STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL024015	A. BUILDING: _____ B. WING _____	R 10/28/2016

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TABOR COMMONS	703 ELIZABETH STREET TABOR CITY, NC 28463

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D 000	Initial Comments The Adult Care Licensure Section and the Columbus County Department of Social Services conducted an annual and follow up survey on 10/26/16, 10/27/16 and 10/28/16.	D 000		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure that 2 of 4 common showers were free of a black substance resembling mold. The findings are: Observations on 10/26/16 at 12:08pm and 12:37pm revealed: -There was a black substance on the grout lines where the wall met the floor, on the lower seam of the corners and on the ledge of the privacy stall wall of the shower in the common bathroom between resident rooms #5 and #7. -There was a thick black substance on the grout lines on the lower back wall of the shower in the common bathroom between resident rooms #17 and #19. Interview with a Personal Care Aide (PCA) on	D 079		

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10/26/16 at 4:534pm revealed:
-She had worked in the facility for approximately three years.
-Housekeeping cleaned the bathroom every day.
-She had not noticed the black substance in the showers and did not know how long it had been there.

Interview with a Housekeeper on 10/26/16 at 5:01pm revealed:
-The black substance looked like mold.
-She did not know how long it had been there.
-The black substance did not rinse away with water.
-The shower probably needed to be sprayed down with bleach.

Interview with a second Housekeeper on 10/27/16 at 8:59am revealed:
-There was a housekeeper on duty every day.
-She worked from 7am until 1pm and another Housekeeper worked 1pm until 4pm.
-The housekeepers used bleach and a disinfectant to clean the bathrooms.
-She had not noticed the black substance in the showers in the common bathrooms.
-The showers were cleaned daily.

Interview with the Resident Care Coordinator (RCC) on 10/27/16 at 9:06am revealed:
-The RCC was not aware of any black substance in the showers in the common bathrooms.
-The bathrooms, including the showers, were cleaned several times each day by the housekeepers.
-The RCC tried to have the showers cleaned after each use.
-The RCC was not sure what cleaning products were used to clean the showers.
-The RCC checked the cleanliness of the facility

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D 079	Continued From page 2 every day and must not have noticed the black substance in the showers. Interview with the Administrator on 10/27/16 at 10:45am revealed: -She was not aware of the black substance in the showers in the common bathrooms. -Staff cleaned the bathrooms and showers daily with the facility's regular cleaning products. -She had just picked up some bleach and she would have the housekeepers use the bleach to clean the showers. -The housekeepers were responsible for monitoring for cleanliness every day. -The Administrator might check sometimes but there was no regular schedule for oversight on housekeeping practices. Interview with the Administrator on 10/27/16 at 4:05pm revealed: -The housekeeping staff had cleaned the showers with bleach. -The Administrator had checked them after cleaning and there was still some black staining. -She was going to contact the facility's repair person to replace grout. Observation on 10/28/16 at 1:48pm revealed the showers in the common bathroom near resident rooms #5 and #17 were clean with faint black staining in grout lines visible on close examination.	D 079		
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	D 131		

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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 interviews and record reviews, the facility failed to assure 1 of 3 sampled staff (Staff A) completed the Tuberculosis testing in accordance with control measures adopted by the Commission for Public Health upon hire.

The findings are:

Review of Staff A's employee record revealed:
-Staff A was hired on 6/5/14.
-Staff A was a Medication Aide (MA) and Supervisor.
-There was a negative Tuberculosis (TB) skin test result dated 6/13/16.
-There was no second TB skin test or documentation of previous testing in the 12 months prior to hire.

