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FEB - 6 2015

PRINTED: 01/23/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086008	A. BUILDING: _____ B. WING _____	R 01/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWELVE OAKS	1297 GALAX TRAIL MOUNT AIRY, NC 27030

County: Surry

(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
D 000	Initial Comments The Adult Care Licensure Section and the Surry County Department of Social Services conducted an annual survey and revisit on January 6-7, 2015.	D 000		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure the therapeutic diets of House Renal and No Concentrated Sweets (NCS) diet orders for 5 of 11 sampled residents (Residents #2, #6, #8, #9 and #10) were served as ordered. The findings are: A. Review of Resident #10's current FL-2 dated 9/4/14 revealed: -Diagnoses included acute kidney failure, protein calorie malnutrition, anemia, chronic kidney disease stage IV, hypercholesterolemia and unspecified vitamin deficiency. -A "dialysis diet" was ordered by the physician. Review of the most recent facility's diet order sheet dated and signed by the physician on 12/9/14 revealed a Mechanical Soft Diet (MCS) and a House Renal Diet was selected.	D 310	Please see attached Plan of Correction (2 pgs.) ls	2-2-15

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Penny Haynes — TITLE: Administrator — (X6) DATE: 2-6-15

STATE FORM 5899 D6UV11 If continuation sheet 1 of 18

POC Approved
per B. Moore
02-09-2015 /ls

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D 310	Continued From page 1 Review of the Therapeutic Diet list posted in the kitchen revealed Resident #10 was to receive a Chopped Meats/House Renal diet. Review of the Therapeutic Diet Menu spreadsheet for the breakfast meal on 1/7/15 revealed: -A House Renal menu spreadsheet was available for use by the food service staff. -The House Renal menu was to receive apple or cranberry juice, cereal of choice, fruit of choice, scrambled egg with cheese, wheat toast, margarine and jelly, milk, coffee or hot tea. Observation of the breakfast meal on 1/7/15 between 7:40 am and 7:51 am revealed the resident was served: -8 ounces of coffee, orange juice, milk and water was at the place setting. -A sectioned plate containing scrambled eggs with cheese, white bread toast, and apple slices. -The resident consumed 100% of meal. -The resident consumed 100% of milk, coffee, and water. -The resident did not consume any of the orange juice. Interview with Dietary Aid on 1/7/15 at 7:50 am revealed: -Whole wheat toast was served. -"I'm pretty sure he can get orange juice, there's no reason why he can't." Interview with Resident #10 on 1/7/15 at 10:30 am revealed the following: -Doesn't mind which beverage they serve him. -They always get him something else, but he prefers orange juice and coffee. Refer to interview with a dietary aide/cook on	D 310		

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D 310	Continued From page 2 1/6/14 at 12:55 pm. Refer to interview with a personal care aide (PCA) in the Special Care Unit (SCU) on 1/6/14 at 12:58 pm. Refer to interview with a another PCA in the SCU on 1/7/15 at 8:30 am. Refer to interview with another dietary aide/cook on 1/7/15 at 8:45 am. Refer to interview with the Dietary Manager (DM) on 1/7/15 at 8:55 am. Refer to interview with the Administrator on 1/7/14 at 9:05 am and 11:30 am. B. Review of Resident #6's current FL-2 dated 12//14 revealed: -Diagnoses of schizoaffective disorder, depression, fluid retention, type II diabetes mellitus, mild mental retardation, anxiety, congestive heart failure and gastroesophageal reflux disease. -A no concentrated sweets (NCS) diet was ordered by the physician. Review of the most recent facility's diet order sheet dated and signed by the physician on 11/14/14 revealed a NCS diet as well. Review of the Therapeutic Diet list posted in the kitchen revealed Resident #6 was to receive a NCS diet. Review of the Therapeutic Diet Menu spreadsheet for the breakfast meal on 1/7/15 revealed: -A NCS menu spreadsheet was available for use	D 310		

