STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl092252	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO LIVE	1410 KILDAIRE FARM ROAD CARY, NC 27511

(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 Wake County Human Services conducted an initial survey on 06/18/19 through 06/19/19.	C 000		
C 171	10A NCAC 13G .0504(a) Competency Validation For Licensed Health 10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks (a) A family care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 4 of 4 sampled staff (Staff A, Staff B, Staff C and Staff D) were competency validated for Licensed Health Professional Support (LHPS) tasks. 1. Review of Staff A's, Personal Care Aide (PCA), personnel record revealed: -Staff A was hired on 01/31/19. -There was no documentation of competency validation for LHPS tasks. Telephone Interview with LHPS nurse on 6/19/19 at 12:15pm revealed: -She had not been informed by the Administrator the LHPS competency tasks validation had not been completed for Staff A.	C 171		

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C 171	Continued From page 1 -She did not keep copies of completed LHPS competency tasks validation forms. -She would schedule a time with the Administrator to get all staff LHPS competency validated. Refer to the interview with the Administrator on 06/19/19 at 4:48pm. 2. Review of Staff B's, Personal Care Aide (PCA), personnel record revealed: -Staff B was hired on 05/25/19. -There was no documentation of competency validation for LHPS tasks. Interview with Staff B on 06/19/19 at 10:38am revealed: -She had not been LHPS competency validated. -She assisted a resident with transfer and ambulating from the bed to wheelchair and bathroom to wheelchair at times. Telephone Interview with LHPS nurse on 6/19/19 at 12:15pm revealed: -She could not remember completing the LHPS competency tasks for Staff B. -She did not keep copies of completed LHPS competency tasks validation forms. -She would schedule a time with the Administrator to get all staff LHPS competency validated. Refer to the interview with the Administrator on 06/19/19 at 4:48pm. 3. Review of Staff C's, Personal Care Aide (PCA), personnel record revealed: -Staff C was hired on 03/08/19. -There was no documentation of competency validation for LHPS tasks.	C 171		

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C 171	Continued From page 2 Interview with Staff C on 6/19/19 at 2:40pm revealed: -She worked alone with residents. -She assisted residents with bathing, dressing, grooming, and ambulation from bed to wheelchair and wheelchair to shower and toilet. -She did not know if she had completed the LHPS competency tasks since her hire date. -She was familiar with LHPS competency tasks validation. Telephone Interview with LHPS nurse on 6/19/19 at 12:15pm revealed: -She could not remember completing the LHPS competency tasks for Staff C. -She did not keep copies of completed LHPS competency tasks validation forms. -She would schedule a time with the Administrator to get all staff LHPS competency validated. Refer to the interview with the Administrator on 06/19/19 at 4:48pm. 4. Review of Staff D's, Personal Care Aide (PCA), personnel record revealed: -Staff D was hired on 06/17/19. -There was no documentation of LHPS tasks competency validation. -Staff D was not available for interview during the survey. Telephone Interview with LHPS nurse on 6/19/19 at 12:15pm revealed: -She had not been informed by the Administrator the LHPS competency tasks validation had not been completed for Staff D. -She did not keep copies of completed LHPS competency tasks validation forms.	C 171		

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C 171	Continued From page 3 -She would schedule a time with the Administrator to get all staff LHPS competency validated. Refer to the interview with the Administrator on 06/19/19 at 4:48pm. _____ Interview with Administrator on 06/19/19 at 4:48pm revealed: -She was responsible for assuring all staff were LHPS competency validated. -She knew staff provided transfer and ambulation assistance for residents with an assistive device when needed. -She knew to have the LHPS tasks competency validation completed prior to staff hire.	C 171		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to assure 1 of 3 sampled residents	C 202		

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C 202	Continued From page 4 (#1) was tested for tuberculosis (TB) disease upon admission. The findings are: Review of Resident #1's current FL2 dated 02/22/19 revealed diagnoses included lewy body dementia, anxiety, and orthostatic hypertension. Review of Resident #1's Resident Register revealed: - There was an admission date of 03/03/19. - The resident was admitted from home. Review of Resident #1's immunization records revealed there was no documentation of TB skin testing. Interview with the Administrator on 06/18/19 at 3:50pm revealed: -Resident #1 was admitted from home. -She went to the resident's home, a few days before admitting him to the facility, to assess him for admission and the family informed her the resident had a negative TB skin test. -After the resident was admitted to the facility on 03/03/19, the family did not bring documentation of TB skin test. -When she talked to the family about the resident's TB skin test, the family said they did not remember if he had received a TB skin test. -The resident's neurologist was his primary medical provider (PCP) and the family member had not taken the resident to the PCP for TB testing. -She was responsible for ensuring residents had TB skin tests completed. -She had forgotten to follow-up with Resident #1's PCP regarding his TB skin test.	C 202		

