

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 01/24/2025
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-survey on 01/24/25.	{C 000}	10A NCAC 13G .0317 (a) Building Service Equipment (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.	1/29/2025	
C 102	10A NCAC 13G .0317 (a) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition This Rule is not met as evidenced by: Based on interviews, the facility failed to ensure the plumbing equipment was maintained in a safe and operating condition related to the telemetry system not functioning properly, resulting in the plumbing to be backed up and residents not being able to flush the toilets. The findings are: Telephone interview with a representative from the county environmental health office on 01/24/25 at 2:00pm revealed: -The facility did not have a septic tank because the soil was too dense to allow for absorption and proper drainage. -The facility had a "pump and hall" system (a system where waste is collected in a tank and periodically pumped when the telemetry system sends an alert to the contracted pumping station). -The owner was aware the telemetry system (a technology that collects and transmits information	C 102	1. Immediate Corrective Action: * Monthly Pumping: The facility will continue to have both 1,500-gallon tanks pumped monthly until the telemetry system is fully repaired. Documentation will be maintained for all pumping activities, including dates and volumes on site. * Scheduled Inspection: Administrator will ensure that the scheduled service appointment on 01/29/25 is completed, and the technician provides a written report on the condition and necessary repairs of the telemetry system. 2. Repair and Documentation: * Telemetry System Repair: The Administrator will ensure the technician repairs the telemetry system on 01/29/25. A copy of the repair invoice, including a detailed description of the repairs performed, will be submitted to the County Environmental Health Office within 7 days of the repair completion. * Ongoing Monitoring: Once the telemetry system is repaired, Administrator along with maintenance will monitor the telemetry system for any further malfunctions. If any issues arise, the owner will immediately notify the County Environmental Health Office. 3. Preventive Measures: * Documentation of Compliance: The facility will maintain accurate records of all pump-outs, repairs, and maintenance related to the pump and haul system and the telemetry system. These records will be available for inspection during routine visits or upon request. * Training: Administrator will provide staff with additional training on proper operation and maintenance of the pump and haul system, including how to recognize signs of system failure or malfunction, to ensure timely interventions and avoid future operational issues. 4. Follow-Up Inspections: * Inspection Schedule: The facility will request a follow-up inspection with the County Environmental Health Office within 30 days of the telemetry system repair to ensure compliance and proper operation of the system. 5. Responsible Party: * The facility Administrator, will be responsible for ensuring the actions outlined in this Plan of Correction are completed in a timely manner. * The facility maintenance manager, will assist in maintaining documentation and scheduling services. 6. Timeline for Completion: * 01/29/25: Service appointment for telemetry system repair. * 02/25/25: Submit repair documentation to the County Environmental Health Office. * Monthly: Continue monthly tank pumping until the telemetry system is operational. * Follow-Up Inspection: Schedule a follow-up inspection with the County Environmental Health Office by [3/10/2025]. Verification of Corrective Action: Upon completion of the corrective actions, the facility will submit the necessary documentation and repair reports to the County Environmental Health Office. The facility Administrator will ensure that monthly pumping records and a follow-up inspection request are provided to verify ongoing compliance.		

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

STATE FORM

TITLE

(X6) DATE

2J7F12

If continuation sheet 1 of 5

"Reviewed and Acknowledged" CPP 03/06/25

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C 102	Continued From page 1 about remote plumbing equipment to a contractor) was not functioning and needed to be repaired. -He asked the owner to have the tanks pumped monthly until the repair was made during the last construction inspection on 09/17/24. Interview with the owner on 01/24/25 at 2:30pm revealed: -An inspector from the county informed him the telemetry system was broken during the last construction inspection on 09/17/24. -He had the two 1,500-gallon tanks pumped monthly to avoid having plumbing issues. -The last time he had the septic tank pumped was on 01/03/25. -He had no documents to show the telemetry system was repaired. -He had a service appointment scheduled for 01/29/25 for someone to come and look at the pumps. -He planned to have the telemetry system repaired.	C 102			
{C 311}	10A NCAC 13G .0909 Residents' Rights 10A NCAC 13G .0909 Resident Rights A family care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION Based on the findings, the previous Type B Violation was not abated. Based on interviews and observations, the facility	{C 311}			

