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
	HAL023031	A. BUILDING: _____ B. WING _____	R-C 10/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGS MOUNTAIN CARE CENTER	115 FERGUSON DRIVE KINGS MOUNTAIN, NC 28086

(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 and follow-up survey on October 13-14, 2015 with an exit conference via telephone on October 15, 2015.	D 000	*Staff C presented to Cleveland County Health Dept. on 10/16/15. An initial TB test was administered. 48 hrs. later, a RN contracted by Kings Mountain Care Center (KMCC) read & documented a negative test result. The findings were taken to Clev. County Health Dept. the following date for filing and a copy was faxed to Licensure Consultant, Charity Steele. Staff C was to report back to Clev. Co. Health Dept. for the second step TB test one week later, but she voluntarily terminated her employment prior to that date. *Staff D who was also non-compliant, voluntarily terminated her employment	10/26/15
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and 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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interview and record review, the facility failed to assure 2 of 5 sampled staff (Staff C and D) were tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: A. Review of Staff C's personnel file revealed: -A hire date of 6/18/15 as a Supervisor-In-Charge (SIC). -No documentation of TB testing. Interview with the Administrator-In-Charge (AIC) on 10/14/15 at 3:50pm revealed:	D 131		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debbie W. Crocker — TITLE: Administrator — (X6) DATE: 11/09/2015

Approved by: Charity Steele
Date: 11/10/15

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D 131	Continued From page 1 -He had been unable to find a TB test for Staff C. -He would send Staff C to get a TB done as soon as possible. -The Administrator was responsible for ensuring staff received their TB tests before reporting to work. -Staff C had gone and had a TB placed, however had forgotten to return to have the test read and documented. Attempted telephone interview with Staff C on 10/14/15 at 1:52pm was unsuccessful by exit. B. Review of Staff D's personnel file revealed: -A hire date of 12/10/14 as an Supervisor-In-Charge (SIC). -Step 1 TB dated 12/11/14 negative. -No documentation of a second step TB test. Interview with Staff D on 10/14/15 at 3:44pm revealed: -She worked routinely on the 6am to 6pm day shift as an SIC. -She had not had second step TB test. -She was going to get a second step TB in December 2015. Interview with the Administrator-In-Charge (AIC) on 10/14/15 at 3:50pm revealed: -He was unable to find documentation of a second step TB test in Staff D's personnel file. -He was unsure why it had not yet been completed. -Staff D planned to get a second step TB in December 2015. -The Administrator was responsible for ensuring staff received their TB tests to meet regulatory requirements. _____	D 131	with hire before presenting for another TB series. A completion date for corrective actions regarding Staff C & Staff D are not applicable as both employees voluntarily terminated employment with hire prior to the required dates. Plan of correction: • a new hire checklist has been developed which includes steps prior to employment, such as initial and follow-up 2 step TB test. • Test results for both initial and follow up 2step tuberculosis tests will be maintained in the employee's personnel file.	

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D 131	Continued From page 2 A plan of protection was received from facility staff on 10/14/15 and included: -Upon hire, new employees will receive TB testing to ensure regulatory compliance. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 28, 2015.	D 131	• Employee personnel files will be reviewed and initialed on a quarterly basis to assure that all required documentation is still in place. Responsible parties are the facility adm./owners.	10/28/15
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 1 of 2 sampled residents (Resident #1) with orders for a supplement was served a supplement twice daily as ordered by a physician. The findings are: Review of Resident #1's current FL2 dated 5/28/15 revealed: -Diagnoses included: dysarthria with left hemiparesis, seizures, cerebral palsy with mental retardation, hypertension, type 2 diabetes, and coronary artery disease. -A physician's order for Ensure (a nutritional supplement) twice daily for weight gain. Observation of the therapeutic diet list in the	D 310	• Although it was documented in the administration record that Resident #1 has received Ensure consistently as prescribed since May 28, 2015, some Ensure was ordered in his name, while other Ensure product used was ordered as kmcc stock. This gave the appearance that Resident #1 was not receiving Ensure twice a day as ordered by his physician for nutritional support.	

