STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRY CARE HOME	2446 CHERRY GROVE ROAD YANCEYVILLE, NC 27379

(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 September 6-7, 2017.	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, interviews and record review, the facility failed to maintain a North Carolina Division of Environmental Health inspection at all times as required. The findings are: Observation during the tour of the facility on 9/6/17 at 10:00 a.m.-11:00 a.m. revealed no sanitation inspection report was posted in the facility. Interview with the supervisor-in-charge (SIC) on 9/6/17 at 10:15 a.m. revealed she did not know anything about the sanitation inspection report. Interview with the Administrator on 9/6/17 at 10:45 a.m. revealed she would look for the sanitation inspection report. Interview with the Registered Nurse /Manager (RNM) on 9/7/17 at 2:30 p.m. revealed: -She was not familiar with the sanitation	C 077		

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C 077	Continued From page 1 inspection report. -She would have the Administrator to call the Department of Environmental Health on 9/8/17 to request a sanitation inspection for the facility. -Administrator and the RNM would be responsible for making sure the sanitation inspection was done annually. Telephone interview with the Health Inspector on 9/11/17 at 1:56 p.m. revealed: -The last inspection date was 8/12/14. -The staff at the facility was responsible for making sure the sanitation inspection was current. Review of a fax sent on 9/11/17 from the Health Inspector revealed: -The last sanitation inspection at the facility was completed on 8/12/14. -The demerit score was 17. -Sanitation classification was documented as approved. (20 or less demerit, and no 6-point demerit) The administrator was not available for interview on 9/7/17.	C 077		
C 098	10A NCAC 13G .0316 (c) Fire Safety And Disaster Plan 10A NCAC 13G .0316 Fire Safety And Disaster Plan (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met.	C 098		

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C 098	Continued From page 2 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to maintain fire safety requirements required by the city ordinances or county building inspectors. The findings are: Observation during the tour of the facility on 9/6/17 from 10:00 a.m.- 11:00 a.m. revealed no fire safety inspection was posted in the facility. Interview with the Administrator on 9/6/17 at 10:45 a.m. revealed: -She could not find the fire safety inspection for the facility. -She would continue to look for the fire safety inspection. Interview with the Registered Nurse/ Manager (RNM) on 9/7/17 at 2:50 p.m. revealed: -She could not find the fire safety inspection for the facility. -She would call the fire inspector on 9/8/17 and request a copy of the most recent fire inspection. -She would be responsible for making sure the fire safety inspection was completed annually. Telephone interview with Fire Safety Inspector on 9/11/17 at 2:17 p.m. revealed: -He could not find a fire safety inspection for the facility. -He was the only Fire Safety Inspector for the county. -He had been the Fire Safety Inspector since January 2016. The administrator was not available for interview	C 098		

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C 098	Continued From page 3 on 9/7/17. The facility failed to protect the safety of the residents by not maintaining fire safety requirements required by the city ordinance or county building inspectors resulting in a risk of a fire at the facility. The facility 's noncompliance was detrimental to the health, safety and welfare of residents in the facility and constitutes a Type B Violation. Review of the facility's plan of protection dated 9/7/17 revealed: -The Registered Nurse (RN) will call the fire inspector on 9/8/17 for a copy of the last fire inspection. -RN will monitor the facility annually for the fire inspection. -The fire inspection will be kept in a book. -RN will set-up a checklist for employee to monitor for fire inspection. -Employee will make sure the fire inspection was posted. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 22, 2017	C 098		
C 243	10A NCAC 13G .0901(b) Personal Care and Supervision 10A NCAC 13G .0901 Personal Care And Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.	C 243		

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C 243	Continued From page 4 This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews and record reviews, the facility failed to provide adequate supervision for 1 of 1 (#2) sampled resident who was blind and found outside at night smoking a cigarette. The findings are: Review of Resident #2's current FL-2 dated 5/12/17 revealed diagnoses included blind, fibromyalgia, chronic headache, hyperlipidemia, psychosis, hypothyroid, narcolepsy, asthma, kidney failure and epilepsy. Review of Resident #2's care plan dated 7/8/17 revealed: -Documented under "social/mental health history" was resident could ambulate independently in a familiar environment. -Documented under "vision" was resident had been blind since age 22 months. -Documented under "ambulation/locomotion" was resident needed to ambulate with a cane in unfamiliar places. Review of a progress note dated 8/20/17 at 3:00 a.m. for Resident #2 revealed the resident was found outside on the porch smoking a cigarette. Observation on 9/6/17 at 10:30 a.m. revealed Resident #2 ambulated independently in the facility. Interview with the supervisor-in-charge (SIC) on 9/6/17 at 4:30 p.m. revealed: -Resident #3 notified her on 8/20/17 between 2:00 a.m. and 3:00 a.m. that Resident #2 was	C 243		