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D 310	Continued From page 3 by the food service staff. -The NCS menu was to receive juice of choice, cereal of choice, fruit of choice, scrambled egg with cheese, wheat toast, margarine and diet jelly, skim milk and coffee or hot tea. Observation of the breakfast meal on 1/7/15 between 7:35 am and 7:51 am revealed the resident was served: -8 ounces of coffee, orange juice, 2% milk and water was at the place setting. -Bowl of cornflakes with 2% milk was at the place setting. -Resident refused other breakfast offerings. Interview with PCA on 1/7/15 at 7:40 am revealed: -In this dining room, there is only one NCS resident. -She had only seen 2% milk and whole milk in the building. -Has never served skim milk to the residents. Review of Resident #6's medical record revealed the following blood sugar levels in ranges: -October revealed a range of 84-251 with twice a day checks. -November revealed a range of 76-306 with twice a day checks. -December revealed a range of 71-189 with twice a day checks through 12/17/14 and then order changed to once a day. -January revealed a range of 62-88 with once a day checks. Refer to interview with a dietary aide/cook on 1/6/14 at 12:55 pm. Refer to interview with a personal care aide (PCA) in the Special Care Unit (SCU) on 1/6/14	D 310		

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D 310	Continued From page 4 at 12:58 pm. Refer to interview with a another PCA in the SCU on 1/7/15 at 8:30 am. Refer to interview with another dietary aide/cook on 1/7/15 at 8:45 am. Refer to interview with the Dietary Manager (DM) on 1/7/15 at 8:55 am. Refer to interview with the Administrator on 1/7/14 at 9:05 am and 11:30 am. C. Review of Resident #2's current FL-2 dated 1/4/15 revealed: -Diagnoses included recent right hip fracture, diabetes mellitus and recent hospitalization for hemiarthroplasty of right hip 12/31/14. -No diet order was referenced on the FL-2. Review of the 12/31/14 discharge summary dated 1/4/15 revealed the diet order was to resume previous diet. Review of the most recent diet order dated 11/6/14 revealed a mechanical soft, NCS diet order. Review of the Therapeutic Diet List posted in the kitchen revealed Resident #2 was to received NCS/Puree with Nectar Thick Liquids diet. Review the Therapeutic Diet Menu spreadsheet for the lunch meal on 1/6/15 revealed: -A NCS menu spreadsheet was available for use by the food service staff. -The NCS diet was to receive Cornflake fish, Parslied Rice, Baby Carrots, Wheat Dinner Roll or Wheat Bread, diet Chocolate Cake and Skim	D 310		

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D 310	Continued From page 5 Milk. Observation of the lunch meal on 1/6/15 between 12:20 pm and 12:50 pm revealed the resident was served -8 ounces of nectar thickened 2% low fat milk and nectar thickened ice tea. -A sectioned plate containing pureed white bread, carrots, rice, cornflake fish. -Sugar free pureed brownie. -The resident required assistance to eat and consumed 100 % of the food served. Observation of the kitchen food storage and refrigerators revealed there was no skim milk or wheat bread/rolls for service to residents. Review of the resident's record revealed: -An order for Fingerstick Blood sugar (FSBS) to be collected weekly dated 11/6/14 and 12/23/14. -FSBS range in October 2014 was 94 to 152. -FSBS range in November 2014 was 102 to 126. -FSBS range in December 2014 was 77 to 128. Based on observation and record review, the resident was determined not to be interviewable. Refer to interview with a dietary aide/cook on 1/6/14 at 12:55 pm. Refer to interview with a personal care aide (PCA) in the Special Care Unit (SCU) on 1/6/14 at 12:58 pm. Refer to interview with a another PCA in the SCU on 1/7/15 at 8:30 am. Refer to interview with another dietary aide/cook on 1/7/15 at 8:45 am.	D 310		

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D 310	Continued From page 6 Refer to interview with the Dietary Manager (DM) on 1/7/15 at 8:55 am. Refer to interview with the Administrator on 1/7/14 at 9:05 am and 11:30 am. D. Review of Resident #8's current FL-2 dated 10/29/14 revealed: -Diagnoses included senile dementia, and Type II diabetes mellitus. -Diet order was "diabetic (ADA). Review of a subsequent dietary order dated 11/6/14 revealed an order for the resident to receive a Mechanical Soft/No Concentrated Sweets (NCS) diet. Observation of the therapeutic diet list posted in the kitchen revealed Resident #8 was to receive a Mechanical Soft/NCS diet. Review the Therapeutic Diet Menu spreadsheet for the lunch meal on 1/6/15 revealed: -A Mechanical Soft/NCS menu spreadsheet was available for use by the food service staff. -The Mechanical Soft/NCS diet was to receive Cornflake fish, Parslied Rice, Baby Carrots, Wheat Dinner Roll or Wheat Bread, diet Chocolate Cake and Skim Milk. Observation of the lunch meal on 1/6/15 between 12:20 pm and 12:50 pm revealed the resident was served: -8 ounce glasses of whole milk, unsweetened ice tea, coffee and water. -A sectioned plate containing chopped cornflake fish, carrots, rice, white bread roll and diet brownie. -The resident consumed 100% of beverages and food.	D 310		