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{C 311}	Continued From page 2 failed to ensure residents were treated with respect, consideration, and dignity related to the residents not being able to flush the toilets and instead disposed of their own feces and used toilet paper in plastic bags carried to an outside trash receptacle. The findings are: Interview with a resident on 01/24/25 at 8:30am revealed: -The toilet was stopped up on Monday, 01/20/25. -She told the staff, and they unstopped the toilet. -After she used the toilet, she took her bowel movement and used toilet paper outside in a bag. -It made her feel filthy. Interview with a second resident on 01/24/25 at 8:35am revealed: -The staff told residents not to flush toilet paper. -The staff told her to take her bowel movement outside to the trash. -She had been taking her bowel movement to the trash for more than a month. -The last time she took bowel movement to the trash was today. -She did not like it, but that is what she had to do. P TO Interview with a third resident on 01/24/25 at 8:45am revealed: -She wore pull-ups for bladder incontinence. -When she had to have a bowel movement, she put it in a bag and took it to the trash can outside. -The residents were told to never flush toilet paper because it stopped up the toilets. -She did not like taking used toilet paper outside to the trash can. -It had been like this for a long time. -She could not say how long.	{C 311}	10A NCAC 13G .0909 Resident Rights A family care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. 2. Immediate Corrective Action: a. Immediate Resident Care: •As of 1/24/2025, all residents who were previously instructed not to flush toilet paper and carry waste outside will be provided with immediate assistance to ensure they have access to functional toilets. •Residents will be informed that they can flush toilet paper and dispose of it in the toilet as intended. Staff will ensure that residents understand this change and are supported as needed. •Staff will monitor residents to ensure they are able to use the toilet properly and without further issues, addressing any concerns or questions that arise. b. Staff Education and Re-training: •Administrator will ensure All staff members will be re-educated on the proper procedure for maintaining resident dignity and ensuring that toilets are fully operational and accessible to residents. •Staff will be retrained on how to properly inform and assist residents in using the toilets and disposing of waste in accordance with facility policy. •Training will cover the importance of communication with residents, ensuring that they are aware of any changes in policy related to toilet use. Regular Plumbing Maintenance: •The facility will implement a more frequent schedule for checking and maintaining the plumbing system to prevent any future disruptions to residents' access to toilets. •The septic system will be evaluated regularly, and the facility will retain a contract with a professional septic service for monthly inspections and maintenance, ensuring the system remains fully operational. •Staff will be trained to notify management immediately if any plumbing issues arise, allowing for prompt resolution. c. Improved Communication and Monitoring: •The facility will develop a better communication system to ensure that all staff and residents are informed of any changes to procedures or policies regarding toilet use. •Supervisors and staff members will perform daily checks to verify that all residents have access to functional toilets and that no one is required to dispose of waste inappropriately. •The Administrator will assign a designated staff member to monitor toilet use, ensuring that all residents can flush toilet paper and use the toilet with dignity. a. Resident Updates: •Residents will be informed of the changes and reassured that they can use the toilet normally and no longer need to dispose of waste in bags. •A meeting will be scheduled with residents to address any concerns and answer questions they may have regarding the changes on 01/24/2025 b. Family Notification: •The facility will send out a letter to all family members to inform them of the changes, ensuring transparency and open communication regarding the improvement in residents' care. 5. Monitoring and Follow-up: a. Ongoing Resident Feedback: •Residents will be encouraged to provide feedback about the use of the toilet and any concerns related to dignity or comfort. This feedback will be used to make additional improvements to care if necessary. b. Weekly Reviews: •The Administrator and Director of Nursing will conduct weekly audits for the next 30 days to monitor compliance with the new procedure and ensure that all toilets are functioning properly. •Any issues identified during these audits will be addressed immediately with corrective action taken. c. Staff Performance Checks:		1/25/2025

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			- Supervisors will observe staff behavior to ensure that residents are being treated with respect and dignity in relation to the use of the toilets. - Any staff found not following the revised procedures will undergo corrective training, immediately 6. Completion Date: The Plan of Correction will be fully implemented by 01/24/2025. All actions outlined above will be completed, and ongoing monitoring will continue to ensure sustained compliance.	
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{C 311}	Continued From page 3 Interview with the Supervisor-In-Charge on 01/24/25 at 1:30pm revealed: -She was aware some of the residents were wiping and not flushing the toilet paper after the plumbing was repaired in November 2024. -She told them they no longer had to do that, but they continued to. -The residents were possibly forgetting they no longer needed to do that. Interview with Administrator on 01/24/25 at 1:40pm revealed: -She was not aware residents were still not flushing toilet paper and disposing of used toilet paper in bags. -She told the residents they no longer had to put toilet paper in the trash when the plumbing was repaired in November 2024. -She thought the residents were possibly forgetting they could flush the toilets. -She thought the issues with plumbing were fixed because the septic pump flushed on 11/21/2024. -She expected the staff to redirect residents and tell them they could flush toilet paper. Interview with the Owner on 01/24/25 at 1:50pm revealed: -The issue with the plumbing had been fixed when he had the septic pump serviced in November 2024. -He was not aware of residents not flushing used toilet paper. -He had the septic tanks pumped three times in the past four months. -He had a contract with a septic tank company to pump the septic tanks monthly. -He had invoices dated 10/08/24, 11/21/24 and 01/03/25 to pump the two 1,500-gallon septic tanks.	{C 311}			

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{C 311}	Continued From page 4 -The representative from the county environmental health office told him he had to have the septic tanks pumped once a month because of the past plumbing problems. The facility failed to ensure the residents' rights were maintained by requiring the residents to defecate in toilet paper and carry the waste and used toilet paper to a trash receptacle outside after each time they used the bathroom. This failure 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 01/24/25 for this violation.	{C 311}			