Received 3/10/16 SR

PRINTED: 02/16/2016
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
	HAL076034	A. BUILDING: _____ B. WING _____	02/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE HAVEN	501 POINTE SOUTH DRIVE RANDLEMAN, NC 27317

(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, follow-up survey, and complaint investigation on January 26, 2016 to January 30, 2016 with an exit conference via telephone on February 2, 2016.	D 000	See attached POC for this SOD BB 3/11/16	
D 058	10A NCAC 13F .0305(f)(4) Physical Environment 10A NCAC 13F .0305 Physical Environment (f) The requirements for storage rooms and closets are: (4) Housekeeping storage requirements are: (A) A housekeeping closet, with mop sink or mop floor receptor, shall be provided at the rate of one per 60 residents or portion thereof; and (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: TYPE B VIOLATION Based on observation, interviews, and record reviews the facility failed to ensure cleaning supplies were monitored by staff while in use resulting in 1 resident (Resident #18) ingesting an unspecified amount of cleaning agent. The findings are: Review of Resident #18's current FL2 dated 08/05/15 revealed diagnoses included moderate mental retardation, mood disorder, and impulse control disorder. Review of a hospital discharge summary for Resident #18 dated 12/04/15 revealed:	D 058		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Brenda Burns TITLE Director (X6) DATE 3/10/16

STATE FORM 6899 UGLS11 If continuation sheet 1 of 64

Approved 3/14/16 Sherry Poplin 7s@I

Brookstone Haven Of Randleman
HAL-076-034
Plan of Correction
DHSR Survey 02/02/2016

Regulatory Areas Cited:

10A NCAC 13F. 0305F (4) Physical Environment
(f) The requirements for storage rooms and closets are:
(4) Housekeeping storage requirements are:
(A) a housekeeping closet, with a mop sink or mop floor receptor, shall be provided at the rate of one per 60 residents or portion therefore; and (b) there shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use.

Plan of Correction:

Immediate & ongoing training with all staff on proper storage of cleaning agents and monitoring of cleaning supplies while in use. 1/28/16 & 1/29/2016

Proper storage, usage and monitoring of cleaning agents will continue to be part of new hire orientation. 1/28/16 & Ongoing

Immediate walk-thru completed by management to assure chemicals were stored properly. 1/28/16 & Ongoing

Monitoring System

Regional Director, Executive Director/Designee will perform weekly random walk-thru's on all shifts to assure chemicals are monitored while in use and stored properly. 1/28/2016 & ongoing

Regional Director, Executive Director/Designee will perform random staff interviews to assure that they understand proper chemical storage/use and that proper procedures are followed. 1/28/2016 & ongoing

Any staff found not following proper procedures for chemical storage will be reprimanded to include additional training and/or disciplinary action. 1/28/2016 & ongoing

10 NCAC 13F .0311(a) Other Requirements

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.

Plan of Correction:

The facility has assured that the environment is free of hazards, as related to closure of all attic access panels. 1/26/2016 & ongoing

Monitoring System

Executive Director and maintenance will make weekly random walk-thru's to assure the facility is maintained in a safe manner. 1/28/2016 & ongoing

Identification of any areas that are not maintained in a safe manner will be immediately addressed and corrected. 1/26/2106 & ongoing

10 NCAC 13F .0407(a)(5) 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

Plan of Correction

Staff members HCPR was immediately obtained. 1/28/2016

All Staff member records were audited to assure that HCPR was completed. 2/1/2016 & ongoing

Continued use of new hire checklist to assure compliance upon hire. 1/28/2016 & ongoing

Monitoring System

Random HR audits monthly by the ED/ Quality Assurance/Designee to assure staffing qualifications are in compliance. 2/1/2016 & ongoing

10A NCAC 13F .0504 (c) Competency Validation for LHPS Tasks

Competency validation of staff, according to Paragraph (a) of this rule, for LHPS tasks specified in paragraph (a) rule .0903 of this subchapter of the performance of these tasks is limited exclusively of these tasks except in those cases in which a physician acting under the authority of G.S. 131D-2(a1) certifies that non-licensed personnel can be competency validated to perform other tasks on a temporary basis to meet the resident's needs and prevent unnecessary relocation.

