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	FCL046030	A. BUILDING: _____ B. WING _____	R 12/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONFIDENCE BUILDERS II	1135A AHOSHIE-COLFIED ROAD COFIELD, NC 27922

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C 000	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 12/21/22.	C 000		
C 131	10A NCAC 13G .0403(a) Qualifications of Medication Staff 10A NCAC 13G .0403 QUALIFICATIONS OF MEDICATION STAFF (a) Family care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled medication aides (Staff B) that residents reported was administering medications had taken and completed the medication clinical skills competency validation checklist, completed employee verification, or completed 15 hours medication aide training. The findings are: 1. Review of Staff B's, Supervisor in Charge (SIC) personnel record revealed: -There was no hire date listed in his personnel record.	C 131		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL046030	A. BUILDING: _____ B. WING _____	R 12/21/2022

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C 131	Continued From page 1 -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. Interview with a resident on 12/21/22 at 6:08pm revealed: -The male staff with long hair gave him medications on the weekends. -The Administrator gave him his medications on the weekdays. Interview with a second resident on 12/21/22 at 6:10pm revealed: -The male staff that worked on the weekends gave her medications. -If the Administrator stopped by during the weekend; she would sometimes give her medications. Interview with the Administrator on 12/21/22 at 11:00am revealed: -Staff B worked most weekends. -Staff B administered medications to all residents on 12/17/22 and the morning of 12/18/22. -Staff B worked most weekends and most of the time she was a witness when he administered medications on the weekend. -She did not work at the home on 12/17/22 or the morning of 12/18/22. -She had made a mistake by initialing that she administered medications on each resident's medication administration record (MAR) on 12/17/22 and 12/18/22. -She stated, "that will get me in trouble" for documenting that she administered the	C 131		

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C 131	Continued From page 2 medications when Staff B administered residents' medications on 12/17/22 and 12/18/22. -Staff B was not supposed to administer any medications since he had not completed the medication clinical skills competency validation checklist, employee verification, or medication aide training. -Staff B had completed his written medication aide test provided by the homes contracted licensed health professional support (LHPS) on 09/29/22. -It slipped her mind that Staff B was not approved to administer medications. -She was responsible for ensuring staff had completed the medication training before passing medication.	C 131		
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 1 of 3 sampled staff (Staff C) was tested upon hire for Tuberculosis (TB)	C 140		

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C 140	Continued From page 3 disease in compliance with control measures adopted by the Commission for Public Health. The findings are: 1. Review of Staff C's, personal care aide (PCA), personnel recorded revealed: -There was no hire date documented in his personnel file. -There was documentation that he had a TB skin test administered on 05/09/22; which was read as negative on 05/11/22. -There was no documentation of a TB skin test administered before or after 05/09/22. Interview with Staff C on 12/21/22 at 9:45am revealed: -He was a personal care aide (PCA) and stayed at the home when the Administrator had to run errands. -He had worked at the home for approximately 5 months. -He was not sure if he had a second TB skin test or not. -He would follow the directions of the Administrator regarding any tests that were required. Interview with the Administrator on 12/21/22 at 9:48am revealed: -She thought Staff C's two step TB shot series had been completed. -She was not aware that Staff C's two step TB skin tests had not been completed. -She had updated all personnel charts and audited them several months ago. -She was responsible for ensuring all staff had their two step TB skin tests completed.	C 140		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONFIDENCE BUILDERS II	1135A AHOSHIE-COLFIED ROAD COFIELD, NC 27922

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C 145	Continued From page 4	C 145		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no 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 1 of 3 facility staff (Staff C) upon hire. The findings are: 1. Review of Staff C's, Personal Care Aide, (PCA), personnel record revealed here was a Health Care Personnel Registry (HCPR) verification listing in his personnel record dated 08/12/22 with the last four digits of his social security number. Interview with Staff C on 12/21/22 at 9:45am revealed: -He had worked at the home for approximately 5 months. -The HCPR verification listing document did not match the last four digits of his social security number. -The last number of his social security number on the HCPR verification listing was incorrect. -He was not aware that the Administrator had his social security number incorrect. Interview with the Administrator on 12/21/22 at	C 145		

