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
	HAL054051	A. BUILDING: _____ B. WING _____	08/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOIR ASSISTED LIVING	2773 PINEWOOD HOME ROAD PINK HILL, NC 28572

(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 August 24-26, 2016.	D 000	See attached Plan of Correction, 10/7/16	
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: Based on record review and interview, the facility failed to assure 1 (Staff D) of 6 sampled staff were tested for Tuberculosis (TB) disease in compliance with Tuberculosis (TB) control testing using a 2-step testing method: The findings are: Review of Staff D's personnel record revealed: -She was rehired as a supervisor-in-charge (SIC) on 6/21/16. -Documentation of a TB skin test given on 4/07/14 and read on 4/09/14 as negative. - Documentation of a TB skin test given on 5/23/14 and read on 5/25/14 as negative. Staff D was off duty. Interview with the Administrator on 8/26/16 at 10:45 a.m. revealed:	D 131		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE CEO (X6) DATE 10.7.16

"Reviewed and accepted"
10/7/16
DDR

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D 131	Continued From page 1 -Staff D was rehired on 6/21/16, therefore; she had not completed another 2-step TB skin test. -She did not know a 2-step TB skin test had to be completed on staff rehired at the facility. -She was responsible for making sure the applicant had a 1st step TB skin test completed prior to hire, and a 2nd step TB skin test within 1 month of hire. -She was also responsible for auditing staff's 2-step TB skin tests. -No time frame was given on how often she would audit staff's 2-step TB skin tests.	D 131	See attached Plan of Correction 10.7.16	
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 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. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the walk-in cooler and walk-in freezer floors in the kitchen area were cleaned, in good repair and free of contamination. The findings are: Observation of the walk-in cooler and walk-in freezer on 8/24/16 at 3:28 p.m. revealed: -The entire floor of the walk-in cooler was rotten, springy, and unstable with several dark brown and black rust stained areas. -The floor of the walk-in freezer had several dark brown, black and grey rust stained areas.	D 282		

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D 282	Continued From page 2 Review of the Food Inspection report dated 8/22/16 revealed the floor in the walk-in refrigerator (cooler) was not "in compliance due to being rusted and needing cleaning." Interview with a Cook on 8/24/16 at 3:31 p.m. revealed: -She was aware of the walk-in cooler and walk-in freezer floors needing cleaning and being rusted and rotting on areas of the walk-in cooler floor. -The floors had been "that way for quite a while" and more than a year now. -She was not responsible for cleaning the floors of the walk-in cooler and walk-in freezer. -Everyone worked as a team and cleaned the kitchen and storage areas daily and as needed. -She was not sure who was responsible for cleaning those floors. -The Dietary Manager told her the floors in the walk-in cooler and walk-in freezer were cited during the recent inspection. Interview with the Dietary Manager on 08/25/16 at 8:50 a.m. revealed: -The cooks and kitchen aides were responsible for cleaning all areas of the kitchen and storage areas including the floors of the walk-in cooler and walk-in freezer daily after meals. -She said everyone was expected to work as a team and complete all cleaning daily. -She monitored the cleaning of the kitchen and dining room areas on a daily basis. -She was aware of the floors in the walk-in cooler and walk-in freezer. -The floors had been rusting and rotting over time for two years or more now. -The floors were cited during an inspection on 8/22/2016. -She had made the administrator aware of the floors needing repair.	D 282	See attached Plan of Correction 10.7.16	

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D 282	Continued From page 3 -She was not sure of the facility's plans to repair or replace the floors. Interview with the Maintenance Worker on 08/26/16 at 8:23 a.m. revealed: -He was not aware of the condition of the floors in the walk-in cooler or walk-in freezer until a week ago. -He had only been working since June 2016 and on a part-time basis. -The administrator notified him regarding the floors following the facility's inspection about a week ago. -The facility had been without a maintenance person prior to him for several months. -He knew the administrator had spoken with corporate maintenance following the recent inspection about the floors needing repair and/or replacement. -The floor in the walk-in cooler especially was a safety hazard. -The facility had not contacted him regarding the needed cleaning or the condition of the floors in the walk-in cooler and walk-in freezer. Interview with the Administrator on 08/25/16 at 11:00 a.m. revealed: -She became aware of the condition of the walk-in cooler and walk-in freezer floors following the inspection report on 8/22/2016. -The dietary manager was responsible for ensuring the dining and kitchen areas were cleaned and were in working order. -Her expectation was the dining and kitchen areas be kept clean which included cleaning the floors in the storage areas and walk-in cooler and walk-in freezer. -She wanted to be informed of any issues by the kitchen staff and/or dietary manager. -She was not aware of any problems with the	D 282	See attached Plan of Correction 10.7.16	

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D 282	Continued From page 4 cleanliness or any needed repairs for the walk-in cooler and walk-in freezer floors prior to the 8/22/2016 inspection. -She had contacted corporate maintenance following the recent inspection to repair and/or replace the walk-in cooler and walk-in freezer floors. -Onsite maintenance along with corporate maintenance were going to work together "to develop the best solution to resolve the floors issue." -The floors were scheduled to be repaired, replaced, or both within the next two months.	D 282	See attached - Plan of Correction 10.7.16	
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure foods were stored in a manner to prevent contamination related to chemicals being kept in the walk-in cooler area. The findings are: Observation of the walk-in cooler on 8/24/16 at 3:28 p.m. revealed two gallons of bleach were stored on the floor under shelves with large bins of food. Interview with a Cook on 8/24/16 at 3:31 p.m. revealed:	D 283		

