

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/11/2022
NAME OF PROVIDER OR SUPPLIER HUMPHREY FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6245 BURTON CHAPEL ROAD MEBANE, NC 27302		
(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 a follow-up survey on January 11, 2022.	{C 000}		
{C 341}	10A NCAC 13G .1004 (i) Medication Administration 10A NCAC 13G .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observation, interviews and record reviews the facility failed to ensure the recording of the administration of medication for 1 of 3 sampled residents (#1) by the staff who administered the medication immediately following the resident taking the medication. The findings are: Review of Resident #1's current FL2 dated 08/17/21 revealed; -Diagnoses included polysubstance overdose, pelvic mass, diabetes mellitus, altered mental status, chronic bilateral back pain, hypertension, bipolar affective disorder, schizoaffective disorder and gastroesophageal reflux disease. -There was an order for rosuvastatin calcium (used to treat high cholesterol) 10mg at bedtime.	{C 341}		

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

TITLE

(X6) DATE

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{C 341}	Continued From page 1 -There was an order for Senna Plus (used to treat constipation) nightly. -There was an order for Tegretol (used for bipolar disorder) 100mg two tablets twice daily. -There was an order for trazodone (used to treat depression) 100mg at bedtime. -There was an order for carvedilol (used to treat high blood pressure) 12.5mg twice daily. -There was an order for gabapentin (used for nerve pain) 100mg three times daily. -There was an order for haloperidol (used for mental disorders) 5mg three times daily. -There was an order for metformin (used to treat type 2 diabetes) 1000mg twice daily. -There was an order for clozapine (used to treat schizophrenia) 100mg at bedtime. -There was an order for clozapine 25mg at bedtime. Observation of the medication aide (MA) on 01/11/22 at 8:25am revealed: -She was seated in the office documenting Resident #1's morning administration of medication for 01/11/22 on the medication administration record (MAR). -There was no administration documentation on the 01/10/22 MAR for Resident #1's evening medications. Review of Resident #1's medication administration record (MAR) for January 2022 revealed: -There was an entry for rosuvastatin calcium 10mg scheduled for 8:00pm administration; there was no documentation rosuvastatin calcium 10mg was administered at 8:00pm on 01/10/22. -There was an entry for Senna plus scheduled for 8:00pm administration; there was no documentation Senna plus was administered at 8:00pm on 01/10/22.	{C 341}		

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{C 341}	Continued From page 2 -There was an entry for Tegretol 100mg two tablets scheduled at 8:00pm; there was no documentation Tegretol 100mg was administered at 8:00pm on 01/10/22. -There was an entry for trazodone 100mg scheduled at 8:00pm; there was no documentation trazodone 100mg was administered at 8:00pm on 01/10/22. -There was an entry for carvedilol 12.5mg scheduled at 8:00pm; there was no documentation carvedilol 12.5mg was administered at 8:00pm on 01/10/22. -There was an entry for gabapentin 100mg scheduled at 8:00pm; there was no documentation gabapentin 100mg was administered at 8:00pm on 01/10/22. -There was an entry for haloperidol 5mg scheduled at 8:00pm; there was no documentation haloperidol 5mg was administered at 8:00pm on 01/10/22. -There was an entry for metformin 1000mg scheduled at 6:00pm; there was no documentation metformin 1000mg was administered at 8:00pm on 01/10/22. -There was an entry for clozapine 100mg scheduled at 8:00pm; there was no documentation clozapine 100mg was administered at 8:00pm on 01/10/22. -There was an entry for clozapine 25mg scheduled at 8:00pm; there was no documentation clozapine 25mg was administered at 8:00pm on 01/10/22. Interview with Resident #1 on 01/11/22 at 9:12am revealed: -She was familiar with her what her medications were and when they were scheduled. -Her scheduled evening medications were administered to her on 01/10/22 by the MA; she did not recall observing the MA document the	{C 341}		

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{C 341}	Continued From page 3 administration. -Her scheduled morning medications were administered to her on 01/11/22 by the MA; she did not recall observing the MA document the administration on anything. Interview with the MA on 01/11/22 at 8:25am revealed: -She was documenting administration of Resident #1's medication on the MAR for the evening of 01/10/22 and the morning of 01/11/22. -She had administered Resident #1 her evening medication on 01/10/22 and her morning medications on 01/11/22 as scheduled but she had not documented on the MAR. -She administered the residents their medication one at a time and she usually documented on the MAR as she administered their medication. -She got busy and did not document Resident #1's medication administrations. -She knew she should have documented on the MAR as she administered Resident #1 her medication. -The autofill medication supply for the facility was delivered on 01/10/22 and she was busy comparing the medications to the MAR and forgot to document the evening administration of Resident #1's medication. -She started completing the morning cleaning on 01/11/22 and forgot to document the administration of Resident #1's medications. -She had documented on the other residents' MAR as she administered their medication but Resident #1 was new and she wanted to be sure she had checked the right medication for the right resident. Interview with the Assistant Administrator on 01/11/22 at 2:11pm revealed: -The MA was trained to document on the MAR	{C 341}			