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D 310	Continued From page 3 facility kitchen on 10/13/15 at 10:35am revealed: -There were only two residents in the facility listed to receive nutritional supplements. -Resident #1 was listed to receive a nutritional supplement twice a day. Observation of Resident #1 on 10/13/15 at 12:25pm revealed the resident ate 100% of the pureed liver and onions, mashed potatoes, pureed lima beans, thickened milk, thickened water, and yogurt he was served. Interview with the Cook on 10/14/15 at 2:40pm revealed: -Kitchen staff were responsible for serving Resident #1 a nutritional supplement twice daily. -The supplement was served to the resident with breakfast and with supper. -The facility pharmacy supplied all the Ensure for Resident #1. Telephone interview with Staff A, Supervisor-In-Charge on 10/15/15 at 10:25am revealed: -Resident #1 had maintained his weight over recent months. -Resident #1's weight for May 2015 was 150 lbs. -Resident #1's weight for June 2015 was 154 lbs. -Resident #1's weight for July 2015 was 160 lbs. -Resident #1's weight for August 2015 was 160 lbs. -No weight was documented for Resident #1 for September 2015. -Resident #1's weight on 10/15/15 was 159.8 lbs. Review of Resident #1's facility pharmacy accounts receivable history from 5/28/15 to 9/14/15 revealed a total of 168 cans of 8oz. strawberry Ensure had been supplied by the pharmacy for Resident #1.	D 310		

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D 310	Continued From page 4 Telephone interview with the Cook on 10/15/15 at 10:50am revealed there were 40 8oz. cans of Ensure on hand in the facility for Resident #1. Review of Resident #1's record revealed: -278 8oz. Ensure would have been required for two supplements daily as ordered. -168 8oz. cans of Ensure were sent for Resident #1 from the facility pharmacy. -40 8oz. cans were on hand in the facility for use for Resident #1. -Resident #1 received only 128 oz. cans of Ensure from 5/28/15 to 10/15/15 at 10:50am. Telephone interview with the Administrator-In-Charge on 10/15/15 at 11:00am revealed: -Staff were supposed to be giving Resident #1 a nutritional supplement twice a day. -"As far as I know, staff have been giving [the supplement to Resident #1] two times a day." Based on record review and observation of Resident #1 on 10/13/15, the resident was determined not to be interviewable.	D 310	plan of correction: ° kmcc notified its pharmacy vendor (Senior Care Pharmacy in Charlotte, NC) on 10/30/15 Regarding this concern. They agreed that effective immediately all ensure product orders will be billed in the name of kmcc house stock. Kmcc will continue to be financially responsible for this product. ° Billing records will be mailed to the attention of the kmcc administrator monthly. Upon receipt, the kmcc administrator will monitor to make sure that no patient is billed for this product.	11/9/15
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be a minimum of 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. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the	D 317		

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D 317	Continued From page 5 facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure at least 14 hours of planned group activities were provided each week that promoted socialization, physical interaction, group accomplishment, and learning of new skills for the 18 residents currently living in the facility. The findings are: Interview with Staff D, Supervisor-In-Charge on 10/13/15 at 8;45am revealed there were 18 residents who resided in the facility. Observations during the initial tour on 10/13/15 from 8:45am to 10:15am revealed: -One resident was reading the newspaper. -Two residents were in their rooms resting. -The other sixteen residents were watching television in the living room or in their rooms. Review of the October 2015 Activity Calendar scheduled activities for 10/13/15 revealed: -Arts and crafts were scheduled for 9am to 11:15am. -Exercise with music was scheduled for 1pm to 3pm. Confidential interviews with eleven residents during the initial tour when asked about activities	D 317	• Staff and administrator communicated with residents regarding their personal interests and revised an activities calendar as a result that reflects those interests. • The activity calendar has a minimum of 14 hours per week planned group activity and social interaction. • A part-time employee (activities coordinator) has been hired specifically to focus on and implement planned group activities for all residents. • The activities coordinator will meet weekly with the Administrator to review the activities	

