

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2022
NAME OF PROVIDER OR SUPPLIER JEFFERSON FAMILY CARE HOME #4		STREET ADDRESS, CITY, STATE, ZIP CODE 495 STATLEY BOSWELL ROAD VANCEYVILLE, 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 November 17 2022	C 000		
C 292	10A NCAC 13G .0905 (d) Activities Program 10A NCAC 13G .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on interviews and observations, the facility failed to assure a minimum of 14 hours of planned group activities were planned each week, that promoted socialization, physical interactions, group accomplishment, creative expression, increased knowledge and learning of new skills for the 6 residents living in the facility. The findings are: Observation on 11/17/22 at 8:45 a.m. revealed no activity calendar was posted at the facility.	C 292	Effective 11/21/2022 Administrator ensured that Activities for the month of November 2022 calendar was updated and posted of for all current residents. Resident had a behavior and tore previous calendar down. Administrator was not aware tat the calendar was broken by resident. Administrator re-installed white board. All of the residents are currently enrolled in a Day Program the two residents that do not attend the Day Program refuse board games (Bingo, Monopoly, Cards, Bible Study, Waking, Craft, or Chit Chat). Their activity of choice is sitting on the porch smoking cigarettes and watching their favorite programs on TV. Assistant Administrator was not aware that the board games were locked in closet. Administrator as part of the on-boarding process has included on the orientation process to include the location of board games and to ensure that the Activity Calendar is updated monthly. Activity Director will monitor and log weekly that the rule 10ANCAC 13C 0905 (d) is being met. Administrator to verify with Activity Director monthly that this policy is being met.	11/21/2022

Division of Health Service Regulation

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STATE FORM

6899

OM5X11

TITLE

(X6) DATE

If continuation sheet 1 of 8

Reviewed and acknowledged - SS - 12/16/22

Division of Health Service Regulation

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C 292	Continued From page 1 Observation of the facility on 11/17/22 between the hours of 8:36am. and 3:30pm. revealed no activities were offered to residents Interview with a resident on 11/17/22 at 8:39 a.m. revealed: -There were no activities at the facility. -He watched television and smoked cigarettes most of the time. Interview with another resident on 11/17/22 at 9:05 a.m. revealed: -There was no activity calendar in the facility. -He did not know the last time he had seen an activity calendar in the facility. -He watched television and went outside to smoke. -The other residents went to a day program during the weekdays. Interview with the Co-Administrator on 11/17/22 at 2:04pm revealed: -There was no activity calendar posted in the facility. -He was the Activity Director and he completed his training in 2021. -He had not completed an activity calendar in over two months because of personal events. -He expected the Supervisor in Charge to complete activities with the residents. -He did not know the location of supplies for activities within the facility. -He was responsible for doing the monthly activity calendar at the facility.	C 292			
C 330	0A NCAC 13G .1004(a) Medication Administration	C 330			

Division of Health Service Regulation

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

TITLE

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STATE FORM

6889

OM5X11

If continuation sheet 2 of 8

Division of Health Service Regulation

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(X4) ID PREFIX TAG C330	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG C330	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY	(X5) COMPLETE DATE 11-18-22	
	Continued From page 2 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to administer medications as ordered by a licensed prescribing practitioner for 1 of 3 sampled residents related to a medication used to treat the symptoms of certain mood/mental conditions (#1). The findings are: Review of Resident #1's current FL-2 dated 03/17/22 revealed: -Diagnoses included schizoaffective disorder bipolar type, hypertension, hyperlipidemia, arthritis, and vitamin D deficiency. -There was a medication order for fluphenazine 2.5mg (used for the treatment of chronic psychoses) twice daily at breakfast and at lunch. Review of Resident #1's six-month physician orders dated 08/01/22 revealed there was an order for fluphenazine 2.5mg take one tablet twice daily at breakfast and lunch. Review of Resident #1's September 2022 printed medication administration record (MAR) revealed: -There was an entry for fluphenazine 2.5mg take one tablet twice daily at breakfast and lunch, scheduled at 8:00am and 12:00pm.		Effective 11/17/2022 Administrator investigated issue with Resident #1 Fluphenazine 2.5MG noon medication. On 11/17/2022 the SIC/MA had a family emergency and had to leave the facility. The Assistant Administrator filled in that day and was not aware that the SIC/MA had been signing a Medication Release form to the Day Program staff to give the Fluphenazine 2.5MG noon medicine at the Day Program. Administrator has spoken with the Primary Care Provider (PCP) and the order for the Resident #1 Fluphenazine 2.5MG has been written for 2:30PM to allow for Resident #1 to return from the Day Program and his Fluphenazine 2.5MG be given by staff at the facility. Training provided for current staff on Medication Pass! Rule: Use the resident name and picture prior to administering medication: • Right Patient • Right Medication • Right Dose • Right Route • Right Time Assistant Administrator to monitor weekly for 8 weeks and Administrator will continue monitor monthly for 12 months then Administrator will monitor quarterly.		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