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D 283	Continued From page 5 -She was not aware of any chemicals being stored in the walk-in cooler. -She knew chemicals were to be kept any from all food items to prevent contamination. -She was not responsible for stocking the cleaning supplies. Interview with the Dietary Manager on 08/25/16 at 8:50 a.m. revealed: -The cooks and kitchen aides were responsible for cleaning all areas of the kitchen and storage areas including the walk-in cooler and walk-in freezer areas daily after meals. -A kitchen staff person may have left the bleach bottles there in the walk-in cooler "not knowing that was wrong. " -She was not aware of the two gallons of bleach being stored in the walk-in cooler area. -They have a designated area for all chemicals away from the food and she "was not aware of any chemicals being kept there because this was not a common practice." -She would remove the two gallons of bleach immediately from the walk-in cooler and remind all kitchen staff. Interview with the Administrator on 08/25/016 at 11:00 a.m. revealed: -It was the responsibility of the kitchen staff and Dietary Manager to keep the chemicals stored in a proper location and away from food. -She would make sure all chemicals were removed from areas where food is stored. -She was unaware that chemicals were being kept where food was stored for the residents. -She would ask the kitchen staff and Dietary Manager to ensure all chemicals are stored properly and not in the walk-in cooler or other food storage areas.	D 283	See attached Plan of Correction 10.7.16	

Lenoir Assisted Living
HAL-054-051
Plan of Correction
DHSR Survey 08/26/2016

10 NCAC 13F .0406(a)Test for Tuberculosis

(a) Upon employment or living in an adult care home, the administrator and all other staff any live-in non- residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission of Health Services as specified in 10 NCAC 41A. 0205 including subsequent amendments and editions.

Plan of Correction

- Employee received first TB on 10/6/2016 and will receive second test within two weeks.
- TB Test and results shall be documented in the employee record. 10/6/2016 & ongoing
- Prior to any new employee beginning work the Administrator and Office Manager will assure that the new hire provides documentation of TB test per TB Requirements. This shall be done by using the new hire checklist and orientation guideline. 8/26/2016 & ongoing
- Managerial Staff that are responsible for hiring were re-trained on TB requirements, New Hire checklist and procedures for monitoring TB requirements for staff. 8/26/2016

Monitoring System

- Administrator/designee will perform random weekly employee audits x 1 month, then monthly thereafter to ensure compliance per regulation & facility policy. 10/10/2016 & on-going
- QA Compliance shall monitor all new hires on a monthly basis to assure that TB requirements are met. 10/1/2016 & on-going

10 NCAC 13F. .0904(a)(1) 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

- The floor of the walk in cooler and freezer were looked at by corporate maintenance department and are scheduled to be repaired by 11/30/2016
- Walk-Thru of kitchen, dining and food storage areas were completed to assure areas were clean, orderly and protected from contamination. 8/27/2016

Monitoring System

- Administrator shall assure that the maintenance repair log book is in place and utilized for reporting needed repairs by doing random weekly walk- thru's with the maintenance director and reviewing log book to assure any areas identified have been addressed. 10/10/2016 & on-going
- Any areas that the maintenance director cannot repair shall be reported by the Administrator to the corporate maintenance director and documented as such with a time frame given for repair by the corporate maintenance director. This documentation and follow up shall be monitored by QA compliance on a monthly basis. 10/10/2016 & on-going
- QA Compliance shall monitor walk-thru documentation on a monthly basis to assure procedures implemented are followed. 10/10/2016 & on-going

10A NCAC 13F. 0904(a)2 Nutrition and Food Service

(a)Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination.

Plan Of Correction

- Immediate removal and proper storage of bleach. 8/24/2016
- Immediate staff training on proper storage of chemicals. 8/25/2016 & ongoing
- Dietary Manager completed a thorough assessment of dining procedures to assure that foods and beverages being procured, stored, prepared or served by the facility are protected from contamination. 8/25/2016

- Implementation of dietary audit checklist dietary manger to use to assure that foods and beverages being procured, stored, prepared or served by the facility are protected from contamination. 10/7/2016 & ongoing

Monitoring System

- Dietary Manager shall complete a weekly review sheet to the Administrator of random audits completed use to assure that foods and beverages being procured, stored, prepared or served by the facility are protected from contamination. 10/7/2016 & ongoing

- Administrator shall make unannounced visits in the dining areas to assure that foods and beverages being procured, stored, prepared or served by the facility are protected from contamination. 10/7/2016 & ongoing

- Any areas found not in compliance shall be immediately addressed and corrected. 10/7/2016 & ongoing
- QA Compliance shall monitor dining area audit records monthly to assure procedures are being followed. 10/10/2016 & ongoing
- QA Compliance shall perform random monthly walk-thru of dining area to to assure that foods and beverages being procured, stored, prepared or served by the facility are protected from contamination. 10/10/2016 & ongoing

- Any areas found not in compliance shall be immediately addressed and corrected. 10/7/2016 & ongoing

Signature / Executive Director

10.7.16
Date