Telephone interview with Staff A on 10/28/16 at 1:10pm revealed:
-Staff A worked at a local hospital until starting at the facility and had completed TB tests annually at the hospital.
-The last TB test she had at the hospital was in February 2014.
-Staff A had provided documentation to the facility at hire of her TB testing history.
-Staff A had contacted the local hospital the morning of 10/28/16 to request a copy and the person in charge of the TB test result records

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D 131	Continued From page 4 was not available. Interview with the Office Manager on 10/27/16 at 5:00pm revealed: -Staff TB testing information was kept separately from the employee record. -She was certain Staff A had completed the required 2 step TB testing. -She was working on locating the documentation for the second TB test for Staff A. Interview with the Administrator on 10/28/16 at 9:50am revealed: -The Office Manager and the Administrator were responsible for employee records and making sure the records were complete. -She was certain Staff A had completed the 2 step TB skin tests and that the documentation was just misplaced.	D 131		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 5 sampled residents	D 234		

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(Resident #5) completed Tuberculosis testing in accordance with control measures adopted by the Commission for Public Health upon admission to the facility.

The findings are:

Review of Resident #5's current FL-2 dated 9/6/16 revealed diagnoses included Urinary Tract Infection, Major Depressive Disorder, Neuromuscular Dysfunction of the Bladder, Difficulty in Walking, Schizophrenia and Morbid Obesity.

Review of Resident #5's Resident Register revealed he was admitted to the facility on 9/6/16 from another facility.

Review of Tuberculosis (TB) test results for Resident #5 revealed:
-There was a TB skin test placed on 7/12/16 and read as negative but did not have a date the result was read.
-There was documentation that Resident #5 refused a TB skin test on 7/20/16.
-There were no other TB skin tests or results.

Interview with Resident #5 on 10/28/16 at 9:52am revealed:
-He remembered having TB skin tests done in the past although he could not remember when.
-He could not remember having a 2 step TB skin test done.
-He did not refuse having a TB skin test at his prior residence.
-If he needed to have a 2 step TB skin test he would allow it to be done, "It wouldn't be a problem."

Interview with the Resident Care Coordinator

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D 234	Continued From page 6 (RCC) on 10/27/16 at 5:19pm revealed: -She was responsible for assuring residents had completed TB skin tests and that documentation was in the record. -She remembered not having TB tests results from Resident #5's previous facility and having to call to get tests results. -She thought that there had been an additional page documenting a completed 2 step TB test. -The Home Health nurse did TB skin testing for the facility. -She would check and see if the documentation had been misplaced. Review of "Record of TB Screening" for Resident #5 revealed a TB skin test was placed on 10/28/16. Interview with the Administrator on 10/27/16 at 5:25pm revealed: -The RCC handled TB skin tests for the residents. -Residents had the 2 step TB test prior to or upon admission to the facility. -Documentation for TB skin tests were kept in the resident's record.	D 234		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 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 facility's policies and procedures.	D 358		

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D 358	Continued From page 7 This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews, observations and record reviews, the facility did not administer Lantus insulin as ordered by the primary care provider for 1 of 2 sampled residents (#3) resulting in 24 missed doses out of 57 opportunities. The findings are: Review of Resident #3's current FL-2 dated 4/29/16 revealed: -Diagnoses included Dementia, Diabetes Mellitus, Atrial Fibrillation, Coronary Artery Disease, Hypertension, and Cognitive Impairment. -There was an order for Lantus 65units subcutaneous (SQ) injection every morning. (Lantus is a long acting insulin that starts working after several hours and works over a 24 hour period to evenly control blood sugar levels.) Review of Resident #3's September 2016 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Lantus 65units daily at 8am. -There were 14 entries where the staff initials were circled (September 4,6,7,9,10,12,15,16,20,21,26,28,29 and 30, 2016) indicating an exception in administered Lantus. -Staff documented Lantus was not administered for 11 of the 14 exceptions because the resident refused. -Staff documented on September 7, 15 and 21, 2016 the Lantus was not administered because it was held per primary care provider (PCP) orders. Review of Resident #3's October 2016 eMAR	D 358		

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revealed:
-There was an entry for Lantus 65units SQ daily at 8am.
-There were 10 entries where the staff initials were circled (October 2, 7, 11, 12, 13, 15, 16, 24, 25 and 26, 2016) indicating an exception in administered Lantus.
-Staff documented Lantus was not administered for each of the 10 exceptions because the resident refused.
-The documentation box for for October 9, 2016 was blank.