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D 317	Continued From page 6 the facility offered revealed the following comments: -7 out of 11 residents were either confused or unable to communicate their opinions on the facility's activity offerings. -One resident stated "gossip" was a common activity in the facility. -"We're not doing nothing right now. I don't think." -"I read the newspaper everyday." -"We sit on the porch and look through the bars. The porch is nice, but all you see is the bars." Observation on 10/13/15 at 10:34am in the dining room revealed a staff member was doing a coloring and sticker activity with 5 residents. Observation on 10/13/15 from 1pm to 3pm revealed no activities were provided for the residents. Review of the October 2015 Activity Calendar scheduled activities for 10/14/15 revealed: -Health topic was scheduled for 9am to 11:15am. -Bingo was scheduled for 1:30pm to 3pm. Observations on 10/14/15 from 9am to 11:15am and 1:30pm to 3pm revealed no activities were provided for the residents. Confidential interviews with two family members revealed: -"Not a lot of activities going on. Mostly just watching television." -"Everytime I go in [the facility the resident] is sitting watching television." Confidential interviews with five staff revealed: -5 of 5 staff agreed there were not 14 hours of planned activities being offered to the residents	D 317	planned for the following week. o The Administrator will monitor compliance through daily observation, individual interviews with residents family members, staff, including visitors. o The Administrator will encourage input and suggestions about future planned group activities via a suggestion box that will be accessible to staff, family members, and visitors.	11/9/15

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D 317	Continued From page 7 every week. -The Administrator or a Supervisor-In-Charge created the activity calendar each month. -"Whoever is working that day is responsible for doing activities" with the residents. -"They don't do activities everyday. We have occasional church groups that come in, but that's hit or miss cause sometimes they cancel." -The residents "sometimes" got to play bingo and "do coloring." -"I don't see activities being done" in the evenings. -Activities are "seldom" done. -"The residents are bored." -Staff did on occasion play music for the residents who were sitting in the living room. -Church groups came into the facility twice a month. -Most of the time the residents "are just sitting waiting and watching television." -"Activities are not being done." -The residents "just watch television" and "nothing else." -One staff would discuss television game shows, daily soap opera story lines, and televised sporting events with the residents to get the residents engaged in conversation as an activity. Interview with the Administrator-In-Charge on 10/14/15 at 3:50pm revealed "Activities are not happening as they should."	D 317		
D 421	10A NCAC 13F .1104(c) Accounting For Resident's Personal Funds 10A NCAC 13F .1104 Accounting For Resident's Personal Funds (c) A record of each transaction involving the use of the resident's personal funds according to	D 421	The Administrator discussed this concern with Resident 1's Power of attorney.	

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D 421	Continued From page 8 Paragraph (b) of this Rule shall be signed by the resident, legal representative or payee or marked by the resident, if not adjudicated incompetent, with two witnesses' signatures at least monthly verifying the accuracy of the disbursement of personal funds. The record shall be maintained in the home. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure a record of each transaction involving the use of 1 of 2 sampled Special Assistance residents (Resident #1) personal funds disbursement. The findings are: Review of Resident #1's record revealed: -The resident was admitted to the facility on 3/8/2004. -The resident's family was responsible for the management of the resident's personal funds. Review of Resident #1's pharmacy account statements for May 2015 to September 2015 revealed: -The statements included charges for medicine copays, nutritional supplements, and dietary thickening agent required by physician's order for the resident. -The resident's pharmacy bill was paid in full each month. Review of Resident #1's facility personal funds accounting information revealed: -The facility had no documentation of monies received from Resident #1's family each month. -There was no documentation of an itemized amount of what the family's charges included each month.	D 421	family member. Both parties decided and agreed that all room and board monies for Resident #1 will be paid to KMCC monthly. *Individual room cable and medication co-pays will be deducted monthly from Resident #1's special assistance funds. Any remaining monies from these funds will be available by check to the appropriate party (power of attorney/ family member). That party will be required to sign a receipt indicating that the funds have been received.	