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D 310	Continued From page 7 Observation of the kitchen food storage and refrigerators revealed there was no skim milk or wheat bread/rolls for service to residents. Review of the resident's record revealed: - An order dated 11/19/14 for Fingerstick blood sugar (FSBS) performed twice daily. -FSBS range for 11/19/14 to 11/30/14 was 13/ to 342. -The FSBS range for 12/1/14 to 12/31/14 was 136 to 547. -The FSBS range for 1/1/15 to 1/7/15 was 128 to 317. Based on observation and record review on 1/6/15, the resident was determined not to be interviewable. Refer to interview with a dietary aide/cook on 1/6/14 at 12:55 pm. Refer to interview with a personal care aide (PCA) in the Special Care Unit (SCU) on 1/6/14 at 12:58 pm. Refer to interview with a another PCA in the SCU on 1/7/15 at 8:30 am. Refer to interview with another dietary aide/cook on 1/7/15 at 8:45 am. Refer to interview with the Dietary Manager (DM) on 1/7/15 at 8:55 am. Refer to interview with the Administrator on 1/7/14 at 9:05 am and 11:30 am. E. Review of Resident #9's current FL-2 dated 10/7/14 revealed:	D 310		

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D 310	Continued From page 8 -Diagnoses included Dementia, Type II diabetes mellitus. -An order for a No Concentrated Sweets (NCS) diet. -An order for monthly Fingerstick Blood Sugars (FSBS). Review of the resident's record revealed: -Diet renewal order dated 11/6/14 to continue the NCS diet. -The FSBS result in October was 108. -The FSBS result in November was 120. -The FSBS result in December was 139. Observation of the therapeutic diet list posted in the kitchen revealed Resident #9 should be served a NCS diet. Review of the Therapeutic Diet Menu spreadsheet for the breakfast meal on 1/7/15 revealed: -A NCS menu spreadsheet was available for use by the food service staff. -The NCS menu was to receive juice of choice, cereal of choice, fruit of choice, scrambled egg with cheese, wheat toast, margarine and diet jelly, skim milk and coffee or hot tea. Observation of the breakfast meal on 1/7/15 between 7:30 am and 7:45 am revealed the resident was served: -8 ounce containers of coffee, orange juice, 2% milk and water was at the place setting. -Bowl of cornflakes with 2% milk. -serving of scrambled eggs and slice of white bread toast. -The resident consumed 100% of food and beverages served except ate only 1/2 of the egg serving.	D 310		

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D 310	Continued From page 9 Observation of the kitchen food storage and refrigerators revealed there was no skim milk or wheat bread/rolls for service to residents. Attempted interview with Resident #9 on 1/7/15 at 10:30 am revealed she was extremely hard of hearing and could not fully understand the questions asked. Refer to interview with a dietary aide/cook on 1/6/14 at 12:55 pm. Refer to interview with a personal care aide (PCA) in the Special Care Unit (SCU) on 1/6/14 at 12:58 pm. Refer to interview with a another PCA in the SCU on 1/7/15 at 8:30 am. Refer to interview with another dietary aide/cook on 1/7/15 at 8:45 am. Refer to interview with the Dietary Manager (DM) on 1/7/15 at 8:55 am. Refer to interview with the Administrator on 1/7/14 at 9:05 am and 11:30 am. _____ Interview with a dietary aide/cook on 1/6/14 at 12:55 pm serving lunch in the Special Care Unit (SCU) revealed: -She plated the food according to the Therapeutic Diet list and the staff served the residents. -She stated the bread pureed and served, and the rolls were white bread. -The dietary aide/cook relied on the SCU staff to serve and pour beverages. -She stated the SCU was supposed to have whole milk available and ready to be served.	D 310		

