Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL054042 | A. BUILDING _____ B. WING _____ | R 01/31/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOBBS HELPING HANDS | 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 |
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| C 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual and follow-up survey on January 31, 2025. | C 000 | Initial Comments<br>Annual and Follow-up Survey conducted at Hobbs Helping Hands Inc. on January 31, 2025 by the Adult Care Licensure Section. | |
| C 077 | 10A NCAC 13G .0315(a)(4) Housekeeping and Furnishings<br><br>10A NCAC 13G .0315 Housekeeping and Furnishings<br>(a) Each family care home shall:<br>(4) have a North Carolina Division of Environmental Health approved sanitation classification at all times;<br>This Rule shall apply to new and existing homes.<br><br>This Rule is not met as evidenced by:<br>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.<br><br>The findings are:<br><br>Review of the most recent provided Environmental Health Inspection of Residential Care Facility revealed:<br>-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<br>-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.<br>-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.<br>-Three demerits were documented for lighting | C 077 | C077 10A NCAC 13G.0315(a)(4) House-Keeping and Furnishings.<br>(a) Each Family Care Home shall have a North Carolina Division of Environmental Health approved Sanitation classification at all times. This rule shall apply to New and existing homes.<br>*When staff exists the home there is a sign that is hung on the outside of the front door with the time staff or Administrator will be returning and the telephones number where the Administrator can be reached.<br>1) The Sanitation Inspector was notified on January 31st, 2025 by the Administrator. The Sanitation Inspector did not answer so the Administrator left a voice message to return her call and a brief explanation for the reason of the call.<br>I received a call from the Sanitation Inspector the next day | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 02/28/25

STATE FORM 6899 EZZJ11 If continuation sheet 1 of 7

Reviewed and Acknowledged MW 03/07/25

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | MULTIPLE CONSTRUCTION | STATE SURVEY COMPLETED |
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| | FCL084042 | A. BUILDING _____ B. WING _____ | R 01/31/2025 |

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|---|---|---|---|---|
| C 000 | Continued From page 1 | C 070 | Continued from page 1 of 7 | |

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.

02/01/25. The Conversation was brief setting up an appointment to do the Sanitation Inspection for 02/12/25. ~~Free~~ for 11:30 am.
On 2/12/25 I received a call from the Sanitation Inspector asking if she could come earlier because she was training another person. I agreed.
The Sanitation Inspector and the trainee arrived @ 10:30 am.
1) Plan of Correction—
(a) The Administrator will contact Environmental Services about one week prior the last Sanitation Inspection. I will ask to speak directly to the Sanitation Inspector to set up a date for the next inspection. This will be documented in a Communication log along with a brief statement of the conversation. I will also make a notation

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| C 077 | Continued From page 2<br><br>Attempted telephone interviews with local county Environmental Sanitation Inspector on 01/31/25 at 12.34pm and 3.31pm were unsuccessful. | C 077 | continuation of page 2 of 7<br>in my organizer of the last date if the facilitys' Sanitation report and make a date for the next Sanitation inspection - Calling a week before the Sanitation is due. So that the appointment can be made.<br>(b) Date of Completion - on going At least until the next sanitation inspection is schedaled.<br>(c) Included is a Copy of the Sanitation Inspection done on 02/12/25. | |
| C 342 | 10A NCAC 13G .1004(j) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration<br>(j) The resident's medication administration record (MAR) shall be accurate and include the following:<br>(1) resident's name;<br>(2) name of the medication or treatment order;<br>(3) strength and dosage or quantity of medication administered;<br>(4) instructions for administering the medication or treatment;<br>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;<br>(6) date and time of administration;<br>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and<br>(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).<br><br>This Rule is not met as evidenced by:<br>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 | C. 342 10A NCAC 13G.1004(j) Medication Administration.<br>1) Resident # 2 last visit with his PCP was on 11/26/24. The facility has a notebook that accompanies Resident # 2 to all medical Appointments. Inside of that notebook is a list of Resident # 2 Current medications and DFS 4490. This form includes the name of | |

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| NOBBS HELPING HANDS | 2904 TOWERHILL ROAD KINSTON NC 28501 |

| ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES [illegible] REGULATORY OR LSC IDENTIFYING INFORMATION | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION [illegible] CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY | [illegible] DATE |
|---|---|---|---|---|
| C 342 | Continued From page 3 | C 342 | Continuation from page 3 of 7 | |

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

of the facility, residents name, the residents primary physcian and phone number and examination or contact by the PCP, along with the date the resident was seen and the orders prescribed by the PCP. The form dated 11/26/25 Orders were: Continue care and diet. No orders were given to discontinue any medications for resident # 2. An after visit Summary is also printed out and given to staff for residents #2 in medical Records. There were no discontinued medications on the after visit Summary either. So there wasn't any need to not administer the medication to resident #2.

