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 05/09/2024

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

(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 annual and follow up survey on 05/09/24.	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: Review of Staff B's, Supervisor in Charge (SIC), personnel record revealed: -Staff B's hire date was 05/01/23. -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 documentation of Staff B completing 5 hours of medication training on 08/27/23. -There was documentation of Staff B completing	C 131		

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C 131	Continued From page 1 3 hours of medication training on 08/28/23. -There was no documentation of medication training of 10 hours or 15 hours. -There was no documentation of a medication clinical skills competency validation checklist. Review of resident medication administration records (MAR) for March 2024 revealed Staff B had administered medications to the residents on March 15-17, 2024 and March 23-24, 2024. Interview with a resident on 05/09/24 at 8:52am revealed: -Staff B gave medications sometimes and would give medication when the Administrator/Owner was on vacation. -He could not remember the last time Staff B gave him medication. Interview with a second resident on 05/09/24 at 3:55pm revealed: -Staff B gave medications at night and in the mornings. -Staff B last gave him medications about a month ago. Interview with a third resident on 05/09/24 at 8:57am revealed: -Staff B would give him medication at night and in the mornings. -He could not remember the last time Staff B gave him medication. Interview with Staff B on 05/09/24 at 8:34am revealed: -He was hired last year in May 2023 as a personal care aide (PCA). -He did not administration medication to the residents. -He had taken a course in medication	C 131		

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C 131	Continued From page 2 administration but could not remember how many hours he had completed or when he took the course. -He had not taken the medication aide written examination. -He had not completed the medication checklist. Interview with the Administrator/Owner on 05/09/24 at 3:46pm revealed: -Staff B had completed some hours in medication administration. -Staff B had not completed the medication clinical checklist. -Staff B had not taken the medication exam. -Staff B passed medication to the residents when she went on vacation in May 2024. -She could not remember the dates of her May 2024 vacation.	C 131		
C 134	10A NCAC 13G .0402 Qualifications of Supervisor-In-Charge 10A NCAC 13G .0402 Qualifications of Supervisor-In-Charge The supervisor-in-charge, who is responsible to the administrator for carrying out the program in a family care home in the absence of the administrator, shall meet the following requirements: (1) be 21 years or older, if employed on or after the effective date of this Rule; (2) the supervisor-in-charge, employed on or after August 1, 1991, shall be a high school graduate or certified under the GED Program or passed the alternative examination established by the Department of Health and Human Services prior to the effective date of this Rule; and	C 134		

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C 134	Continued From page 3 (3) earn 12 hours a year of continuing education credits related to the management of adult care homes and care of aged and disabled persons. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on record reviews and interviews, the Administrator failed to ensure the supervisor-in-charge earned 12 hours of yearly continued education credits related to management of adult care homes and care of aged and disabled persons. The findings are: Review of Staff B's, supervisor in charge's (SIC), personnel record on 05/09/24 at 1:46pm revealed: -Staff B's hire date was 05/01/23 as the SIC. -There was no documentation of 12 hours of continued education credits related to management of adult care homes and care of aged and disabled persons. Interview with Staff B on 05/09/24 at 8:21am revealed: -He had been employed since May 2023. -He was the only staff present. -He worked alone during the 3pm to 7am shift Monday - Friday and on some weekends. -He identified his position as a personal care aide (PCA). -The census was 5 residents. -All residents attended two different day programs and would return around 3:30pm. -He had taken some courses in medication administration but did not know when he completed the course.	C 134		

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C 134	Continued From page 4 -He could not remember if he had taken additional courses. -He did not have access to the resident records. Interview with the Administrator/Owner on 05/09/24 at 3:46pm revealed: -The SIC was hired in May 2023. -The SIC had obtained his high school diploma and had completed continued education hours in medication administration and diabetic care. -She thought the SIC met the requirements to manage the facility when she was not available to do so. -She had taken a vacation in March 2024 (did not provide the dates) and the SIC was left to manage the facility.	C 134		
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 B) was tested upon hire for Tuberculosis (TB)	C 140		