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D 310	Continued From page 10 Interview with a personal care aide (PCA) in the Special Care Unit (SCU) dining room on 1/6/14 at 12:58 pm revealed: -The kitchen staff prepared the beverage carts for the dining room. -The SCU staff served what was on the cart. Interview with a another PCA in (SCU)on 1/7/15 at 8:30 am revealed: -She was recently employed (approximately 2 months.) -She served the beverages supplied by the dietary staff. -The PCA served the milk to residents in the SCU on 1/6/15. -She stated there was a gallon container or whole milk and a partial container of 2% Low Fat milk she used for resident. -She stated she had never seen skim milk available for service since she started work at the facility. -She served white bread only and had not ever seen wheat bread in the facility. Interview with another dietary aide/cook on 1/7/15 at 8:45 am revealed: -She had been employed at the facility for 11 years -Milk was delivered twice weekly by salesman/delivery person. -The milk provided was either 2% Low Fat or whole milk; never skim milk. -She was aware of the requirement for skim milk on the spreadsheet and had discussed with the dietary manager. -She knew wheat roll or toast was required according to spreadsheet and had discussed the bread in October 2014 when new diet sheets came out.	D 310		

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D 310	Continued From page 11 -She stated they did get a loaf of wheat bread occasionally for a resident (no longer in the facility) who requested wheat bread, but not as a usual food staple. Interview with the Dietary Manager (DM) on 1/7/15 at 8:55 am revealed: -She had been employed for 10 years as the DM. -She stated it did no occur to her to order skim milk but had noticed skim milk was on the therapeutic diet spreadsheet. -She stated she ordered food from the week at a glance menu and it was not specific as to the type of milk to be served. -The DM stated milk was ordered and delivered twice weekly by a milk delivery service and ordered approximately 50 gallons of milk a week; however no skim milk is delivered. - The DM stated whole milk was sent to the SCU and 2% milk was sent to the Assisted Living dining rooms. Interview with the Administrator on 1/7/14 at 9:05 am and 11:30 am revealed: -She was not aware the therapeutic menu required skim milk was to be served and did not know if it was available in the kitchen. -She stated the question of wheat bread had come up in the past but she could not recall when; they had ordered wheat bread for a while she though. -The Administrator usually observed each dining room daily, but only generally. -The Administrator relied on the DM to assure diets are serve as ordered and necessary food supplies are ordered for the preparation of the physician ordered therapeutic diets.	D 310		

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D912	Continued From page 12	D912		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations regarding infection control procedures during fingerstick blood sugar testing. The findings are: Based on observations, interviews, and record reviews, the facility failed to implement infection control procedures consistent with Centers for Disease Control and Prevention guidelines on infection control regarding the use of "house" glucometers for multiple residents. [Refer to Tag 932, G.S. 131D-4.4A(b) (Type B Violation).]	D912	Please see attached Plan of Correction	2-2-15
D932	G.S. 131D-4.4A (b) ACH Infection Prevention Requirements G.S. 131D-4.4A Adult Care Home Infection Prevention Requirements (b) In order to prevent transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens, each adult care home shall do all of the following, beginning January 1, 2012:	D932	Please see attached Plan of Correction	2-2-15

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D932	Continued From page 13 (1) Implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines on infection control that addresses at least all of the following: a. Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents. b. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules. c. Accessibility of infection control devices and supplies. d. Blood and bodily fluid precautions. e. Procedures to be followed when adult care home staff is exposed to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV, hepatitis B, hepatitis C, or other bloodborne pathogens. f. Procedures to prohibit adult care home staff with exudative lesions or weeping dermatitis from engaging in direct resident care that involves the potential for contact between the resident, equipment, or devices and the lesion or dermatitis until the condition resolves. (2) Require and monitor compliance with the facility's infection control policy. (3) Update the infection control policy as necessary to prevent the transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens. This Rule is not met as evidenced by: TYPE B VIOLATION	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086008	A. BUILDING: _____ B. WING _____	R 01/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWELVE OAKS	1297 GALAX TRAIL MOUNT AIRY, NC 27030