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| C 342 | Continued From page 4<br>administered at 8:00am on 12/01/24 through 12/31/24.<br><br>Review of Resident #2's January 2025 MAR revealed there was no entry for alfuzosin 10mg ER.<br><br>Interview with a representative from Resident #2's contracted pharmacy provider on 01/31/25 at 3:17pm revealed:<br>-Alfuzosin 10mg ER, take one tablet daily was initially ordered for Resident #2 on 11/02/23.<br>-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.<br>-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.<br>-A discontinue order for alfuzosin 10mg ER was received electronically from Resident #2's primary care provider (PCP) on 11/26/24.<br>-The pharmacy printed and provided the MARs for the facility each month.<br>-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.<br><br>Review of Resident #2's PCP after visit summary dated 11/26/24 revealed:<br>-Under "Today's Visit", the following issues discussed included stress incontinence of urine and benign prostatic hypertrophy (enlarged prostate) with urinary obstruction.<br>-There were no medication changes listed.<br>-Alfuzosin 10mg, take one daily was listed under "Your Medication List".<br><br>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 | continuation from page 4 of 7<br>Staff did not know that the medication had been discontinued until the day of the annual & follow-up Survey. The annual Surveyor contacted the pharmacy on January 31, 2025 during the Survey. The facility did not have a dc order for the medication.<br>Staff contacted the PCP office on February 3rd, 2025 and spoke with the PCP Nurse. To her knowledge, the medication was not discontinued. Staff went by the PCP office to get another copy of the prescription for the medication. I explained to the Nurse that the pharmacy had received an electronic order from | |

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| C 342 | Continued From page 5<br><br>Resident #2.<br><br>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.<br><br>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.<br><br>Interview with the Administrator on 01/31/25 at 2:57pm revealed:<br>-Medications were batch filled for the residents by the facility's contracted pharmacy for a 28-day supply.<br>-The medication batches were received on a Tuesday and the cycle started the following Saturday.<br>-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.<br>-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.<br>-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.<br>-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.<br>-She documented in error on the MAR that she administered alfuzosin to Resident #2 in the later | C 342 | Continuation from Page 5 of 7<br>the PCP office to ~~them~~ discontinue the medication. She explained that no one had sent an order to discontinue the medication.<br><br>Plan of Correction<br>1) The Batch meds has been done by Staff #1 and the Administrator since the last Annual Licensure Survey to lessen error. When the Batch Came in December 2024 the Administrator had the ftr. So Staff #1 checked the Batch med Alone.<br>2) Staff #1 will be observed and additional training will be done on the proper way to check Batch Meds— the training | |

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| C 342 | Continued From page 6<br><br>part of December 2024.<br>-She was not aware that alfuzosin had been discontinued for Resident #2.<br>-She had not noticed that alfuzosin 10mg ER was not included on Resident #2's signed physicians order sheet dated 01/21/25.<br>-She should have compared Resident #2's 01/21/25 FL2 with the 01/21/25 signed physicians order sheet.<br>-She had not noticed that alfuzosin had fallen off of Resident #2's January 2025 MAR.<br>-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.<br><br>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 | continuation from page 6 of 7<br>will be documented for Strengths and errors.<br>2) Each medication pack is to be Checked by the MAR. If a medication is not there Contact the pharmacy immediately.<br>3) Check each medication by the medication list sent by the pharmacy. If any medications are missing, contact the pharmacy.<br>4) There will be a Medication Cart Audit done weekly by the Administrator and documented.<br>5) training will began with the Next Batch with Staff #1<br>6) Administrator will also go back and check Medications PRN. | |