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
	HAL072012	A. BUILDING: _____ B. WING _____	08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERTFORD MANOR	464 TWO MILE DESERT ROAD HERTFORD, NC 27944

(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 8/12/15 - 8/13/15.	D 000		
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure training on the care of residents with diabetes was provided to unlicensed staff prior to the administration of insulin for 2 of 3 sampled medication aides (A and B). The findings are:	D 164	The facility will assure that the med aide has been trained on diabetes prior to the administration of insulin. The class will be approved by DHSR. This class will be provided by a RN or Registered Pharmacist and or prescribing practitioner. The manager will contact the appropriate trainer when new staff hired for meds. The Administrator will Monthly review employees qualifications	9-7-15

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dianna Turner Benton — TITLE: Administrator — (X6) DATE: 9-7-15

STATE FORM 6899 WH7D11 If continuation sheet 1 of 10

POC Received by Email 9/7/15 KM
Approved KM

RECEIVED
SEP 17 2015
ADULT CARE
LICENSURE SECTION
RALEIGH

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
	HAL072012	A. BUILDING: _____ B. WING _____	08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERTFORD MANOR	464 TWO MILE DESERT ROAD HERTFORD, NC 27944

(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 164	Continued From page 1 1. Review of the employee record for Staff A revealed: - There was no specific date of hire listed. - Staff A singed an application for hire on 12/31/14 and a job description for a personal care aide/supervisor/laundry staff person on 1/14/15. - There was documentation of medication aide training of 15 hours on 1/14/15 - 1/15/15. - A medication administration clinical skills competency validation check list was dated 1/23/15. - The medication administration written exam was passed on 6/08/15. Review of the medication administration records for two sampled residents revealed: - Staff A initialed as administered Lantus pen insulin to two sampled diabetic residents with insulin orders in July 2015. (Insulin is used to control blood sugar.) Staff A was not available for interview. Interview on 8/13/15 at 4 p.m. with the Administrator revealed: - Staff A did not immediately work on the medication cart after hire - Staff A completed all of her requirements except the medication test and then she worked only as a personal care aide for a while. - Later she passed the medication test in June 2015 and began administering medications to residents including insulin. Refer to interview on 8/13/15 at 4 p.m. with the Administrator. 2. Review of the record for Staff B revealed: - A hire date of 5/01/15.	D 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL072012	A. BUILDING: _____ B. WING _____	08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERTFORD MANOR	464 TWO MILE DESERT ROAD HERTFORD, NC 27944

(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 164	Continued From page 2 - Staff B was hired as a personal care aide and medication administration aide. - Staff B had passed the written medication administration examination on 1/13/10. - She had a medication clinical skills competency validation dated 5/01/15. - There was no documentation of training on the care of the diabetic resident in the employee record for Staff B. Inteview on 8/12/15 at 3:20 p.m. with Staff B revealed: - Staff B had been hired since May 2015 as a medication aide. - Staff B had training as a practical nurse but was not yet licensed. - She had not had the training on the care of the diabetic resident in the facility since hire. - She administered insulin to residents using both a syringe method and using an insulin pen for insulin administration. - She was not clear on the correct preparation of the insulin pen used for two sampled residents in the facility. Review of the medication administration record for two sampled diabetic residents with medication orders for use of the insulin pen revealed: - Staff B initialed as administering Lantus pen insulin to two sampled residents with insulin orders in July 2015 and August 2015. Refer to interview on 8/13/15 at 4 p.m. with the Administrator. Interview on 8/13/15 at 4 p.m. with the Administrator revealed: - She did not know Training on the Care of the	D 164		

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
	HAL072012	A. BUILDING: _____ B. WING _____	08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERTFORD MANOR	464 TWO MILE DESERT ROAD HERTFORD, NC 27944