(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
D932	Continued From page 14 Based on observations, interviews, and record reviews, the facility failed to implement infection control procedures consistent with Centers for Disease Control and Prevention guidelines on infection control regarding the use of "house" glucometers for multiple residents. The findings are: Observations on 01/06/15 at 9:55 am and 10:35 am of glucometer storage revealed: -One glucometer on the Memory Care Unit (MCU) in a canvas pouch was labeled "house supply". -One glucometer on the Assisted Living (AL) side was labeled as "house supply". -There were 22 additional glucometers labeled with resident names. Review of the MCU house glucometer memory revealed: -The glucometer had 25 readings from 12/1/14 through 01/02/15. -The glucometer readings occurred at various times throughout the day. Examples of MCU glucometer readings included: -On 12/24/14 at 8:07 am, FSBS was 158. -On 12/24/14 at 8:41 pm, FSBS was 160. -On 12/25/14 at 7:53 am, FSBS was 158. -On 01/01/15 at 5:08 pm, FSBS was 204. -On 01/02/15 at 5:39 am, FSBS was 86. Review of the AL house glucometer memory revealed: -The date and time were not accurately set. -There were multiple readings in the glucometer's memory occurring at various times throughout the day.	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D932	Continued From page 15 Examples of AL glucometer readings included: -On 03/06/14 at 5:17 pm, FSBS was 132. -On 03/08/14 at 8:03 pm, FSBS was 72. -On 03/23/14 at 6:13 pm, FSBS was 185. -On 03/26/14 at 2:25 pm, FSBS was 144. -On 03/27/14 at 7:56 pm, FSBS was 204. Review of information from the glucometer Quality Control Manual revealed: -"Point-of-care blood testing devices such as blood glucose meters should be used only on one patient and not shared." -If it was not possible to dedicate the meter to a single resident, the meter must be disinfected after every use according to the manufacturer's label of an EPA-approved disinfecting agent. Review of the manufacturer's label for the disinfecting wipes revealed: -The wipes were EPA-approved (Environmental Protection Agency) for disinfecting and decontamination against blood borne pathogens. -Instructions for disinfecting revealed the treated surface must remain wet for a "full two minutes". Observation on 01/06/15 from 10:00 am to 4:20 pm of five medication aides' (MA's) disinfecting procedure revealed: -Each MA used the proper disinfecting wipes to clean the meter. -The MAs cleaned all surfaces of the meter maintaining contact with the disinfecting wipe from 8 seconds to 24 seconds. -One MA tore the disinfecting wipe in half and stated using a whole wipe was "wasteful". Interviews on 01/06/15 with five medication aides revealed: -The house glucometer was used when a resident needed a fingerstick blood sugar (FSBS)	D932		

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D932	Continued From page 16 but did not have their own glucometer, such as new admissions or when a resident's glucometer failed to operate properly. -They did not know whether or not the glucometer was approved for multi use. -They were not sure for whom the house glucometers were last used. -Three of the MAs stated all the glucometers were disinfected weekly, including the house glucometers. -Two of the MAs stated the house glucometers were disinfected after each use. -The MAs were not aware of the instructions on the disinfecting wipes to keep surface wet with the disinfecting agent for two minutes. Interview on 01/06/15 at 4:33 pm with the Memory Care Coordinator (MCC) revealed: -The house glucometer was not approved for multi use but could be "cleaned" and reused. -The MAs were responsible for cleaning all glucometers weekly on Sunday, which would include the house glucometer; however, the house glucometer was also cleaned after each use. -She was not aware the glucometers were not being disinfected properly according to the manufacturer instructions for the disinfecting wipes. Interview on 01/06/15 at 4:41 pm with the Resident Care Coordinator (RCC) revealed: -The house glucometers were used when a new admission arrived without a meter or when a current resident's meter stopped working properly. -The MAs disinfected all glucometers weekly, including the house glucometer; however the house glucometer was also disinfected after each use.	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D932	Continued From page 17 -She was not aware the glucometers were not being disinfected properly according to the manufacturer instructions for the disinfecting wipes. Interview on 01/06/15 at 5:00 pm with the Administrator revealed: -She was aware the facility had house stock glucometers, but was not aware the glucometers were being used on multiple residents. -The house stock glucometers were supposed to be new glucometers available to be assigned to a resident in the event it was needed. -She was not aware the staff were not following proper disinfecting procedures. -The facility had no residents with a diagnosis of a bloodborne pathogen disease. Review of the facility's list of residents with orders for FSBSs and observation of glucometers on hand revealed every current resident had an assigned, labeled glucometer available for use. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 21, 2015.	D932		

