

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092299	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/13/2025
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NAME OF PROVIDER OR SUPPLIER AVENDELLE FUQUAY	STREET ADDRESS, CITY, STATE, ZIP CODE 709 MINEVA DALE DRIVE FUQUAY VARINA, NC 27526
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C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on March 13, 2025.	C 000		
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled staff (Staff C) had no substantiated findings on the North Carolina Health Care Personnel Registry prior to being hired at the facility.</p> <p>The findings are:</p> <p>Review of Staff C's personnel record revealed: -Staff C was hired on 09/22/22 as a medication aide (MA). -There was a Health Care Personnel Registry (HCPR) check completed on 12/08/24 (2 years after the hire date) with no substantiated findings. -There was no HCPR check prior to 12/08/24.</p> <p>Review of residents' electronic Medication Administration Records (eMAR) for January 2025, February 2025, and March 2025 revealed Staff C had administered medications to the residents on multiple occasions.</p> <p>Interview with the Resident Care Coordinator (RCC) on 03/13/25 at 2:20pm revealed:</p>	C 145		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 145	<p>Continued From page 1</p> <ul style="list-style-type: none"> -She thought previous staff over the house had checked the HCPR for Staff C prior to her being hired. -The Executive Director was responsible for ensuring the RCC or house manager had completed those for each newly hired employee. -She had just started working at this house (facility) since the previous staff nurse had quit about a month ago. -She did not know why Staff C's HCPR check was not done prior to her hire date. <p>Attempted telephone interview with the Executive Director on 03/13/25 at 2:30pm was unsuccessful.</p>	C 145		
C 148	<p>10A NCAC 13G .0406 (a)(8) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (8) have an examination and screening for the presence of controlled substances completed in accordance with G.S. 131D-45 and results available in the staff person's personnel file;</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 sampled staff (Staff C) had an examination and screening for the presence of controlled substances completed upon hire.</p> <p>The findings are:</p> <p>Review of Staff C's personnel record revealed: -Staff C was hired on 09/22/22 as a medication</p>	C 148		

Division of Health Service Regulation

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C 148	<p>Continued From page 2</p> <p>aide (MA).</p> <p>-There was no examination and screening for the presence of controlled substances done upon hire.</p> <p>-There was an examination and screening for the presence of controlled substances done on 10/20/24, 2 years after her hire date.</p> <p>Review of residents' electronic medication administration records (eMARs) for January 2025, February 2025, and March 2025 revealed Staff C had administered medications to the residents on multiple occasions.</p> <p>Interview with the Resident Care Coordinator (RCC) on 03/13/25 at 2:20pm revealed:</p> <p>-She thought previous staff over the house had checked the drug screen for Staff C prior to her being hired.</p> <p>-The Executive Director was responsible for ensuring the RCC or house manager had completed those for each newly hired employee.</p> <p>-She had just started working at this house (facility) since the previous staff nurse had quit about a month ago.</p> <p>-She did not know why Staff C's drug screen was not done prior to her hire date.</p> <p>Attempted telephone interview with Staff C on 03/13/25 at 2:10pm was unsuccessful.</p> <p>Attempted telephone interview with the Executive Director on 03/13/25 at 2:30pm was unsuccessful.</p>	C 148		
C 202	<p>10A NCAC 13G .0702 (a) Tuberculosis Test and Medical Examination</p> <p>10A NCAC 13G .0702 Tuberculosis Test and</p>	C 202		

Division of Health Service Regulation

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C 202	<p>Continued From page 3</p> <p>Medical Examination, and Immunizations (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 Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled residents (#3) had a two-step test for tuberculosis (TB) disease upon admission.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 08/28/24 revealed diagnoses included dementia, hypertension, hyperlipidemia, atrial fibrillation, Diabetes Mellitus II, chronic kidney disease III, heart failure, and dysphagia.</p> <p>Review of Resident #3's Resident Register revealed the resident was admitted to the facility from her private residence on 09/02/24.</p> <p>Review of Resident #3's record revealed: -Resident #1 had a tuberculosis (TB) skin test read as 0mm on 08/30/24 but did not have the date it was administered. -There was no documentation for a second TB skin test for the resident.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #3 was not interviewable.</p>	C 202		