Plan of Correction

Staff that performed the LHPS tasks were re-trained to not perform task that they have not been competency validated on. 1/29/2016

Staff responsible for assuring that staff members are competency validated prior to performing LHPS task were re-trained on facility procedures for competency validation and regulatory requirements. 1/29/2016 & ongoing

Monitoring System

Executive Director/ Regional Director/ Designee will randomly audit resident LHPS needs and staff records to assure that staff are competency validated for LHPS task. 2/22/16 & ongoing

ED/Regional/Designee will perform random interviews with direct care staff to assure they are not performing task they are not competency validated on. 2/22/2016 & ongoing

Any staff found not following proper procedures for performing LHPS tasks will be reprimanded to include additional training and/or disciplinary action. 2/22/2016 & ongoing

10 NCAC 13F . 0902(b) Health Care

(b) The facility shall assure referral and follow up to meet the routine and acute health care needs of residents.

Plan of Correction

Staff retrained on the appropriate procedures for referral and follow up . 2/01/2016 & ongoing

Resident Records reviewed to assure that referral and follow was done to meet the routine and acute health care needs of the residents. 2/01/2016 & ongoing

Monitoring System

Executive Director/Regional Director/RCC shall randomly audit residents Records to assure orders are followed in a timely manner and changes in residents' medical status is reported to assure procedures are followed for referral and follow up. 2/01/2016 & ongoing

Any staff found not following procedures will receive disciplinary action to include retraining, write up, and/or termination. 2/01/2016 & ongoing

10NCAC 13F .0903 (c) Licensed Health Professional Support
The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in on the on-site review and evaluation of residents' health status, care plan an care provided, as required in paragraph (a) of this rule is complete within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to resident's diagnosis of current condition requiring one or more of the tasks specified in paragraph (a) of this rule:

(2) Evaluating the residents progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and documenting activities in subparagraphs (1) (3) of this paragraph.

Plan of Correction

Resident #3's LHPS was completed. 2/2/2016

All residents records were reviewed to assure that residents requiring LHPS was completed. 1/29/2016

Implemented documentation system to show if a resident was out of the facility when LHPS is due. 2/2/2016

Monitoring System
Monthly random record reviews to assure residents requiring LHPS are completed. 3/10/2016 & ongoing

10NCAC 13F .0904 Nutrition and Food Service

(a) Food Procurement and Safety in Adult Care Homes:

(1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.

Plan of Correction

Staff immediately swept and mopped under the freezers.	1/27/2016
Trash can lid was cleaned and black substance was removed.	1/27/2016
Dietary Staff Meeting to review cleaning procedures and responsibilities as well as reporting cleaning issues.	2/19/2016 & 3/10/16

Monitoring Systems

Bi-weekly cleaning report submitted to the ED by Dietary Manager	3/10/2016 & ongoing
Administrator will make weekly unannounced walk-thrus of the dietary department it assure the kitchen, dining and food storage areas are clean, orderly and protected from contamination.	3/10/2106 & ongoing
Any staff found not following procedures will receive disciplinary action to include retraining, write up, and/or termination.	2/19/2016 & ongoing

10 NCAC 13F .1004 (a) Medication Administration

(a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:

(1) Orders by a licensed prescribing practitioner which are maintained in the resident's record; and

(2) Rules in this section and the facilities policies and procedures

Plan of Correction

Resident #3 Clobetasol ointment is administered as ordered.	1/28/2016
Resident # 19 is receiving is medications as ordered. Times were adjusted to accommodate his personal preferences.	1/28/2016

Staff retrained on proper medication administration per physician orders and procedure to follow when orders are not clear. 2/2/2016 & 3/10/2016 & 3/11/2016

Monitoring System

Executive Director/RCC/ Designee will randomly audit Medication administration records monthly to assure that medications are given per physician orders. 2/2/2016 & ongoing

Executive Director/ RCC/designee will randomly follow med passes to assure that all staff are administering medications as ordered. 3/8/2016 & ongoing

Any staff found not following procedures will receive disciplinary action to include retraining, write up, and/or termination. 2/2/2016 & ongoing

G.S. 131D-21(2) 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.

See POC for Medication Administration & Health Care Referral and follow up, Competency Validation for LHPS Tasks. In addition the following monitoring will be in place:

Executive Director/Designee will randomly interview residents monthly to assure that their resident right is not violated in regards to receiving care and services which are adequate, appropriate in compliance with relevant federal and state laws and rules and regulations. 2/8/2016 & ongoing

Staff re-trained on residents' rights and violations of residents rights. 2/8/2016 & ongoing

Brenda Bunn
Signature / Executive Director

3/10/16
Date