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	FCL046030	A. BUILDING: _____ B. WING _____	R 12/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONFIDENCE BUILDERS II	1135A AHOSHIE-COLFIED ROAD COFIELD, NC 27922

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C 145	Continued From page 5 9:48am revealed: -She was not aware that she had the wrong social security number for Staff C. -She made a mistake by not listing Staff C's last digit of his social security number correctly. -She went to the library on 12/21/22 and completed a new HCPR verification for Staff C. -There were no findings on Staff C's HCPR verification dated 12/21/22. -She was responsible for ensuring each employee's personnel file was up to date with the correct information. Observation of Staff C's HCPR verification dated 12/21/22 revealed there were no findings under the correct social security number.	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 completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on record review 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: Review of Staff B's, supervisor in charge (SIC) personnel file revealed: -There was no hire date listed in his personnel	C 147		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL046030	A. BUILDING: _____ B. WING _____	R 12/21/2022

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C 147	Continued From page 6 record. -There was documentation of a criminal background check from an internet search engine service, but there was not a criminal background check from the North Carolina Department of Public Safety to conduct a state or national criminal history record check or from a private entity. Review of Staff C's, personal care aide (PCA) personnel file revealed: -There was no hire date listed in his personnel record. -There was documentation of a criminal background check from an internet search engine service, but there was not a criminal background check from the North Carolina Department of Public Safety to conduct a state or national criminal history record check or from a private entity. Interview with the Administrator on 12/21/22 at 9:50am revealed: -She had an appropriate criminal investigation report on herself. -She did not realize that an internet search service was not an acceptable criminal background search. -She had printed numerous pages from the internet search service but was unable to determine if Staff B or Staff C had a criminal record from the search. -She was responsible for ensuring all staff had a criminal background completed and in their personnel records.	C 147		
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care	C 246		

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	FCL046030	A. BUILDING: _____ B. WING _____	R 12/21/2022

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C 246	Continued From page 7 (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 observations, interviews, and record reviews, the facility failed to ensure health care follow-up for 1 of 3 sampled residents (#1) related to attending a referral appointment with a psychiatrist. The findings are: Review of Resident #1's most current FL-2 dated 09/20/22 revealed diagnoses included bipolar disorder and alcoholism. Review of Resident #1's care plan dated 12/06/22 revealed: -Resident #1 was not currently receiving medications for mental illness or behavior. -Resident #1 did not have a history of substance abuse or mental illness. Review of an after visit summary from Resident #1's certified physician assistant (PA-C) at his Primary Care Provider's (PCP) practice dated 11/08/22 revealed: -The resident was seen for mood and anxiety problems. -After visit instructions included follow up with psychiatrist. Observation of Resident #1 in the living room revealed he was watching television on the sofa. Interview with Resident #1 on 12/21/22 revealed he would only laugh when questions were asked. Review of Resident #1's visit note from his	C 246		

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	FCL046030	A. BUILDING: _____ B. WING _____	R 12/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONFIDENCE BUILDERS II	1135A AHOSHIE-COLFIED ROAD COFIELD, NC 27922

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C 246	Continued From page 8 certified physician assistant (PA-C) on 11/08/22 revealed the resident needed be scheduled with a psychiatrist. Review of Resident #1's progress notes and medical care provider visit notes revealed there no documentation that Resident #1 had an appointment with a psychiatrist. Telephone interview with a registered nurse (RN) at Resident #1's PCP office on 12/21/22 at 4:14pm revealed: -The resident was seen by a certified physician assistant (PA-C) on 11/08/22 for mood and anxiety problems. -Instructions from the PA-C included follow up with psychiatrist. -The PA-C expected the resident to be seen by a psychiatrist due to his mood and anxiety problems. -The resident should have been scheduled with the local psychiatrist that the family care home used as a provider. Telephone interview with the Licensed Practical Nurse (LPN) at the psychiatrist office on 12/21/22 at 4:38pm revealed that Resident #1 had not been seen by the psychiatrist and there was no record of him as a patient. Interview with the Administrator on 12/21/22 at 4:04pm revealed: -Resident #1 had not been seen by a psychiatrist because his PCP was prescribing his mental health medications. -She overlooked the PA-C visit note for Resident #1 to follow up with a psychiatrist; it was her mistake for not getting the appointment scheduled. -She reviewed doctor notes after a resident's	C 246		

