

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/19/2015
NAME OF PROVIDER OR SUPPLIER HARRINGTON ASSISTED LIVING #7		STREET ADDRESS, CITY, STATE, ZIP CODE 1685 CANAL ROAD PEMBROKE, NC 28372		
(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 initial survey on 2/19/15, due to the facility's failure to renew their license on or before 12/31/2014.	C 000		
C 105	10A NCAC 13G .0317(d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure 2 of 2 fixtures (sink, tub) in the community bathroom were maintained water temperatures between 100 to 116 degrees Fahrenheit (F). The findings are: Observation of the community bathroom during the tour of the facility on 2/19/15 at 1:15 p.m. revealed: -The sink's water temperature was 122 degrees F. -The tub's water temperature was 126 degrees F. Interview with the Administrator on 2/19/15 at 1:18 p.m. revealed she would go and turn down the water temperature. Observation during the interview with the	C 105		

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

TITLE

(X6) DATE

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C 105	Continued From page 1 Administrator on 2/19/15 at 1:18 p.m. revealed the Administrator left out of the building to go and turn the water temperature down. Interview with a resident, who used the community bathroom, on 2/19/15 at 1:20 p.m. revealed: -The water temperature is never too hot. -If the water temperature had ever gotten too hot, the resident mixed the hot water with cold water. Interview with a second resident on 2/19/15 at 1:23 p.m. revealed: -The water temperature in the bathroom had never gotten too hot. -If the water had ever gotten too hot, "staff turned the water down." Interview with a third resident on 2/19/15 at 1:25 p.m. revealed: -The resident does "not mess" with the water. -Staff set the water temperature for the resident. Interview with a personal care aide on 2/19/15 at 1:30 p.m. revealed: -The water temperature had never gotten too hot. -None of the residents had ever gotten burned, because the water temperature was too hot. Interview with the Administrator on 2/19/15 at 3:54 p.m. revealed she turned down the water temperature when it was brought to her attention and she could not find the thermometer. Observation of the community bathroom on 2/19/15 at 3:56 p.m. revealed the tub's water temperature was 106 degrees F and at 3:58 p.m. the sink's water temperature was 106 degrees F. Interview with the Supervisor-in-Charge (SIC) on	C 105		

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C 105	Continued From page 2 2/19/15 at 6:37 p.m. revealed: -The SIC was not aware the water temperatures in the community bathroom had been high. -There is no resident at the facility who would not know what to do if the water temperature was too high. -The Administrator checked the water temperatures. Interview with the Administrator on 2/19/15 at 6:46 p.m. revealed: -The Administrator checked the water temperatures monthly. -When the "gas man" comes to add gas to the gas tank monthly, the water temperature gets hotter. -The Administrator had not been checking the water temperature when the "gas man" added gas to the gas tank. -The water temperatures were last checked October 2014. The water temperatures were fine. She did not know the reading of the temperatures. -All of the residents at the facility know how to turn the water off or mix the water with cold water if the water is too hot. -The Administrator used to keep a log of the water temperatures. She could not remember when she last documented the water temperatures. -The Administrator revealed she could not provide a reason to why the water temperatures had not been checked monthly.	C 105		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care	C 140		

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C 140	Continued From page 3 home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with 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, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain documentation in the home that 1 of 3 Staff (A) was free of tuberculosis (TB). The findings are: Review of Staff A's personnel file revealed: -Staff A was hired to work at the facility on 3/6/07 as a Medication Aide/Supervisor-in-Charge. -There was no documentation of any TB tests. Interview with Staff A on 2/19/15 at 6:37 p.m. revealed: -Staff A had a TB test completed when hired (3/6/07), but the documentation had been lost in her personnel file since 2011. She had not obtained another copy of both TB tests. -Staff A reviewed the perpetual staffing log completed by the county dated 6/17/10 and revealed she had a TB test completed on 4/11/07 and another TB test completed on 5/25/07. Both tests were negative.	C 140		

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C 140	Continued From page 4 -Staff A had not completed any other TB tests. -Staff A and the Administrator kept up with staff personnel files. -The personnel files were last reviewed January 2015. Interview with the Administrator on 2/19/15 at 6:50 p.m. revealed: -The Administrator and Staff A kept-up with staff personnel files. -Staff had to have a first step TB test completed before hired and a second step TB test completed two weeks after hired. -The Administrator reviewed the perpetual staffing log completed by the county dated 6/17/10 and revealed Staff A had a TB test completed on 4/11/07 and another TB test completed on 5/25/07. Both tests were negative. -Staff A had documentation of a 2 Step TB testing, but the documentation had been lost since 11/30/11, which was the date the county submitted a letter to the state and revealed Staff A had information missing from the personnel file that was observed on 6/17/10 . -There was no other documentation of any other TB tests. -The Administrator was aware there was no documentation of a 2 Step TB testing for Staff A.	C 140		
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	C 171		

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C 171	Continued From page 5 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 observation, interview and record review, the facility failed to assure staff completed the competency validation for licensed health Licensed Health Professional Support (LHPS) tasks for 1 of 3 Staff (A). The findings are: A. Review of Staff A's personnel file revealed: -Staff B was hired on 3/6/07 as a Supervisor-in-Charge. -There was no documentation of the LHPS tasks competency validation. Interview with Staff A on 2/19/15 at 12:20 p.m. revealed the facility had residents who were diabetics, received fingersticks, received insulin and used oxygen. Observation on 2/19/15 at 12:15 p.m. revealed a resident had a right below the knee amputation using a wheelchair independently. Review of a resident's record revealed Staff A checked the resident's blood sugars and administered insulin daily from December 2014 to February 19, 2015. Review of another resident's chart revealed Staff A checked the resident's blood sugars daily from December 2014 to February 19, 2015.	C 171		

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C 171	Continued From page 6 Interview with Staff A on 2/19/15 at 6:37 p.m. revealed: -Staff A had the LHPS competency validation when she first started working at the facility. -Staff A could not remember the date she had the competency validation completed. -Staff A was not aware the LHPS competency validation was not in her personnel file. -Staff A and the Administrator kept up with staff personnel files. -The personnel files were last reviewed January 2015. Observation and interview with the Administrator on 2/19/15 at 6:50 p.m. revealed: -The Administrator and Staff A checked staff personnel files. -Staff completed the LHPS competency validation within two weeks of hire. -The Administrator could not locate the LHPS competency validation for Staff A.	C 171		