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{C 341}	Continued From page 4 after the administration of each medication. -The MA was trained to compare the medication label to the MAR then to pour the medication into a cup. -The MA was trained to observe the resident as they took the medication and to then document the administration on the MAR. -After she administered the medication the MA should have immediately documented on Resident #1's MAR, not delayed it until the next day or later in the day. -The MARs were audited once a month; part of the audit included checking proper documentation of medication administration by the MA. Attempted telephone interview with Resident #1's primary care provider (PCP) on 01/11/22 at 9:10am was unsuccessful. Attempted telephone interview with the Administrator on 01/11/22 at 2:43pm was unsuccessful.	{C 341}		
{C 612}	10A NCAC 13G .1701 (c) Infection Prevention & Control Program (temp) 10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health	{C 612}		

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{C 612}	Continued From page 5 department, the specific guidance or directives shall be implemented by the facility. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to appropriate screening of visitors, staff and residents. The findings are: Review of the Center for Disease Control (CDC) guidelines for the prevention and spread of COVID-19 in long term care (LTC) facilities, updated 09/10/21, revealed: -All visitors should be screened for the presence of fever and symptoms of the virus prior to entering the facility. -All staff should be screened for the presence of fever and symptoms of the virus prior to entering the facility and regardless of vaccination status. -Staff should ask residents to report if they feel feverish, any symptoms consistent with COVID-19 or acute respiratory infection. -Staff should actively monitor all residents daily	{C 612}		

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{C 612}	Continued From page 6 for fever and symptoms consistent with COVID-19 regardless of vaccination status. Review of the North Carolina Department of Health and Human Services (NCDHHS) for prevention and spread of COVID-19 in LTC facilities updated 11/19/21 revealed: -All visitors should be screened for signs and symptoms of COVID-19 prior to entering the facility. -All staff should be screened for symptoms prior to every shift. -All residents should be screened for symptoms daily. Review of the facility's visitor temperature log dated October 2021 revealed: -There were screening dates on the log from 10/07/21 to 12/11/21. -There were four visitors documented as screened for the month of October 2021. -There were eight visitors documented as screened for the month of November 2021. -There were two visitors documented as screened for the month of December 2021. -All visitors' temperatures were documented within normal range. -There were no visitor temperature logs for January 2022. Review of the staff temperature log for December 2021 revealed: -There were daily temperatures documented for one staff per day from 12/03/21 to 12/23/21 and a temperature documented on 12/27/21. -All staffs' temperatures were documented within normal range. -There were no temperatures documented from 12/24/21 to 12/26/21 and from 12/28/21 to 12/31/21.	{C 612}		

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{C 612}	Continued From page 7 Review of the staff temperature log for January 2022 revealed there was not a log available. Review of the residents' temperature log for December 2021 revealed: -Each residents' daily temperatures were documented within normal range from 12/01/21 to 12/12/21. -There were no other resident temperatures documented from 12/13/21 to 12/31/21. Review of the residents' temperature logs for January 2022 revealed there was not a log available. Interview with four residents on 01/11/22 from 8:18am to 9:12am revealed: -The staff did not take their temperatures daily. -The primary care provider (PCP) took their temperatures when she visited the facility. -The last time the PCP visited the facility was the beginning of January 2022. -They had some visitors in the facility in December 2021 and January 2022. Interview with the medication aide (MA) on 01/11/21 at 8:40am revealed: -There had not been any visitors inside the facility since 12/16/21. -Staff had stopped taking their temperatures because they used the last temperature form, they had to document their temperatures. -She had stopped taking the residents' temperatures on 12/12/21 because she ran out of the forms to document the residents' temperatures. -She called the main office and requested more temperature log forms to document temperatures on, but she could not remember who she spoke	{C 612}		

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{C 612}	Continued From page 8 to or when she called. -Usually someone from the main office would fax additional temperature log forms to the facility or they would drop them off. -Usually the Assistant Administrator or the Administrator would review the temperature logs when they visited the facility. -She did not remember the last time one of the Administrators had visited the facility. Interview with the Assistant Administrator on 01/11/22 at 2:20pm revealed: -There were very few visitors that came inside the facility. -The PCP should have been screened and documented by the staff when she visited residents inside the facility. -All staff should have taken and documented their temperatures daily when they are working. -The MA should have taken and documented the residents' temperatures daily. -She did not know there were no temperature log forms available for documenting temperatures; staff should have called the main office and requested additional forms. -The staff could have written the temperatures of staff, visitors and the residents on a plain piece of paper if they where out of the temperature logs. -She expected the staff to continue to take the temperatures of staff, visitors and residents every day and to document the temperatures. Attempted telephone interview with Resident #1's primary care provider (PCP) on 01/11/22 at 9:10am was unsuccessful. Attempted telephone interview with the Administrator on 01/11/22 at 2:43pm was unsuccessful.	{C 612}		