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
	HAL034068	A. BUILDING: _____ B. WING _____	07/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORY CARE OF THE TRIAD	413 NORTH MAIN STREET KERNERSVILLE, NC 27284 County: Forsyth

(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 Conducted an annual survey on July 15, 2015.	D 000		
D 464	10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan 10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan In addition to the requirements in Rules 13F .0801 and 13F .0802 of this Subchapter, the facility shall assure the following: (1) Within 30 days of admission to the special care unit and quarterly thereafter, the facility shall develop a written resident profile containing assessment data that describes the resident's behavioral patterns, self-help abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment. (2) The resident care plan as required in Rule 13F .0802 of this Subchapter shall be developed or revised based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities. This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to assure a quarterly assessment was completed for 5 of 5 sampled residents (Resident #1, #2, #3, #4 and #5) in the Special Care Unit (SCU). The findings are: Review of the facility census report revealed there	D 464	-Quarterly assesment have been completed -Quarterly assesment will be completed on resident and a form (Exhibit 1A) will be placed in front of assesment to verify they were completed -The RCM will maintain the assesments and will be responsible for completing the quarterly assesment.	7/20/15 7/20/15 7/20/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chelsea E. Kyger — TITLE: Administrator — (X6) DATE: 8/18/15

8/31/15 POC approved Jeanne L Brantley RN

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D 464	Continued From page 1 were 41 residents currently in the SCU. A. Review of Resident #1's current FL2 dated 9/24/14 revealed: -He was admitted to the facility on 7/12/11 and the SCU on 8/23/13. -Diagnosis included Alzheimer's disease. -Level of care was recommenced as SCU. Review on 7/15/15 of Resident #1's record revealed no documentation of quarterly assessment had been completed. Refer to interview with the Memory Care Manager (MCM) on 7/15/15 at 1:00 pm. Refer to interview with the Licensed Health Professional Support (LHPS)Nurse on 7/15/15 at 1:05 pm. Refer to interview with the facility Nurse Practitioner on 7/15/15 at 2:10 pm. Refer to interview with the Administrator on 7/15/15 at 1:10 pm. B. Review of Resident #2's current FL2 dated 4/1/15 revealed: -Resident #2 was admitted to the SCU on 12/20/13. -Diagnoses included Alzheimer/Dementia disease. -Recommend level of care was SCU. Review of Resident #2's record revealed no documentation quarterly assessment had been completed. Refer to interview with the Memory Care Manager (MCM) on 7/15/15 at 1:00 pm.	D 464		

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D 464	Continued From page 2 Refer to interview with the LHPS Nurse on 7/15/15 at 1:05 pm. Refer to interview with the facility Nurse Practitioner on 7/15/15 at 2:10 pm. Refer to interview with the Administrator on 7/15/15 at 1:10 pm. C. Review of Resident #3's current FL2 dated 6/10/15 revealed: -Resident #3 was admitted to the SCU on 10/28/13. -Diagnoses included Alzheimer/Dementia disease. -Level of care was recommended as SCU. Review on 7/15/15 of Resident #3's record revealed no documentation quarterly assessment had been completed. Refer to interview with the Memory Care Manager (MCM) on 7/15/15 at 1:00 pm. Refer to interview with the LHPS Nurse on 7/15/15 at 1:05 pm. Refer to interview with the facility Nurse Practitioner on 7/15/15 at 2:10 pm. Refer to interview with the Administrator on 7/15/15 at 1:10 pm. D. Review of Resident #4's current FL2 dated 2/4/15 revealed: -Resident #4 was admitted to the SCU on 3/28/14. -Diagnoses included Alzheimer's disease. -SCU was the recommended level of care.	D 464		

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D 464	Continued From page 3 Review on 7/15/15 of Resident #4's record revealed no documentation quarterly assessment had been completed. Refer to interview with the Memory Care Manager (MCM) at 1:00 pm. Refer to interview with the LHPS Nurse on 7/15/15 at 1:05 pm. Refer to interview with the facility Nurse Practitioner on 7/15/15 at 2:10 pm. Refer to interview with the Administrator on 7/15/15 at 1:10 pm. E. Review of Resident #5's current FL2 dated 8/26/14 revealed: -Resident #5 was admitted to the SCU on 1/8/14. -Diagnoses included Alzheimer's disease. -Resident #5's recommended level of care was SCU. Review on 7/15/15 of Resident #5's record revealed no documentation quarterly assessment had been completed. Refer to interview with the Memory Care Manager (MCM) on 7/15/15 at 1:00 pm. Refer to interview with the Licensed Health Professional Support (LHPS)Nurse on 7/15/15 at 1:05 pm. Refer to interview with the facility Nurse Practitioner on 7/15/15 at 2:10 pm. Refer to interview with the Administrator on 7/15/15 at 1:10 pm.	D 464		

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D 464	Continued From page 4 Interview on 7/15/15 at 1:00 pm with the Memory Care Manager (MCM) revealed: -She began working as the MCM in January 2015, and was not aware of the requirement quarterly assessments needed to be completed on all residents in a SCU. -She thought the LHPS tasks documentation served as the quarterly reviews. Interview on 7/15/15 at 1:05 pm with the LHPS nurse revealed: -He completed LHPS task on some of the residents in the SCU. -He performed a phyiscal assessment on each resident that required LHPS services. -He was unaware that quarterly assessment needed to be completed on all resident in the SCU. Inteview on 7/15/15 at 2:10 pm with the facility Nurse Practitioner revealed: -She completed standardized mental exams on all residents on admission to the SCU. -She said all residents in the SCU had a diagnoses that included Alzheimer/Dementia disease. -She said all residents in the SCU were appropriate for the locked SCU. Interview on 7/15/15 at 1:10 pm with Adminstrator revealed: -She was not aware of the requirement for quarterly assessments for all residents in a SCU. -She was aware none of the quarterly assessments were completed for the 41 SCU residents.	D 464		

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D 464	Continued From page 5 -She and the MCM would initiate a quarterly assessment form to be used on all residents in the SCU starting 7/15/15. -She would collaborate with the LHPS nurse and the facility to assure all quarterly assessments were completed for all residents in the SCU.	D 464		

Exhibit 1A

AUG 24 2015

Memory Care of the Triad Quarterly Assessment Form

Resident Name: ______________________________ DOB: ______________

Admission Date: ______________ Physician: ______________________________

Date of Review: ____________ Reviewed by: ____________________________

☐ I certify that at this time the resident's Profile/Care Plan is current and accurate, reflecting the status on Care Plan dated ______________.

☐ Changes are needed to the Care Plan dated ____________ and a new Profile/Care Plan needs to be completed at this time to reflect the resident's current status.

Date of Review: ____________ Reviewed by: ____________________________

☐ I certify that at this time the resident's Profile/Care Plan is current and accurate, reflecting the status on Care Plan dated ______________.

☐ Changes are needed to the Care Plan dated ____________ and a new Profile/Care Plan needs to be completed at this time to reflect the resident's current status.

Date of Review: ____________ Reviewed by: ____________________________

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