(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 164	Continued From page 3 Diabetic Resident was a separate training from the 15 hours of medication administration training for medication aides. - She thought training by the pharmacy on medication administration might cover diabetic training. - It was not clear if the pharmacy training included all of the areas required for the diabetic training since there was no syllabus available for the training provided.	D 164		
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 a pureed diet and honey thickened liquids for one of one facility resident (#4) were served as ordered by the physician. The findings are: Review of Resident #4's current FL-2 dated 9/01/14 revealed: - Diagnoses of cerebral palsy and gastro-esophageal reflux disease. - A diet order of pureed diet, with no base diet, was listed with honey thickened liquids. Review of Resident #4's record revealed a subsequent diet order for a regular pureed diet with honey thickened liquids.	D 310	The facility will assure that all diets are followed Closely to assure all diets including therapeutic diets. When puree and thickeners are prepared Staff will assure that the diets are mixed according to instruction provided on the containers and or menus - The Manager will monitor Meals and the Administrator during Monthly monitoring will observed the preparation of the Meals. 9-7-15	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL072012	A. BUILDING: _____ B. WING _____	08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERTFORD MANOR	464 TWO MILE DESERT ROAD HERTFORD, NC 27944

(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 310	Continued From page 4 Review of Resident #4's Assessment and Care Plan dated 4/15/15 revealed: - Resident had pureed Honey thick liquids for nutritional information section on the form. - The resident needed extensive assistance with feeding. Observation on 8/13/15 at 10 a.m. during snack time revealed: - Resident #4 was eating a bowl of ice cream that was a thick soupy consistency. - An 8 ounce glass of orange juice without ice was served. - The orange juice appeared thinner than Honey thickened as the resident handled the glass and the juice moved easily back and forth in the glass just slightly thicker than thin water. - The resident finished the ice cream and was feeding herself the orange juice. - As the resident finished the orange juice, the resident sneezed and began to cough. - The Personal Care A/Medication Aide asked if she was alright and patted her on the back as she was wheeled out of the dining room and down the hallway. - The coughing resolved after 50 seconds. Interview on 8/13/15 at 10:11 a.m. with the personal care aide revealed: - The resident coughed once in a while but not with liquids or food. - The kitchen usually prepared thickened liquids for the resident and sometimes the medication aides prepared it. - Today for the snack the kitchen prepared the thickened liquids for Resident #4. Observation during the 8/13/15 12:00 p.m. lunch meal service revealed:	D 310		

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
	HAL072012	A. BUILDING: _____ B. WING _____	08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERTFORD MANOR	464 TWO MILE DESERT ROAD HERTFORD, NC 27944

(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 310	Continued From page 5 - A container of thickener was available for use in the kitchen. - The therapeutic diet list included Resident #4 was to receive a pureed diet with Honey thickened liquids. - Resident #4's tray of food and glass of soda had already been prepared and were sitting on a table in the kitchen. Continued observation of the lunch service at 12:10 p.m. revealed: - Resident #4 received a tray of food and liquids at 12:10 p.m. - The tray included Swiss steak, baked potato with skin on, spinach, roll and chocolate cake and an 8 ounce glass of soda and an 8 ounce glass of thin clear water with ice. - The glass of soda served with no ice had thick and lumpy soda of gelatin like consistency on the top 1/4 - 1/2 inch layer of the soda and was thin in consistency underneath the thick lumpy gelatin like layer. - The water with ice was thin in consistency with no apparent thickener added. - The Swiss steak was partially blended, with lumps of meat about 1/4 inch in size with a slightly thick gravy, and it was not a pureed consistency. - The potatoes were blended to a slightly thick consistency but had pieces of skin and lumps of potatoes. - The spinach was a mostly pureed consistency but had small pieces of leaves in it. - The cake was of a slightly thick consistency like Nectar thick consistency but was liquid enough to spread out in a puddle on the bottom of the bowl. - The foods were not prepared to a pureed, fluffy mashed potatoes like consistency. - During the meal, Resident #4 was noted to have coughed with food one time and after	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL072012	A. BUILDING: _____ B. WING _____	08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERTFORD MANOR	464 TWO MILE DESERT ROAD HERTFORD, NC 27944