14879 OMSX11

If continuation sheet 3 of 3

PRINTED: 12/09/2022
FORM APPROVED

Division of Health Service Regulation

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C 330	Continued From page 3 -There was documentation of administration of fluphenazine 2.5mg from 09/01/22 to 09/30/22 at 8:00am and 12:00pm. -There was also a column for color with the word yellow beside 8:00am and white beside 12:00pm. Review of Resident #1's October 2022 printed MAR revealed: -There was an entry for fluphenazine 2.5mg take one tablet twice daily at breakfast and lunch, scheduled at 8:00am and 12:00pm. -There was documentation of administration of fluphenazine 2.5mg from 10/01/22 to 10/31/22 at 8:00am and 12:00pm. -There was also a column for color with the word yellow beside 8:00am and white beside 12:00pm. Review of Resident #1's printed MAR for 11/01/22-11/17/22 revealed: -There was an entry for fluphenazine 2.5mg take one tablet twice daily at breakfast and lunch, scheduled at 8:00am and 12:00pm. -Fluphenazine 2.5mg was documented as administered from 11/01/22 to 11/16/22 at 8:00am and 12:00pm. -There was also a column for color with the word yellow beside 8:00am and white beside 12:00pm. Review of Resident #1's fluphenazine 2.5mg label for the 12:00pm dose revealed: -The label indicated Resident #1's name, color of the bubble package (white), name of the medication, dose of the medication, and the time of administration (noon). -The dispense date was 11/01/22 and thirty tablets were dispensed. Observation of Resident #1's medications on hand on 11/17/22 at 12:26pm revealed:	C 330		

	-There were 23 fluphenazine 2.5mg tablets			
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6899

OM5X11

If continuation sheet 4 of 8

Division of Health Service Regulation

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C 330	Continued from page 4 available in a white plastic bubble package. -Each tablet was encased in a bubble that was labeled with the name of the medicine, date of the year, and time of administration. -The noon dose of fluphenazine 2.5mg for 11/17/22 was still in the bubble package. Observation of the facility on 11/17/22 from 8:36pm to 2:40pm revealed Resident #1 was not at the facility. Telephone interview with a representative from Resident #1's facility contracted pharmacy on 11/17/22 at 1:36pm revealed: -Resident #1's Primary Care Provider (PCP) ordered fluphenazine 2.5mg twice daily at breakfast and lunch on a six-month physician order summary dated 08/01/22. -Sixty tablets were dispensed on 10/03/22 and 11/01/22 for the breakfast and lunch doses. -The packages for the medication were color coded based on the time of administration. -A yellow bubble package was a morning dose, a white bubble package was a noon dose, and a blue bubble package was an evening dose. Interview with the Co-Administrator on 11/17/22 at 2:30pm revealed: -He expected medications to be administered as ordered. -He expected medications to be documented and signed for as the medications were administered. -He expected the medication aides (MA) to compare the medications with the MAR and administer to the right resident at the right time. -He expected MAs to administer medications to one resident at the time. -He knew 4 residents attended a day program. -These residents were usually back at the facility by 2:30pm.	C 330			

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6899 OM5X11

If continuation sheet 5 of 8

Division of Health Service Regulation

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C 330	Continued From page 5 -The residents were not at the facility at that time. 2:35pm. -Residents who had medications scheduled for 12:00pm, received their medications when they returned from the day program. -He knew medications could be administered one hour before and one hour after the scheduled time of administration. -He had not thought about the time residents who had medications scheduled for 12:00pm and attended the day program. -He planned to speak with the MAS to come up with a plan for administering medications to residents who had medications scheduled at noon but were away from the facility. -He planned to discuss the issue with Resident #1's PCP. -He expected the MAS to notify the Supervisor in Charge to make her aware of the conflict in the time of administration for Resident #1's fluphenazine. -The MAs were responsible for ensuring medications were given as ordered by the PCP. Attempted telephone interview with Resident #1's Primary Care Provider (PCP) on 11/17/22 at 1:53pm was unsuccessful. Attempted telephone interview with a MA on 11/17/22 at 2:36pm was unsuccessful. Attempted telephone interview with another MA on 11/17/22 at 3:23pm was unsuccessful.	C 330			
C992	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	C992			

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C992	Continued From page 6 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 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 indicate 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 interviews and record reviews, the facility failed to ensure 1 of 2 staff (staff B) had no examination and screening for the presence of controlled substances completed upon hire. The findings are:	C992	Effective 11/18/2022 Administrator went to the facility to investigate missing documentation for Staff B. Upon the review of Staff B record administrator was able to locate documentation that the following rules: 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 Are being met and document has been attached to this POC. Employment Checklist Name _____ Hire Date _____ Application _____ Criminal Back Ground Check _____ High School Diploma / GED _____ Social Security Card _____ Driver's License _____ CPR & First Aide _____ TB Vaccination _____ Med Tech Certification _____ Confidentiality Agreement _____ Nurse Aide I Registry _____ 15 Hours Training Course _____ Drug Test _____ Skill _____ Check List _____ Diabetes Training / Date _____ Infectious Disease Training / Date _____		

Division of Health Service Regulation

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6899 OM5X11

If continuation sheet 7 of 8

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C C 992	Continued From page 7 Review of Staff B's personnel record revealed: -She was hired on 04/02/14 as a Supervisor in Charge (SIC). -There was a consent for a drug screen dated 05/01/14. -There was no drug screening for the presence of controlled substances. Interview with Staff B on 11/17/22 at 9:30am revealed she had worked at the facility since 04/02/14. Interview with the Co-Administrator on 11/17/22 at 2:38pm revealed: -Staff C was hired as a medication aide (MA). -The Administrator or the lead SIC reviewed the personnel records. -He did not know the last time the personnel records were reviewed. -He did not know Staff B did not have a drug screening in her record. -He and the Administrator were responsible for ensuring staff had a completed drug screening for the presence of controlled substances in their personnel record.	C C 992			

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TITLE

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STATE FORM

6893

OM5X11

If continuation sheet 8 of 8