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D 421	Continued From page 9 Interview with Resident #1's family member on 10/14/15 at 12:15pm revealed: -The family was responsible for managing Resident #1's personal funds each month. -The facility gave the family a copy of the pharmacy statement each month, and then the family would pay the facility the amount written on the statement by the Administrator. -The family also paid $7.50 each month, so Resident #1 could have cable television. -"Last month, I paid $54 and some change." Review of Resident #1's pharmacy account statement for September 2015 revealed: -The residents medicine copays totaled $27.89. -There was a charge of $17.44 for a 36 oz. container of dietary thickening agent on the bill. Review of Resident #1's record revealed: -The medicine copays for September 2015 of $27.89 plus the monthly charge of $7.50 should have come to $35.39. Telephone interview with the Administrator on 10/14/15 at 1:00pm revealed: -The families who managed the personal funds for their loved ones would send her money to cover medicine copays and if they wanted $7.50 for the monthly cable charge for the resident to have cable in their rooms. -Each month "I write one check" and pay all the residents pharmacy bill balances in full. -"I don't keep a record of transactions on personal fund disbursement when the family handles the funds." Telephone interview with the Administrator-In-Charge on 10/15/15 at 11:00am revealed:	D 421	• Effective Nov. 1, 2015 family members who receive Special Assistance monies on behalf of any kmcc resident will receive the balance of funds (minus appropriate charges) by check. • The owner and/or Administrator will maintain a written invoice of income and disbursements for each resident. The dated invoice will have signatures of both owner/administrator as well as the family member/power of attorney.	

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D 421	Continued From page 10 -"I have a record of private pay residents and what they pay" the facility. -The facility kept itemized transaction records of the disbursement of personal funds for the Special Assistance residents whom they managed their personal funds. -The facility always received cash from Resident #1's family each month for payment on medicine copays and the cable bill. -The facility did not give a receipt to families who paid in cash, so there was no record of how much was received from families who paid in cash. -He did not have itemized transactions as to what items on the pharmacy statement was being paid for by the money received from families.	D 421	o The family member/ power of attorney will be provided a copy of said in- voice when requested.	11/9/15
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 related to tuberculosis testing for staff. The findings are: Based on interview and record review, the facility failed to assure 2 of 5 sampled staff (Staff C and D) were tested upon employment for tuberculosis	D912	o Staff C presented to Cleveland County Health Department on October 16, 2015. An initial TB test was administered. 48 hours later, a RN Contracted by KMCC read and documented a negative test result. The findings were taken to Cleveland	

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D912	Continued From page 11 (TB) disease in compliance with control measures adopted by the Commission for Health Services.[Refer to Tag 131, 10A NCAC 13F .0406(a) Test for Tuberculosis (Type B Violation).]	D912	County Health Department the following date for filing. A copy of the TB test was faxed to Licensure Consultant Charity Steele. Staff C was to report back to Cleo. County Health Dept. for the second step TB test, but voluntarily terminated her employment prior to that date. • Staff D was also non-compliant but likewise voluntarily terminated her employment before presenting for another TB series. • a new hire check-list has been developed which includes	

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D912	Continued From page 11 (TB) disease in compliance with control measures adopted by the Commission for Health Services.[Refer to Tag 131, 10A NCAC 13F .0406(a) Test for Tuberculosis (Type B Violation).]	D912	steps prior to employment, such as initial and follow up 2 step tuberculosis test. The responsible party for reviewing and signing off on the new hire checklist will be the facility administrator and/or owner. o The test results for both initial and follow-up 2 step tuberculosis tests will be maintained in the employees personnel file. The responsible party is the facility administrator. o The administrator will also be responsible for reviewing personnel files on a quarterly basis to assure all required documentation is still in place.	10/26/15

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