(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 310	Continued From page 6 drinking soda one time. Interview on 8/13/15 at 12:50 p.m. with the Medication Aide assisting with feeding as needed with Resident #4 revealed: - The resident's water at lunch today may have been served without thickener and with ice in it by her or one of the other servers at the lunch. - She was aware the resident required Honey thickened liquids. - She had not encouraged the resident to drink any of the water only the thickened soda. - The resident had never coughed while drinking or eating that she could remember. - The resident sneezed and then needed to cough with her snack and during her meal. - She did not think the coughing was from the food consistency or the liquids at either snack or the lunch. Interview with the Kitchen Manager on 8/13/15 at 12:50 p.m. revealed: - Thickener powder was used in the resident's soda to Honey thick consistency. - She did not realize the food on Resident #4's tray was not of pureed consistency, nor that the soda was too thick on top and too thin underneath the top thick layer. - Resident #4's food and thickened soda had been made just before 12:00 p.m. - She said the personal care staff served the water and drinks to residents today at lunch, she had not prepared Resident #4's water. Interview on 8/13/15 at 1:10 p.m. with the Kitchen Manager revealed: - There was not a liquid measuring cup in the facility. - She guessed at the amounts held in the kitchen glasses for resident liquids.	D 310		

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
	HAL072012	A. BUILDING: _____ B. WING _____	08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERTFORD MANOR	464 TWO MILE DESERT ROAD HERTFORD, NC 27944

(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 310	Continued From page 7 - She said she used the smallest thickener measure spoon = 1 teaspoon for an 8 ounce glass of liquid used for Resident #4. - She used one teaspoon to make of the thickener powder to make it Honey thick consistency. - She did not know there was a limit for liquids sitting after preparation to provide the desired thickness. - She was not aware of the recipes on the back of the thickener container which listed the amounts of powder to be used based on the amount of liquid to be served for the different consistencies. - When she started about a month ago in the kitchen she was told to use 1 of the smaller scoops = 1 teaspoon in the glass for the thickener to be honey thick for the resident. - She had never seen the resident coughing with liquids or the food that were served. Review of the thickener container revealed: - For orange juice - Honey Consistency - 4 ounces of juice required 3 1/2 to 4 teaspoons and 8 ounces of juice required 7 - 8 teaspoons of thickener powder to ensure Honey Consistency thickened orange juice. - Water - Honey Consistency - 4 ounces of water required 4 - 5 teaspoons of powder and 8 ounces of water required 8 - 10 teaspoons of powder. - Directions included, slowly add the thickener powder to the liquid while stirring briskly with a spoon, fork or whisk until dissolved; let stand 30 seconds to 1 minute to achieve desired consistency and serve. - Notes on the container revealed for best results consume within 30 minutes of mixing. The thickened soda was prepared incorrectly just before 12:00 p.m. and was served 10 plus	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL072012	A. BUILDING: _____ B. WING _____	08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERTFORD MANOR	464 TWO MILE DESERT ROAD HERTFORD, NC 27944

(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 310	Continued From page 8 minutes later to the resident. Interview on 8/13/15 at 1:20 p.m. with the Resident Care Co-coordinator (RCC) and the facility Manager revealed: - They were not aware the food for Resident #4 was not of pureed consistency nor were the liquids served to the resident of Honey thick consistency. - No information about a monitoring system of the preparation of the puree nor the thickener was provided. - They were not aware of any coughing with food or drinks for Resident #4. - The facility Manager had obtained a measuring the cup to be used in the kitchen. - She said as she measured water into the glasses used today for Resident #4 that they held 8 ounces each. - They read the directions on the thickener container for the orange juice and water and said 1 tsp the orange juice should have been 4 - 5 teaspoons for the glass. - Then they said that was the directions for only 4 ounce of orange juice and said it should be 8 - 10 teaspoons for 8 ounces of liquid. - They said they would begin monitoring the puree and thickened liquids for Resident #4 immediately. Telephone interview on 8/13/15 at 4:30 p.m. with the physician's office Nurse Practitioner revealed: - She had cared for Resident #4 since 2013. - The resident had cerebral palsy and gastro-esophageal reflux disease. - The Nurse Practitioner was aware the resident had a swallow study in 2012 showing difficulty with swallowing. - She was not aware Resident #4 had not been served pureed food and Honey thickened liquids	D 310		