

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL054042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/31/2025
NAME OF PROVIDER OR SUPPLIER HOBBS HELPING HANDS		STREET ADDRESS, CITY, STATE, ZIP CODE 2504 TOWERHILL ROAD KINSTON, NC 28501		
(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 January 31, 2025.	C 000		
C 077	10A NCAC 13G .0315(a)(4) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain a North Carolina (N.C.) Division of Public Health Environmental Health inspection annually as required. The findings are: Review of the most recent provided Environmental Health Inspection of Residential Care Facility revealed: -The N.C. Department of Health and Human Services Division of Public Health Environmental Health Services Inspection of Residential Care Facility was dated 12/20/22. -Three demerits were documented for floors to be kept in good repair and clean, pertaining to the laundry room floor vinyl was in poor repair, clean under beds better and an area of poor repair in hallway outside of front bedroom. -One demerit was documented for walls and ceiling in good repair, pertaining to peeling finish around the tub and to keep surfaces smooth and easily cleanable. -Three demerits were documented for lighting	C 077		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 077	Continued From page 1 and ventilation pertaining to a window pane in the front bedroom that needed re-caulking, paint peeling around windows and needs cleaning and clean dust from the bathroom vent. -There were 7 total demerits documented. -The facility had a status code of an "A". Interviews with the Administrator on 01/31/25 at 9:19am and 12:00pm revealed: -The last sanitation inspection report she had was dated 12/20/22. -She knew a Sanitation Inspection was required annually. -In the past when she had contacted the Sanitation Inspector to notify it was time for her inspection, she was told not to call because they kept up with when the inspections were due. -She was not sure when she last contacted the county Sanitation Inspector. -The county Sanitation Inspector came to the facility in either late November or early December of 2024 to do the inspection, but the Administrator was on her way out and the inspection was not done. -She also told the Sanitation Inspector that one of the residents had a broken bedroom window from a rock thrown from the lawn mower and she wanted to have the window replaced prior to the inspection. -The Sanitation Inspector told her to contact her when she made the window repairs and was ready for the inspection. -The resident's bedroom window had been repaired but she had not yet contacted the Sanitation Inspector due to being busy and she was ill a couple weeks ago as well. -She planned to contact the Sanitation Inspector today. -She was not sure why there was no sanitation inspection for 2023.	C 077		

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C 077	Continued From page 2 Attempted telephone interviews with local county Environmental Sanitation Inspector on 01/31/25 at 12:34pm and 3:31pm were unsuccessful.	C 077		
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 medication administration records were accurate for 1 of 3 sampled residents (#2) including inaccurate documentation for a medication used to treat urinary retention.	C 342		

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C 342	Continued From page 3 The findings are: Review of Resident #2's current FL-2 dated 01/21/25 revealed: -Diagnoses included urinary retention. -There was an order for alfuzosin (alfuzosin is used to treat urinary problems caused by an enlarged prostate), 10mg ER take one tablet daily. Review of Resident #2's signed physicians order sheet dated 01/21/25 revealed there was no order for alfuzosin 10mg ER, take one tablet daily. Review of Resident #2's previous FL2 dated 01/18/24 revealed: -Diagnoses included urinary retention. -There was an order for alfuzosin 10mg ER, take one tablet daily. Review of Resident #2's signed physicians order sheet dated 06/24/24 revealed an order for alfuzosin 10mg ER, take one tablet every day. Review of Resident #2's November 2024 medication administration record (MAR) revealed: -There was an entry for alfuzosin 10mg ER, take one tablet every day, do not crush, chew or split, scheduled at 8:00am. -Alfuzosin 10mg ER was documented as administered at 8:00am on 11/01/24 through 11/30/24. Review of Resident #2's December 2024 MAR revealed: -There was an entry for alfuzosin 10mg ER, take one tablet every day, do not crush, chew or split, scheduled at 8:00am. -Alfuzosin 10mg ER was documented as	C 342			

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C 342	Continued From page 4 administered at 8:00am on 12/01/24 through 12/31/24. Review of Resident #2's January 2025 MAR revealed there was no entry for alfuzosin 10mg ER. Interview with a representative from Resident #2's contracted pharmacy provider on 01/31/25 at 3:17pm revealed: -Alfuzosin 10mg ER, take one tablet daily was initially ordered for Resident #2 on 11/02/23. -Alfuzosin 10mg ER was dispensed for Resident #2 on 10/18/24, to take one tablet daily for a quantity of 28 tablets for a 28-day supply. -Alfuzosin 10mg ER, was last dispensed for Resident #2 on 11/15/24, to take one tablet daily for a quantity of 28 tablets for a 28-day supply. -A discontinue order for alfuzosin 10mg ER was received electronically from Resident #2's primary care provider (PCP) on 11/26/24. -The pharmacy printed and provided the MARs for the facility each month. -Resident #2's December 2024 MAR was printed by the pharmacy on 11/19/24 prior to receiving the discontinue order for Resident #2's alfuzosin. Review of Resident #2's PCP after visit summary dated 11/26/24 revealed: -Under "Today's Visit", the following issues discussed included stress incontinence of urine and benign prostatic hypertrophy (enlarged prostate) with urinary obstruction. -There were no medication changes listed. -Alfuzosin 10mg, take one daily was listed under "Your Medication List". Review of the facility's contracted pharmacy's packing list dated 11/19/24 revealed alfuzosin 10mg ER, quantity 28 tablets was listed for	C 342			

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C 342	Continued From page 5 Resident #2. Review of the facility's contracted pharmacy's packing list dated 12/17/24 revealed there was no alfuzosin 10mg ER listed for Resident #2. Review of the facility's contracted pharmacy's packing list dated 01/13/25 revealed there was no alfuzosin 10mg ER listed for Resident #2. Interview with the Administrator on 01/31/25 at 2:57pm revealed: -Medications were batch filled for the residents by the facility's contracted pharmacy for a 28-day supply. -The medication batches were received on a Tuesday and the cycle started the following Saturday. -When she received batch medications from the facility's contracted pharmacy, she compared the medications she received with the medications listed on the residents' MAR. -She thought she saw Resident #2's alfuzosin in the December 2024 and January 2025 batch filled medications received from the facility's contracted pharmacy and thought Resident #2 was still taking alfuzosin. -She should have noticed that Resident #2 did not receive alfuzosin with the December 2024 batch filled medications and should have contacted Resident #2's PCP to clarify if the alfuzosin was discontinued. -She could not explain why alfuzosin was documented as administered to Resident #2 the entire month of December 2024, she thought it was possible that the pharmacy sent additional alfuzosin for Resident #2 but had no documentation of this. -She documented in error on the MAR that she administered alfuzosin to Resident #2 in the later	C 342		

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C 342	Continued From page 6 part of December 2024. -She was not aware that alfuzosin had been discontinued for Resident #2. -She had not noticed that alfuzosin 10mg ER was not included on Resident #2's signed physicians order sheet dated 01/21/25. -She should have compared Resident #2's 01/21/25 FL2 with the 01/21/25 signed physicians order sheet. -She had not noticed that alfuzosin had fallen off of Resident #2's January 2025 MAR. -She planned to contact Resident #2's PCP next week when the office re-opened to clarify if Resident #2 was supposed to stop the alfuzosin or if the discontinue order was an error. Attempted interview with Resident #2's PCP or a representative from Resident #2's PCP office on 01/31/25 at 3:31pm was unsuccessful	C 342		