C 935	Continued From page 23 Review of three residents' MARs for September 2022 revealed: -The Administrator documented administration of medications at 8:00am and 8:00pm on 09/01/22 to 09/021/22. -The Administrator documented administration of medications at 8:00am on 09/22/22. Interview with the Administrator on 09/22/22 at 3:00pm revealed: -She worked at various shifts Monday - Friday. -She had administered medications to the residents. -She had initialed on the MAR after she administered medication. -She had completed the15-hour of medication training. -She had completed a medication clinical skills competency validation checklist. 2. Review of Staff B's, Medication Aide (MA) personnel record revealed: -There was not a personnel record on site for Staff B. -There was no documentation that Staff B passed the medication aide written exam. -There was no documentation of employment verification for the previous 24 months. -There was no documentation of medication training of 5 hours, 10 hours or 15 hours. -There was no documentation of a medication clinical skills competency validation checklist. Attempted telephone interview with Staff B on 09/22/22 at 3:38pm and 4:39pm was not successful. Interview with the Administrator on 09/22/22 at 3:00pm revealed: -Staff B worked on some weekdays and on Saturday and Sunday.	C 935		

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C 935	Continued From page 25 -Staff B administered medications to the residents. -Staff B had completed the 15 hours of medication training. -Staff B had completed the medication clinical skills competency validation checklist. -Staff B was within the 60 days of taking and passing the written medication aide exam. -She was responsible for ensuring staff had completed the medication training before passing medication. The failure of the facility to ensure 2 of 2 sampled medication aides who were administering medications had taken and completed the medication clinical skills competency validation checklist, completed employee verification, or completed medication aide training detrimental to the health and welfare to all 2 residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 09/22/22 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 6, 2022.	C 935	The administrator and staff will have all records on Site which will contain all necessary documents as well as checking weekly all Books are one site and complete	11/6/22

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Carolyn Hall — TITLE: administrator — DATE: 11/1/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

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C 992	Continued From page 25 G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 3 of 3 staff sampled (Administrator, Staff B and Staff C) had an examination and screening for the presence of controlled substances completed upon hire.	C 992	The facility will ensure all staff has a drug screening prior to hire on file and in the facility all times 11/6/22	

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE — TITLE — DATE

Carolyn Hall — administrator — 11/1/22

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL046030	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 09/22/2022

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C 992	Continued From page 26 The findings are: 1. Review of the Administrator's personnel record revealed: -There was not a personnel record on site for the Administrator. -There was no documentation the Administrator had completed a consent for a controlled substances screening prior to hire. -There was no documentation of the Administrator completing a controlled substances screening prior to hire. Interview with the Administrator on 09/22/22 at 3:00pm revealed she had completed a controlled substance screening but did not have the results on file. 2. Review of Staff B, Medication Aide (MA), personnel record revealed: Interview with the Administrator on 09/22/22 at 3:00pm revealed: -She did not know when Staff B was hired. -Staff B had not completed controlled substances screening. Attempted telephone interview with Staff B on 09/22/22 at 3:38pm and 4:39pm was not successful. Refer to interview with Administrator on 09/22/22pm at 3:00pm. 3. Review of Staff C, Personal Care Aide (PCA), personnel record revealed: -There was not a personnel file for Staff C on site. - prior to hire. -There was no documentation Staff A had completed There was no documentation Staff A completed a consent for a controlled substances screening a controlled substances screening prior to hire.	C 992		

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Carolyn Hall | Administrator | 11/1/22

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C 992	Continued From page 27 Interview with Staff C on 09/22/22 at 3:19pm revealed: -He worked had worked at the facility since July 2022. -He worked Monday through Friday from 7:00pm to 7:00am. -He had not completed a controlled substances screening prior to hire. Interview with the Administrator on 09/22/22 at 3:00pm revealed: -She did not know when Staff C was hired but had worked at the facility since July 2022. -Staff C had not completed controlled substances screening. Refer to the interview with the Administrator on 09/22/22 at 3:00pm. Interview with the Administrator on 09/22/22 at 3:00pm revealed: -She kept staff records in a plastic sleeve and posted on the message board. -She was responsible for maintaining personnel records.	C 992		

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE | TITLE | DATE

Carolyn Hall | administrator | 11/1/22

STATE FORM – DHSR LIMITED USE STATEMENT OF DEFICIENCIES

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