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C 243	Continued From page 5	C 243		

outside on the porch smoking a cigarette.
-SIC found Resident #2 outside on the porch smoking a cigarette on 8/20/17 at 3:00 a.m..
-SIC talked to Resident #2 on how dangerous it was to be outside at night smoking.
-Resident #2 was blind, and she would not trust resident walking in the yard by herself because of the tree stumps and branches in the yard.
-Resident #2 should ambulate with a cane.
This was the 1st time she had found Resident #2 outside smoking a cigarette on the porch.
-SIC also reminded Resident #2 that 8:00 p.m. was the cut off time for smoking.
-The doors are locked at 8:00 p.m.
- SIC notified the Manager on 8/20/17 at 8:00 a.m. that Resident #2 was found outside on the porch on 8/20/17 between 2:00 a.m. and 3:00 a.m. smoking a cigarette.
-The Manager came to the facility on 8/20/17 at 9:15 a.m. and talked to Resident #2 about the dangers of being outside at night smoking a cigarette.
-The Manager told SIC to keep a closer eye on Resident #2.
-The Manager did not give a specific time interval to check on Resident #2.
-The Manger would talk to the Administrator about getting an alarm for the facility.
-SIC had not heard anything about an alarm as of 9/7/17.

Interview with Resident #2 on 9/7/17 at 2:10 p.m. revealed:
-She went out on the porch to smoke a cigarette on 8/20/17.
-She went out on the porch one more time after the first incident of 8/20/17.
-She did not recall the date.
-She stated she felt safe smoking on the porch.

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C 243	Continued From page 6 Interview with the Registered Nurse/ Manager (RNM) on 9/7/17 at 2:30 p.m. revealed: -She was aware Resident #2 had been found outside smoking on the porch on 8/20/17. -I don't think I notified the physician of the incident on 8/20/17. -The Administrator was made aware on 8/20/17 (no time) that Resident #2 had been caught outside smoking a cigarette. -She had recommended an alarm within a week of the incident on 8/20/17. -Effective 9/7/17, the staff will sleep in the living room until an alarm was installed in the facility. -She did not think it was safe for Resident #2 to be outside by herself. The administrator was not available for interview on 9/7/17. _____ The facility failed to provide adequate supervision for 1 of 1 sampled resident (#2) who was blind and went outside more than once at night to smoke a cigarette. By not having an alarm system installed to alert staff if resident went outside at night resulted in an unsafe environment for all residents because of fire risk and the unlock door. The facility's failure to supervise Resident #2 resulted in substantial risks that death or serious harm will occur and constitutes a Type A2 Violation. _____ Review of the facility's plan of protection dated 9/7/17 revealed: -Registered Nurse (RN) will educate staff on the personal needs and supervision required for this resident -Alarms will be placed on the front door and office door.	C 243		

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C 243	Continued From page 7 -The Administrator will be informed on 9/8/17 of the need for an alarm. -Staff will sleep in the living room until the alarm was installed. -RN will educate the staff on the importance of setting the day and night alarm. -RN will identify supervision needs of other residents. -RN will retrained staff as they work in the facility to assure they are aware of the personal care needs of each residents. -RN will make sure all staff follow the policy and procedure for supervision of residents. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED OCTOBER 7, 2017	C 243		
C 272	10A NCAC 13G .0904(d)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure foods and beverages appropriate to residents' diets were offered or made available to all residents as snacks between meals for a total of three snacks per day.	C 272		

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C 272	Continued From page 8 The findings are: Review of the facility's census on 9/6/17 revealed five residents at the facility. Review of the facility's snack list (no date) revealed: -Snacks were to be given in the a.m., p.m. and at bedtime. -There were no specified times for snacks to be given. Confidential interviews with 4 of 4 residents revealed -They were offered a snack at night. -The other two snacks were given with the meal. Observation on 9/6/17 at 1:30 p.m. in the dining room revealed the residents were served a fruit snack with their lunch. Interview with the supervisor-in-charge (SIC) on 9/7/17 at 10:15 a.m. revealed: -Residents were offered 3 snacks a day, but one snack was given with breakfast, one snack was given with lunch and the other snack was given separate from the dinner. -She gave out snacks at 9:00 a.m., 1:00 p.m. and 6:30 p.m. -She had not been told any designated snack times. Interview with the Registered Nurse Manager (RNM) on 9/7/17 at 2:30 p.m. revealed: -She was not aware that staff were not giving out snacks at a designated times. -The snack times for the residents had not been emphasized. -Effective 9/7/17, the snack times should be at 10:00 a.m., 2:00 p.m. and 8:00 p.m.	C 272		

