STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012033	A. BUILDING: _____ B. WING _____	10/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST VIEW FAMILY CARE	3208 TEX'S FISHCAMP ROAD CONNELLY SPG, NC 28612

(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 and Burke County Department of Social Services conducted an annual survey on October 18, 2016.	C 000		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 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 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, observation, and interviews, the facility failed to assure at least one staff person on the premises at all times had completed a course on cardio-pulmonary (CPR) and choking management, including the Heimlich maneuver, within the last 24 months, as evidenced by 2 of 2 staff (Staff A and Staff B) with expired CPR certification. The findings are:	C 176		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012033	A. BUILDING: _____ B. WING _____	10/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST VIEW FAMILY CARE	3208 TEX'S FISHCAMP ROAD CONNELLY SPG, NC 28612

(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 176	Continued From page 1 Interview with the Administrator/SIC (Staff A), on 10/18/16 at 11:07am revealed: -There were only 2 staff that worked in the facility. -Staff A and Staff B were both due to get recertified in CPR this year, but she had not set-up the CPR class yet. -She was not aware that the CPR card had expired for both of them. -"I thought it was due in October." -She had tried to contact the instructor in August 2016, but was unsuccessful in getting a class scheduled with him. -The instructor normally came to the home to have the class. A. Review of personnel records for Staff A, Administrator/Supervisor-in-Charge (SIC), on 10/18/16 revealed: -A hire date of 5/01/93 as Administrator/SIC. -A CPR card with a training date of September 2, 2014 for cardio-pulmonary (CPR) and choking management, including the Heimlich maneuver. Interview with Staff A, Administrator/SIC, on 10/18/16 at 11:07am and 12:20pm revealed: -She had been working as Administrator/SIC at the facility since 5/01/93. -She had successfully completed a course on CPR and choking management, including the Heimlich maneuver on 9/02/14. -She worked 24 hours per day, 7 days per week, in the home. Refer to observation on 10/18/16 at 11:30am. Refer to interview with the Administrator/SIC on 10/18/16 at 12:20pm. B. Review of personnel records for Staff B,	C 176		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012033	A. BUILDING: _____ B. WING _____	10/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST VIEW FAMILY CARE	3208 TEX'S FISHCAMP ROAD CONNELLY SPG, NC 28612

(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 176	Continued From page 2 Personal Care Aide (PCA), on 10/18/16 revealed: -A hire date of 9/23/10 as a PCA. -A CPR card with a training date of September 2, 2014 for CPR and choking management, including the Heimlich maneuver. Interview with the Administrator/SIC, on 10/18/16 at 11:07am and 12:20pm revealed: -Staff B had been working as a PCA in the facility since 9/23/10. -Staff B had successfully completed a course on CPR and choking management, including the Heimlich maneuver on 9/02/14. -Staff B was unaware that his CPR had expired. -Staff B, PCA worked during the day assisting with resident care, housekeeping and lawn care duties. Refer to observation on 10/18/16 at 11:30am. Refer to interview with the Administrator/SIC on 10/18/16 at 12:20pm. Observation on 10/18/16 at 11:30am revealed: -The Administrator called the CPR instructor and asked to have a class scheduled. -The instructor stated he could teach the class within 2 weeks, but would have to call her back with a definite date and time. Interview with the Administrator/SIC on 10/18/16 at 12:20pm revealed: -Staff had never let their CPR expire before. -She was responsible for ensuring all staff had current CPR certification. A Plan of Protection provided by the facility on 10/18/16 revealed:	C 176		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012033	A. BUILDING: _____ B. WING _____	10/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST VIEW FAMILY CARE	3208 TEX'S FISHCAMP ROAD CONNELLY SPG, NC 28612

(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 176	Continued From page 3 -The Administrator/SIC scheduled CPR training for 10/18/16 at 5:00pm for Staff A and Staff B. -Staff A and Staff B completed the CPR training on 10/18/16. -The Administrator/SIC will make sure that CPR certification is current for all staff in the home. THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED DECEMBER 2, 2016.	C 176		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on record reviews, observation, and interviews the facility failed to ensure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. The findings are: Based on record reviews, observation, and interviews, the facility failed to assure at least one staff person on the premises at all times had completed a course on cardio-pulmonary (CPR) and choking management, including the Heimlich maneuver, within the last 24 months, as evidenced by 2 of 2 staff (Staff A and Staff B) with expired CPR certification. [Refer to Tag 0176 10A NCAC 13G .0507 Training on Cardiopulmonary	C 912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012033	A. BUILDING: _____ B. WING _____	10/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST VIEW FAMILY CARE	3208 TEX'S FISHCAMP ROAD CONNELLY SPG, NC 28612

(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 912	Continued From page 4 Resuscitation (Type B Violation)].	C 912		