Interview with a Medication Aide (MA) on 10/27/16 at 12:00pm revealed if Resident #3's finger stick blood sugar (FSBS) level was less than 100 she would not take her Lantus.

Interview with Resident #3 on 10/26/16 at 11:55am and 10/28/16 at 1:25pm revealed:
-She was a diabetic and was on insulin.
-She did not refuse her medications.
-If her FSBS was low (like 85) some staff would not give her insulin and some staff would.
-She got two shots in the morning and one before lunch and one before dinner.
-Staff would hold both shots in the morning if her blood sugar was low.

Attempted interview with Resident #3's Responsible Person on 10/27/16 at 1:02pm was unsuccessful.

Review of Resident #3's current FL-2 dated 4/29/16 revealed:
-There was an order to check FSBS four times daily, before each meal and at bedtime.
-There was an order for Novolog 6units SQ injections three times daily before meals, hold if FSBS is less than 100. (Novolog is a rapid acting

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D 358	Continued From page 9 insulin used to lower blood sugar levels.) Review of Resident #3's September 2016 eMAR revealed: -There were 118 FSBS results documented ranging from 66 - 342. -On 11 of the 14 days Resident #3's Lantus was not administered, her FSBS results were documented as 66 - 98. -On 9/7/16 the FSBS was 103, on 9/10/16 the FSBS was 342 and on 9/30/16 the FSBS was 113. -There was an entry for Novolog 6units SQ injections three times daily before meals, hold if FSBS is less than 100. -On 11 of the 14 days the Lantus was not administered, staff documented the 6:30am Novolog was withheld per PCP orders. -The FSBS result was documented as less than 100 on the 11 days where the Lantus and the Novolog were not administered. Review of Resident #3's October 2016 eMAR revealed: -There were 104 FSBS results documented ranging from 70 - 266. -On 8 of the 10 days Resident #3's Lantus was not administered, her FSBS results were documented as 74 - 100. -On 10/24/16 the FSBS was 115 and on 10/25/16 the FSBS was 117. -There was an entry for Novolog 6units SQ injections three times daily before meals, hold if FSBS is less than 100. -On 7 of the 10 days the Lantus was not administered, staff documented the 6:30am Novolog was withheld per PCP orders. -The FSBS result was documented as less than 100 on the 7 days where the Lantus and the Novolog were not administered.	D 358		

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D 358	Continued From page 10 Review of PCP orders for Resident #3 on 10/27/16 revealed: -There were no PCP orders to hold Resident #3's Lantus. -There were no PCP written parameters to hold Lantus for Resident #3. Interview with a second MA on 10/28/16 revealed: -She could not remember the circumstances on 9/7/16, 9/15/16 and 9/21/16 that documented the Lantus was held per PCP orders. -She could not remember if the Lantus had parameters or not. -She thought the Novolog did have parameters to hold if Resident #3's FSBS was less than 100. -Resident #3 would refuse Lantus if her FSBS was less than 100. Confidential interview with a third MA revealed: -Resident #3 received Lantus insulin in the mornings. -Lantus insulin was a scheduled medication. -The Lantus insulin would not be held from administering to Resident #3, and if the resident's blood sugar was too low, "that's common sense to hold it. She would say under 100 would be too low. 65 units is a lot". She would need to notify the doctor first though. -The doctor could be notified by either calling or faxing. -If the doctor wanted the Lantus held, the doctor would give a telephone order. -The signed order would be in the resident's record. Interview with a fourth MA on 10/28/16 at 4:00pm revealed: -Resident #3 was given her prescribed Lantus at breakfast each morning.	D 358		

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-Resident #3 never refused her Lantus insulin.
-Resident #3 usually rejected her Novolog insulin if her blood sugar was less than 90mg/dL, and always refused Novolog if her blood sugar was less than 80mg/dL.
-Resident #3 never refused her Novolog administration during the 3-10pm shift.
-The MA had faxed Resident #3's PCP once to ask about withholding administration of Lantus insulin. His reply was to never hold Lantus insulin administration to Resident #3.