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C 272	Continued From page 9 -She would put times on the snack sheet in the diet book. The administrator was not available for interview on 9/7/17.	C 272		
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule is not met as evidenced by: Based on record review, interviews and observations, the facility failed to develop a program of activities designed to promote the resident 's active involvement for 5 of 5 residents. The findings are: Observation on 9/6/17 at 11:00 a.m. revealed an activity calendar for September 2017 which was posted on the wall facing the dining room. Review of September 2017 activity calendar revealed there were 14 hours of scheduled activities for each week in September. The following activities were scheduled for 9/1/17 through 9/7/17. -9/01/17- free day -9/02/17-free day -9/03/17-(10:00 a.m.-11:00 a.m.) walking -9/03/17-(2:00 p.m.-4:00 p.m.) puzzles -9/04/17-(10:00 a.m.-11:00 a.m.) let's talk -9/04/17-2:00 a.m.-4:00 p.m.) toss the ball -9/05/17-(10:00 a.m.-11:00 a.m.) let's dance -9/05/17-(2:00 p.m.-4:00 p.m.) Bingo	C 288		

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C 288	Continued From page 10 -9/06/17-(10:00 a.m.-11:00 a.m.) walking -9/07/17-(10:00 a.m.-11:00 a.m.) let 's talk -9/07/17-(6:00 p.m.-8:00 p.m.) movie and popcorn. Confidential interviews with four of four residents during the tour revealed: -"We never do any activities." -Activities are written on the board but we don ' t do the activities. Observation revealed no activities were offered to residents on 9/6/17 and 9/7/17 between the hours of 10:00 a.m.-1:30 p.m and 2:30 p.m. -5:30 p.m. Interview with the supervisor-in-charge(SIC) on 9/6/17 at 10:15 a.m. revealed: -She started working the 1st week of August 2017. -She did activities two times out of the 13 days she worked at the facility. Interview with the Administrator on 9/6/17 at 11:16 a.m. revealed: -The staff was responsible for doing the monthly activity calendar. -The staff was responsible for doing daily activities at the facility. -The activity supplies were kept in the living room. -The Registered Nurse/ Manager (RNM) was responsible for making sure staff did daily activities with the residents. -The Registered Nurse/ Manager (RNM) came to the facility at least 2 times per week. Interview with the Registered Nurse/Manager (RNM) on 9/7/17 at 2:30 p.m. revealed: -She was not aware activities were not being done daily at the facility. -Staff were supposed to do daily activities at the	C 288		

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C 288	Continued From page 11 facility. -She would be responsible for making sure staff did daily activities at the facility. -The staff would be responsible for documenting activities offered to the residents, but residents did not want to participate. The administrator was not available for interview on 9/07/17.	C 288		
C 357	10A NCAC 13G .1006 (f) Medication Storage 10A NCAC 13G .1006 Medication Storage (f) Medications requiring refrigeration shall be stored at 36 degrees F to 46 degrees F (2 degrees C to 8 degrees C). This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to have a working thermometer in the refrigerator for an unopened Lantus Vial which should be stored between 36 degrees Fahrenheit (F) to 46 degrees F. The findings are: Observations on 9/7/17 at 12:30 p.m. of the facility's refrigerator revealed: -One thermometer was found inside the refrigerator. -The liquid in the thermometer stopped at 45 degrees F then started back at 55-60 degrees F. -The kitchen contained an upright refrigerator. -The food in the refrigerator was cold. -The food in the freezer was frozen.	C 357		