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	FCL046030	A. BUILDING: _____ B. WING _____	R 12/21/2022

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CONFIDENCE BUILDERS II	1135A AHOSHIE-COLFIED ROAD COFIELD, NC 27922

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C 246	Continued From page 9 appointment and followed any instructions they provided. -She looked for any changes in medications and any new appointments the PCP wanted the resident to have as a referral. -She took the time to review the PCP notes and orders so that she was up to date with what was going on with the resident's care. -She reviewed documentation from the PCP and any other provider to ensure the resident was getting the care and services they needed. -Resident #1 had not seen a psychiatrist since he had been admitted on 07/25/22.	C 246		
C 292	10A NCAC 13G .0905 (d) Activities Program 10A NCAC 13G .0905 Activities Program (d) There shall be at least 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. This Rule is not met as evidenced by: Based on observations, interviews and record review the facility failed to ensure residents were offered activities designed to promote the residents' active involvement. The findings are: Review of the activities calendar posted in the kitchen on 12/21/22 at 9:33am revealed: -The activities calendar for December 2022 had a different activity listed for each day; except for each Thursday there were 2 activities listed	C 292		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 292	Continued From page 10	C 292		

coloring and board games.
-Activities listed included church on Sunday, an outing on Monday, a movie on Tuesday, exercise on Wednesday, crossword puzzle on Friday and crossword puzzle on Saturday.
-The December 2022 activities calendar did not have times listed for each activity.
-There were no activities listed on 12/24/22, 12/25/22 or 12/31/22.

Observation of activity supplies in a small plastic container included 3 travel paperboard board games, word search puzzle books, coloring pencils, crayons and coloring books.

Observation of the facility from 8:30am-12:00pm on 12/21/22 revealed:
-Two residents were at the home.
-Three residents were at a day program.
-One resident at the home was observed watching television in the living room from 10:04am -11:00am.
-The second resident at the home was observed sleeping in his bed from 10:04am-11:00am.

Observation of an activity on 12/21/22 from 3:21pm to 3:45pm revealed:
-Three residents participated in an exercise activity with the Administrator.
-Two resident participated in current events and a coloring activity.

Interview with a resident on 12/21/22 at 10:04am revealed he enjoyed resting and watching television, but wanted to do more activities.

Interview with a second resident on 12/21/22 at 1:30pm at her day program revealed she enjoyed word searches and going to a local discount store, but wished they had more activities each

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C 292	Continued From page 11 day. Interview with the Administrator on 12/21/22 at 4:00pm revealed: -The van had not been working for a few weeks but was getting repaired. -The two residents that did not participate in the day program usually liked to rest in their rooms or watch television. -She provided most activities in the afternoon when all residents were at the home. -She did not have specific activities listed on the activity calendar for 12/24/22, 12/25/22 or 12/31/22 because she knew the residents would be excited about the holidays and most had visitors.	C 292		
C992	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	C992		

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C992	Continued From page 12 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 2 of 3 staff sampled (Staff B and Staff C) had an examination and screening for the presence of controlled substances completed upon hire. The findings are: 1. Review of Staff B, Supervisor in Charge (SIC), personnel record revealed the drug screening form in his personnel record was not dated and there was not a signature on the form. 2. Review of Staff C, Personal Care Aide (PCA), personnel record revealed there was a drug screening form that was completed by the Administrator. Interview with Staff C (PCA) on 12/21/22 at 9:30am revealed he did not remember providing a urine sample for a drug screening. Interview with the Administrator on 12/21/22 at	C992		

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C992	Continued From page 13 9:50am revealed: -She was not sure what date she had provided a drug screening to Staff B and Staff C. -She thought she had completed Staff B and Staff C's drug screening on the same day. -She was responsible for completing a drug screening report on all staff that was employed.	C992		