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C 140	Continued From page 5 disease in compliance with control measures adopted by the Commission for Public Health. The findings are: Review of Staff B's, Supervisor in Charge (SIC), personnel recorded revealed: -Staff B was hired on 05/01/23. -There was documentation of a TB skin test administered on 07/31/20 and read as negative on 08/02/20. -There was documentation of a TB skin test administered on 09/08/20 and read as negative on 09/10/20. -There was no documentation of a TB skin test administered after 09/10/20. Attempted telephone interview with Staff B on 05/09/24 at 2:45 was unsuccessful. Interview with the Administrator/Owner on 05/09/24 at 1:47pm revealed: -Because Staff B was a previous hire, she thought she could use the 08/02/20 and 09/10/20 TB test results when he was rehired on 05/01/23. -She was responsible for ensuring all staff had their TB skin tests completed.	C 140		
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:	C 147		

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C 147	Continued From page 6 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: 1. Review of Staff B's, supervisor in charge (SIC) personnel file revealed: -Staff B's hire date was 05/01/23. -Staff B's was hired as a SIC. -There was documentation of a criminal background check from an internet search engine service dated 04/29/23. -The online criminal background report disclaimer, the report could not be used to obtain employment. -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/Owner on 05/09/24 at 3:46pm revealed:2 -She used the online criminal background report from Staff B's previous hire. -She could not remember the hire date of Staff B. Refer to interview with the Administrator/Owner on 05/09/24 at 3:46pm. 2. Review of Staff C's, personal care aide (PCA) personnel file revealed: -Staff C's hire date was 09/02/23. -Staff C was hired as a PCA. -There was documentation of a criminal background check from an internet search engine service dated 09/02/23. -The online criminal background report disclaimer stated the report could not be used to determine	C 147		

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C 147	Continued From page 7 employment eligibility. 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. Refer to interview with the Administrator/Owner on 05/09/24 at 3:46pm. _____ Interview with the Administrator/Owner on 05/09/24 at 3:46pm revealed: -She used the two online companies to complete criminal background checks for Staff B and Staff C. -She was informed the criminal background checks could not be completed at the courthouse. -She used the online criminal background reports to determine hire for Staff B and Staff C. -She was responsible for ensuring all staff had a criminal background completed and in their personnel records.	C 147		
C 148	10A NCAC 13G .0406 (a)(8) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (8) have an examination and screening for the presence of controlled substances completed in accordance with G.S. 131D-45 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure an examination and	C 148		

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C 148	Continued From page 8 screening for the presence of controlled substances was completed for 3 of 3 sampled staff (Staff A, Staff B and Staff C) prior to hire. The findings are: Review of Staff A's personnel record revealed: -Staff A hire date was not documented in her personnel record. -There was no documentation of a completed drug screening. Interview for the Administrator/Owner on 3:46pm revealed: -She became the Administrator/Owner in 2009. -She was not required to complete a drug screening because she was exempt due to starting as an Administrator/Owner in 2009. Review of Staff B's personnel record revealed: -Staff B was hired on 05/01/23. -Staff B was hired as a Supervisor in Charge (SIC). -The urine drug screen form was not signed or dated by Staff B. -The urine drug screen form was not signed by the Administrator/Owner. -There was not a name, date and time documented on the drug screen result label. -There was no documented consent for a drug screening. Attempted telephone interview with Staff B on 05/09/24 at 2:45pm was unsuccessful. Refer to interview with the Administrator/Owner on 05/09/24 at 3:46pm. Review of Staff C's personnel record revealed: -Staff C was hired on 09/02/23.	C 148		

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C 148	Continued From page 9 -Staff C worked as a personal care aide (PCA). -The urine drug screen form was not signed by Staff C. -The urine drug screen form was not signed by the Administrator/Owner. -There was no documentation of the drug screen result label. -There was no documented consent for a drug screening. Interview with Staff C on 05/09/24 at 2:50pm revealed: -He did not take a drug screening test prior to hire. -He has not been asked to take a drug screening since his hire. Interview with the Administrator/Owner on 05/09/24 at 3:46pm revealed she did not keep the drug screen result label for Staff C. Refer to interview with the Administrator/Owner on 05/09/24 at 3:46pm. _____ Interview with the Administrator/Owner on 05/09/24 at 3:46pm revealed: -She administered the drug testing on site for Staff B and Staff C. -She photocopied the results to keep in the staffs' record. -She documented the results on the drug screen form. -She thought Staff B and Staff C had signed and dated the drug screen form. -She was responsible for completing drug tests on all potential staff prior to hire.	C 148		