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C 357	Continued From page 12 Interview with the supervisor-in-charge (SIC) on 9/7/17 at 12:45 p.m. revealed: -She was not aware the thermometer in the refrigerator was not working properly. -She had not checked the thermometer to see, if it was working. -She had not been told what the temperature range should be in the refrigerator for medications. Interview with the Registered Nurse Manager (RNM) on 9/7/17 at 2:30 p.m. revealed: -She was not aware the thermometer in the refrigerator was not working properly. -Effective 9/7/17, the staff would be responsible for checking the refrigerator temperature daily. -The staff would be trained on what the temperature range for medications should be in the refrigerator. -She would put a flow sheet on the refrigerator, so staff could record the temperature daily. -She would get a thermometer to put in the refrigerator. -RNM did not give a time frame on when she would get a thermometer to put in the refrigerator. The administrator was not available for interview on 9/7/17.	C 357		
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be	C 367		

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C 367	Continued From page 13 accurate reconciliation. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure a ready and retrievable record of controlled substances were accurate and accountable for 1 of 2 sampled residents (Resident #2) for a physician order for the controlled substance hydromorphone. The findings are: Review of Resident #2's current FL-2 dated 5/12/17 revealed diagnoses included blind, fibromyalgia, hyperlipidemia, psychosis, hypothyroid, narcolepsy, asthma, kidney failure and epilepsy. Review of a subsequent order dated 8/19/17 revealed an order for hydromorphone. 4 mg take 1 and ½ tablets by mouth every 8 hours as needed. (Hydromorphone is used for pain). Observation of hydromorphone on hand on 9/6/17 at 1:00 p.m. revealed: -A blister pack dispensed on August 19, 2017 with 23 doses of hydromorphone remaining. -The instructions on the label of the blister pack read hydromorphone 4 mg take 1 and ½ tablets by mouth every 8 hours as needed. Review of Resident #2's controlled substances count sheet for 8/19/17 revealed: -62 tablets were dispersed on 8/19/17. -On 9/6/17 at 1:00 p.m. 21 doses of hydromorphone were signed out. Review of Resident #2 's Medication Administration Record (MAR) for 08/20-9/6/17 revealed:	C 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017009	A. BUILDING: _____ B. WING _____	R 09/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRY CARE HOME	2446 CHERRY GROVE ROAD YANCEYVILLE, NC 27379

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C 367	Continued From page 14 -An entry for hydromorphone 4 mg take 1 and ½ tablets by mouth every 8 hours as needed. -8:00 a.m., 2:00 p.m. and 8:00 p.m. were hand written on the MAR in the PRN section for hydromorphone. -Forty six doses of hydromorphone were documented on the MAR from 08/20-9/6/17. Interview with Resident #2 on 9/7/17 at 4:00 p.m. revealed she was given pain medications 2-3 times per day. Staff who worked on 8/28-9/6/17 was out on sick leave. Interview with the supervision-in-charge (SIC) on 9/7/17 at 10:15 a.m. revealed: -She had not been trained on how to count and sign out correctly for control drugs on the controlled drug record and the MAR. -She did not know why 8:00 a.m., 2:00 p.m. and 8:00 p.m. were handwritten on the MAR in the PRN section for hydromorphone. -She did not know why the doses signed out on the controlled drug sheet for Resident #2's hydromorphone and the medications documented on the MAR did not match. Interview with the Registered Nurse /Manager (RNM) on 9/7/17 at 2:30 p.m. revealed: -She could not explain why the doses signed out on the controlled drug sheet for Resident #2's hydromorphone and the medications documented on the MAR did not match. -She did not know why 8:00 a.m., 2:00 p.m. and 8:00 p.m. were handwritten on the MAR in the PRN section for hydromorphone. -She was not aware the supervisor-in-charge (SIC) was not signing off on the narcotic record and the Medication Administration Records	C 367		

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C 367	Continued From page 15 (MARs) correctly. -The staff had not been told to count narcotics between oncoming and ongoing shifts. -Effective 9/7/17, SICs would be trained on how to count and sign out correctly on the controlled drugs record and the MAR. The administrator was not available for interview on 9/7/17.	C 367		
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 observations, interviews and record reviews, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to fire safety inspection and personal care and supervision. The findings are: 1. Based on observations and interviews, the facility failed to maintain fire safety requirements required by the city ordinances or county building inspectors. [Refer to Tag C 098 , 10A NCAC 13G .0316(c) Fire Safety and Disaster Plan (Type B Violation)] 2. Based on observations, interviews and record	C 912		

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C 912	Continued From page 16 reviews, the facility failed to provide adequate supervision for 1 of 1 (#2) sampled resident who was blind and found outside at night smoking a cigarette. [Refer to Tag C 243, 10A NCAC 13G .0901(b) Personal Care and Supervision (Type A2 Violation)]	C 912		