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C 202	Continued From page 5 Interview with Resident #1's family member on 06/18/19 at 4:09pm revealed: -Resident #1 was admitted to the facility from home in February 2019. -She did not remember if the resident had ever had a TB skin test. -The resident's neurologist performed "a lot of tests" before admission to the facility, but not a TB skin test. Interview with the Administrator on 06/19/19 at 9:45am revealed Resident #1 was transported to a local urgent care facility this morning (06/19/19) and will receive a TB skin test. _____ The facility failed to ensure 1 of 3 sampled residents (Resident #1) was tested for TB upon admission to the facility. The faility's failure placed the residents at increased risk for exposure to and transmission of tuberculosis disease, which was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/18/19 for this violation. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED August 3, 2019.	C 202		
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	C 912		

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C 912	Continued From page 6 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 assure every resident had the right to receive care and services, which are adequate, appropriate, and in compliance with rules and regulations as related to a resident admission tuberculosis skin test. The findings are: 1. Based on record reviews and interviews, the facility failed to assure 1 of 3 sampled residents (#1) was tested for tuberculosis (TB) disease upon admission. [Refer to Tag 202, 10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination (Type B Violation)].	C 912		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening	C992		

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C992	Continued From page 7 of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 4 of 4 staff sampled (Staff A, B, C and D) had an examination and screening for the presence of controlled substances completed upon hire. The findings are: 1. Review of Staff A, Personal Care Aide (PCA), personnel record revealed: -Staff A was hired on 01/31/19. -Documentation of the controlled substances test results did not include the type of controlled substances tested. -Staff A's name had been handwritten on the test results.	C992		

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C992	Continued From page 8 Refer to the interview with the Administrator on 06/19/19 at 3:00pm. 2. Review of Staff B, Personal Care Aide (PCA), personnel record revealed: -Staff B was hired on 05/25/19. -Documentation of the controlled substances test results did not include the type of controlled substances tested. -Staff B's name had been handwritten on the test results. Interview with Staff B on 06/19/19 at 3:28pm revealed: -Staff B had not completed a controlled substance screening upon hire. -She denied the signature on the controlled substances test verification form was her signature. Refer to the interview with the Administrator on 06/19/19 at 3:00pm. 3. Review of Staff C, Personal Care Aide (PCA), personnel record revealed: -Staff C was hired on 03/08/19. -Documentation of the controlled substances test results did not include the type of controlled substances tested. -Staff C's name had been handwritten on the test results. Refer to the interview with the Administrator on 06/19/19 at 3:00pm. 4. Review of Staff D, Personal Care Aide (PCA), personnel record revealed: -Staff D was hired on 06/17/19. -Documentation of the control substances test	C992		

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C992	Continued From page 9 results did not include the type of controlled substances tested. -Staff D's name had been handwritten on the test results. Observation of the controlled substance testing kit on 06/19/19 at 3:00 pm revealed: -The kit was not its original box. -The kit had an expiration date of August 2018. Refer to the interview with the Administrator on 06/19/19 at 3:00pm. Interview with the Administrator on 06/19/19 at 3:00pm revealed: -The controlled substance screening kits were purchased from a local retail store. -She was not aware the controlled substances test kit had expired in August 2018. -She was responsible for maintaining personnel records and ensuring staff completed a controlled substances examination and screening upon hire. -She administered the controlled substances testing for Staff A, Staff C and Staff D. -She did not administer the controlled substance testing for Staff B.	C992		

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C992	Continued From page 10 The facility failed to assure the examination and screening for the presence of controlled substances were performed prior to employment for 0 of 4 staff (Staffs A, B, C, and D). The facility's failure to assure screening for controlled substances were completed for all staff prior to employment was detrimental to the welfare and safety of the residents which constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/19/19 for this violation. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED August 3, 2019.	C992		