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
	HAL035024	A. BUILDING: _____ B. WING _____	R-C 09/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN MANOR ASSISTED LIVING CENTEF	100 SUNSET DR YOUNGSVILLE, NC 27596

(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 Franklin County Department of Social Services conducted an annual and follow-up survey and complaint investigation from September 14-21, 2015.	D 000		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: TYPE B VIOLATION Based on interview and record , the facility failed to assure 1 of 6 sampled staff had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) upon hired. (Staff A) The findings are: Review of Staff A's, Admimistrator-in-Charge, personnel record revealed: -She was hired as to work as the Business Office Manager on 2/23/15. -A Health Care Personnel Registry (HCPR) check was completed on 9/15/15. There was no substantiated findings listed on the HCPR. -There was a letter dated 8/24/15 offering her the Interim Executive Director/Administrator-in-Charge position and was signed by her on 8/24/15 accepting the	D 137		

Kimberly Richardson, Interim Executive Director, 11.13.15

11/13/15
KG

Franklin Manor – Plan of Correction from Survey on 9-21-15

10A NCAC 13F .0407 (a) (5) Other Staff Qualifications

All employee files have been audited as of 9-22-15. An HCPR check was completed on those staff found to be out of compliance. Executive Director, Business Office Manager or Designee will review the new hire checklist before a new employee starts to ensure the Health Care Personal Registry is checked prior to the first day of work. We also have in place a tickler to let us know when certifications will be expired so that follow up can be done to ensure it's renewed.

10A NCAC 13F .0901 (a) Personal Care and Supervision

A list of all residents needing a 2 person assist has been placed in the front of each MAR book and at each nurses station on 9-22-15. The RCD or designee will update the list as needed to ensure continuity of safe care. All staff will be in-serviced on proper Body Mechanics, how to lift residents and when a second person is need to provide safe personal care. A new 24 Hour Report form has been implemented. RCD or designee will communicate any resident needs and or changes via the new communication log to ensure staff are aware of any resident change of condition. RCD, or designee, will review the 24 hour report, while on site, for 2 weeks, weekly for four (4) weeks and routinely thereafter.

10A NCAC 13F .0902 © (3-4) Health Care

The New Order Tracking Policy has been implemented. Med Techs have been trained on the policy, 10-15-15. RCD or Designee will review new order tracking forms daily when onsite, for 4 weeks, and routinely thereafter. All new Med Techs will be trained on the New Order Tracking Policy prior to passing medications.

10A NCAC 13F .0904 (c) (7) Nutrition and Food Service

This community now has the correct diet form to match the Therapeutic Diets that are served. Diets offered include General (Regular), NAS (No Added Salt), LCS (Low Concentrated Sweets). Modifications include MS (Mechanical Soft), Puree, FF (Finger Food). Thicken Liquids include Nectar and Honey. An audit was completed for all resident charts, and any chart found without the proper diet form has been sent out to the MD for signature, 10-30-15. Upon admission, RCD or designee, will review admission forms to ensure proper diet form is completed by primary MD. If for any reason that a diet changes after admission the community will follow the new order tracking policy and update diet orders with dietary supervisor and place in chart as well.

10A NCAC 13F .0904 (d)(3) (A) Nutrition and Food Service

Community will ensure that each resident is offered 8 ounces of milk at least twice per day. Food service staff have been trained on regulations regarding milk at mealtime, as of 9-24-15. ED, or designee, will monitor mealtime daily, when on site, for 2 weeks, weekly for four (4) weeks and routinely thereafter.

10A NCAC 13F .1004 (a) Medication Administration

A Do Not Crush medication list has been placed in the front of each MAR book as of 9-22-15. Staff have been in-serviced to check the list prior to crushing any medications. Residents that routinely use an outside pharmacy for medications will also have on file a signed copy of the house pharmacy agreement. House pharmacy agreements are in place for all residents. When medications for these residents are not received in a timely manner from the outside pharmacy staff will order the medication from the house pharmacy to prevent missed medication doses. All diabetic MAR's have been review and clarified for sliding scale insulin and parameters. Diabetic Flow Sheets have been implemented. Medication administrations time have been reviewed and adjusted as needed. A new Medication Clarification Sheet has been implemented to clarify orders with the primary MD when a resident returns from the hospital or other care facility. The community will ensure that meds are delivered within 24 hours and before next dosage is due with both house pharmacy and outside pharmacy. We will use the new order tracking sheet to ensure this takes place.

10A NCAC 13F .1309 Special Care Unit Staff Orientation and Training

The house pharmacy will provide for Dementia Training via computer modules. The ED, BOM or designee will issue each new hire a Log-In and Password to access the program. The ED, BOM or designee will implement a Training Tracker/New Hire Checklist to ensure all required training is completed in the appropriate time frame. Staff will not be allowed to work if training has not been completed as indicated. Dementia training will be provided to all staff by house pharmacy RN on 10-29-15.

GC 131D-21 (4) Declaration of Resident Rights

All staff will receive training on Resident Rights by 10-30-15. This will be included in the new hire paperwork going forward.

10A NCAC 13F .0407 (a) (5) completed on 9/22/2015

10A NCAC 13F .0901 (a) completed on 9/22/2015

10A NCAC 13F .0902 (3-4) completed on 10/15/2015

10A NCAC 13F .0904 (C) (7) completed on 10/30/15

10A NCAC 13F .0904 (d) (3) (a) completed on 9/24/15

10A NCAC 13F .1004 (a) completed on 9/22/2015

10A NCAC 13F .1309 completed on 10/29/15

GC 131D-21 (4) completed on 10/30/15

Addendum:

Telephone interview with the Interim Exec. Director on 11/13/15 at 4:00pm revealed:

- The RCD, ED/Designee will check the MARs daily to make sure staff are documenting and Administering meds as ordered by the resident's physician.
- The RCD, ED/Designee will also make sure the residents' medications are on hand daily and delivered by the House Pharmacy or outside pharmacy by the resident's next dose.

✓ KG 11/13/15