FEB - 6 2015

Plan of Correction for State Survey 1/7/15
Facility: Twelve Oaks
Licensure Number: HAL-086-008
County: Surry

10A NCAC 13F .0904(e) (4) - Nutrition and Food Service
Tag D 310

The Dietary Manager (DM), the Resident Care Coordinator (RCC) and/or Memory Care Coordinator (MCC) will observe 3 meals a week to ensure all therapeutic diets are being served as ordered by the resident's physician. Documentation of meal observation will be maintained by DM, RCC and MCC. The Administrator will monitor the process monthly to ensure the observations are being completed.

All dietary and personal care employees have been inserviced in regards to therapeutic diets. A letter has been obtained from the consulting registered dietician approving the noted diet changes, stating that it is acceptable to serve 2% milk in place of skim milk, where noted for the No Concentrated Sweets diet and that it is also acceptable to serve white breads and rolls in place of wheat as stated on the menu. A copy of the letter has been laminated and place in the diet book in each dining room as a reference for the staff. A laminated reference sheet has also been placed in the diet book in each dining room so staff are aware of the acceptable food selections for our house Renal Diet.

Date of Completion: Feb 2, 2015

G.S. 131D-4. 4A – ACH Infection Prevention Requirements
Tag D 932

Medication Aides and Supervisors received immediate training related to proper glucometer disinfection techniques/procedures prior to performing blood glucose monitoring. Any glucometer that was identified as being used for more than one resident or had the potential to be used for more than one resident has been removed from the building. The facility purchased several new glucometers which will remain unopened and available for assignment to a single resident, should a newly admitted or current resident require a glucometer unexpectedly. At which time the new glucometer will be assigned to that specific resident only and will not be used for any other resident at any time.

The Resident Care Coordinator (RCC) and/or the Memory Care Coordinator (MCC) will audit the glucometers twice a month to ensure every resident is assigned their own specific glucometer. The Administrator will monitor the system monthly to ensure the system is followed. The Quality Management department and/or Regional Director will review the above system on monthly visits to the facility to evaluate the effectiveness and initiate any changes needed to improve the system.

Date of Completion: Feb 2, 2015

G.S. 131D-21(2) – Declaration of Residents' Rights
Tag D 912

Implementation of the above stated systems will help to ensure the rights of the residents entrusted to our care.

Date of Completion: Feb 2, 2015

Penny Haynes
Administrator

2-6-15
Date

FEB - 6 2015

February 6, 2015

Bonnie Moore, RN Licensure Consultant
Division of Health Service Regulation
Adult Care Licensure Section
12 Barbetta Drive
Asheville, North Carolina 28806

Re: Annual Survey completed January 7, 2015
Type B Violation
Facility: Twelve Oaks
License Number: HAL-086008
County: Surry

Dear Ms. Moore:

Please find the enclosed following documents for the Type B Violation and deficiency noted in the Annual Survey of Twelve Oaks on January 7, 2015.

- Signed statement of deficiency
- Plan of Correction

If you have any questions or requests regarding this Plan of Correction, please do not hesitate to call.

We strive to continuously improve the quality of care and services delivered to our residents and appreciate your partnership in attaining that goal. Thank you for all you do.

Respectfully,

Penny Haynes

Penny Haynes
Administrator

Shook, Linda

From: Moore, Bonnie
Sent: Monday, February 09, 2015 1:24 PM
To: 'branchs@co.surry.nc.us'
Cc: Shook, Linda
Subject: Plan of Correction for Twelve Oaks
Attachments: cover letter.pdf; Plan of Correction.pdf; Statement of Deficiency signed.pdf

Please find attached to this email the approved Plan of Correction for Twelve Oaks, HAL-086-008, Surry County.

Thank you,

Bonnie Moore, RN
N.C. Department of Health and Human Services
Facility Survey Consultant - Division of Health Service Regulation
Adult Care Licensure Section
12 Barbetta Drive
Asheville, NC 28806
Phone: 336-341-8130
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