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C 186	Continued From page 10	C 186		
C 186	10A NCAC 13G .0601 (b)(1) Management And Other Staff 10A NCAC 13G .0601 Management And Other Staff (b) At all times there shall be one administrator or supervisor-in-charge who is directly responsible for assuring that all required duties are carried out in the home and for assuring that at no time is a resident left alone in the home without a staff member. Except for the provisions cited in Paragraph (c) of this Rule regarding the occasional absence of the administrator or supervisor-in-charge, one of the following arrangements shall be used: (1) The administrator shall be in the home or reside within 500 feet of the home with a means of two-way telecommunication with the home at all times. When the administrator does not live in the licensed home, there shall be at least one staff member who lives in the home or one on each shift and the administrator shall be directly responsible for assuring that all required duties are carried out in the home; This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure there was an Administrator or Supervisor in Charge (SIC) was on site or the Administrator was available by two-way communication or at least 500 feet from the facility at all times. The findings are:	C 186		

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C 186	Continued From page 11 Review of the facility's license revealed: -The facility was licensed effective 01/01/24 for a capacity of 5 ambulatory residents. -The expiration date of the facility's license was 12/31/24. Observation of the facility on 05/09/24 at 8:21am revealed: -There was one staff member present. -There were no residents at the facility. Interview with a resident on 05/09/24 at 8:52am revealed the staff gave medications sometimes and would give medication when the Administrator/Owner was on vacation. Interview with the staff on 05/09/24 at 8:21am revealed: -He introduced himself as a personal care aide (PCA). -He worked alone during the 3pm to 7am shift Monday - Friday and on some weekends. -He assisted the residents with their care on 05/09/24 prior to their leaving for their day program. -The Administrator/Owner was not present, but he would call her. Interview with the Administrator/Owner on 05/09/24 at 3:46pm revealed: -The staff was hired as the SIC and not a PCA. -She thought the SIC had met the requirements to manage the facility in her absence. -She had taken a vacation in March 2024 and left the SIC in charge of managing the facility. -She could not remember the dates of her March 2024 vacation.	C 186		

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C 257	Continued From page 12	C 257		
C 257	10A NCAC 13G .0904(a)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) Food services shall comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food under sanitary conditions. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all food items stored by the facility were protected from contamination related to proper cooling temperature for the refrigerator of at least 40°F. The findings are: Review of the Inspection of Residential Care Facility dated 06/26/23 revealed: -The status code was an A with a 95.0 score. -The facility received 2 demerits for not having food service utensils and equipment not being in good repair. Observation of the kitchen refrigerator on 05/09/24 at 9:32am revealed: -There was a brick lying on the floor next to the	C 257		

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C 257	Continued From page 13 refrigerator. -There was a small puddle of water under the brick. -The refrigerator door was not closed properly. -There was not a thermometer placed in the refrigerator to monitor the temperature. -The gasket around the refrigerator door had not sealed the door properly. -There was one gallon of frozen 2% milk. -There was a half-gallon of tea. -There was a case of white eggs. -There was a clear container labeled and dated of spaghetti sauce. Observation of the kitchen refrigerator on 05/09/24 at 10:49am revealed: -There was a brick placed under the side of the refrigerator door. -The brick was assisting with keeping the refrigerator door closed. -The gasket around the refrigerator door had not sealed properly. Observation of the kitchen refrigerator on 05/09/24 from 4:17pm to 5:26pm revealed: -The temperature was 64.1°F. -The gallon of 2% milk had thrawed at least 1/4. Interview with the Administrator/Owner on 05/09/24 at 9:39am revealed: -Sometimes the refrigerator door did not close properly. -The food items would be rearranged to ensure the refrigerator door was closed properly. -None of the food items had spoiled or needed to be discarded. -There was not a thermometer kept in the refrigerator to monitor its cooling temperature.	C 257		