Division of Health Service Regulation

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C 202	<p>Continued From page 4</p> <p>Interview with the Resident Care Coordinator on 03/13/25 at 2:20pm revealed: -She was aware the residents were supposed to have a two-step TB skin test done with the first step being done prior to admission. -She had only recently become the RCC for this facility and was not sure where the previous RCC had kept the information. -She thought all the information was supposed to be in the computer system but was unable to locate it. -It was the responsibility of the Executive Director and herself to ensure all paperwork for the residents was up to date.</p> <p>Attempted telephone interview with Resident #3's power of attorney (POA) on 03/13/25 at 2:35pm was unsuccessful.</p> <p>Attempted telephone interview with Resident #3's primary care provider (PCP) on 03/13/25 at 2:30pm was unsuccessful.</p> <p>Attempted telephone interview with the Executive Director on 03/13/25 at 2:45pm was unsuccessful.</p>	C 202		
C 257	<p>10A NCAC 13G .0904(a)(1) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) Food services shall comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage,</p>	C 257		

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C 257	<p>Continued From page 5</p> <p>preparation, and serving food under sanitary conditions.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that food items being stored and served to residents were dated and labeled.</p> <p>The findings are:</p> <p>Observation of the refrigerator on 03/13/25 at 8:45am revealed: -Food crumbs and stains were at the bottom of the refrigerator and inside drawers. The dining room table was not clean after serving the residents morning breakfast at 9:00am. -There were several food items in the refrigerator that were not labeled with the dates or what the items were. -There were several food items in the refrigerator in its original packaging but not dated when it was opened.</p> <p>Observation of the freezer on 03/13/25 at 8:45am revealed there was a bag of french fries that was not labeled with the date it was opened nor was it sealed.</p> <p>Observation of the pantry on 03/13/25 at 8:45am</p>	C 257		

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C 257	<p>Continued From page 6</p> <p>revealed:</p> <ul style="list-style-type: none"> -There were penne noodles and spaghetti noodles opened in their original packaging, not sealed or dated. -There was granulated sugar in it's original packaging opened, not sealed or dated. -There was flour in its original packaging, opened, not sealed or dated. <p>Interview with the medication aide (MA) on 03/13/25 at 12:45pm revealed:</p> <ul style="list-style-type: none"> -She knew that the food was supposed to be dated when opened and sealed. -The facility used zipper lock style bags to store opened food. <p>Interview with the Resident Care Coordinator (RCC) on 03/13/25 at 2:20pm revealed:</p> <ul style="list-style-type: none"> -She thought previous staff over the house had informed the staff to make sure to label, date, and seal all food when opened. -She had purchased the zipper locked style bags to ensure the staff had them to seal opened foods and they could write on the bag what food item was inside along with the date it was opened. <p>Attempted telephone interview with the Executive Director on 03/13/25 at 2:30pm was unsuccessful.</p>	C 257		
C 292	<p>10A NCAC 13G .0905 (d) Activities Program</p> <p>10A NCAC 13G .0905 Activities Program (d) There shall be at least 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.</p>	C 292		

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C 292	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to implement an activity program that promoted active involvement by the residents.</p> <p>The findings are:</p> <p>Observation of the facility throughout the survey on 03/14/25 from 8:00am to 3:30pm revealed: -Upon entering the facility on 03/13/25 at 8:00am, there were 2 residents observed in their respective bedrooms in bed and 2 residents sitting in the living room, one in her wheelchair and the other in the recliner. -There were no activities offered to the residents.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #1 was not interviewable.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #3 was not interviewable.</p> <p>Interview with the Resident Care Coordinator (RCC) on 03/13/25 at 2:30pm revealed -The current census was 4. -She had just recently become the RCC at this facility and there was not one here. -There was no daily activities calendar posted. -She usually had one on the computer for the other facilities she managed.</p>	C 292		

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C 292	<p>Continued From page 8</p> <p>-The residents mostly watched television and interacted with the staff and visitors when they came.</p> <p>Attempted telephone interview with the Executive Director on 03/11/25 at 4:30pm was unsuccessful.</p>	C 292		