Interview with the Resident Care Coordinator on 10/28/2016 at 3:35pm and 4:10pm revealed:
-She did not think there were parameters or a physician's order to hold Resident #3's Lantus insulin.
-She knew Resident #3's Novolog insulin was to be held when the resident's FSBS reading was less than 100.
-She was aware Resident #3 was refusing the Lantus insulin when the FSBS reading was less than 100.
-She was not aware if staff were holding Resident #3's Lantus insulin when the resident's FSBS reading was less than 100.
-Residents' medications should be administered unless there was a PCP order to hold or the resident refuses.
-The MAs were expected to report any concerns about administering residents' medications to the PCP or to the RCC and then the RCC would follow up with the PCP.

Interview with the Registered Nurse (RN) at the PCP's office on 10/27/16 at 3:17pm revealed:
-Resident #3 was seen by the PCP on 8/9/16 for a regular follow up visit.
-The nurse could not verify any facility notifications or requests to the PCP for Resident

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#3.
-The normal practice was for the facility staff to fax any concerns, the PCP would review, sign and then fax the signed notification back to the facility.
-The PCP's office did not keep copies of the notifications.
-The signed notifications were kept in the resident's record at the facility.
-The PCP would want to be notified of Resident #3 refusing Lantus that many times (11 refusals in September 2016 and 10 in October 2016).
-The concern would be that her blood sugar would not be regulated.

Review of a "Telephone Order Sheet" dated 10/27/16 for Resident #3 revealed:
-Staff documented Resident #3 had refused her Lantus for the past 3 days due to her blood sugar being low "as you are aware of how she has done in the past."
-Staff documented that FSBS results were attached and requested recommendations.
-The PCP signed the form and ordered the Lantus dose to be decreased by 5units per day.
-There was an additional PCP entry at the bottom of the page which was cut off on the copy.

Telephone interview with the RN at the PCP's office on 10/28/16 at 2:35pm revealed:
-The PCP's office received notifications and requests from the facility regarding many different residents frequently.
-Once the PCP reviewed, signed and faxed the notifications and/or requests, they were shredded in their office.
-The PCP made note on 10/27/16 that Resident #3 refused Lantus 15 times last month.
-The PCP reviewed the FSBS results and decided to lower the Lantus dose on 10/27/16.

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D 358	Continued From page 13 -The PCP was seeing patients and was not available. Interview with the RN at the PCP's office on 10/28/16 at 4:45pm revealed: -The resident was seen every month by the PCP. -The facility staff brought the eMAR for the PCP to review at each visit. -The PCP was aware of the BS results and the Lantus refusals. -Resident #1 was seen 8/9/16 by the PCP and on 9/7/16 by another provider. -The RN was not sure what the PCP expected for any parameters on Resident #3's Lantus. -The PCP orders for parameters on the Lantus would be in the Resident's record. -The PCP had left for the day and was not available for interview. Interview with the Administrator on 10/28/16 at 4:15pm revealed: -Staff were expected to contact the PCP when a medication order needed clarification or parameters. -Staff send requests to the PCP by fax and the PCP would comment and sign the request and fax it back to the facility. -The request signed by the PCP was kept in the resident record. -The MAs or Supervisors were able to contact the physician. -The RCC was primarily responsible for the oversight of medications and follow up with the PCPs. -There was no written policy and procedure for the medication administration process. Review of the facility's Plan of Protection revealed: -Staff will be educated on documenting properly	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL024015	A. BUILDING: _____ B. WING _____	R 10/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TABOR COMMONS	703 ELIZABETH STREET TABOR CITY, NC 28463

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D 358	Continued From page 14 when medication is refused. -Staff will obtain a PCP provider order prior to holding any medication and follow the PCP order. -All staff will be educated on following PCP orders. -All medications will be administered as ordered. -All staff will be educated on proper documentation for medication. -The RCC will monitor residents' MARs on a daily basis for two weeks, weekly for four weeks and then monthly. THECORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED 12/12/16.	D 358		
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 review, 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 infection prevention procedures. The findings are: Based on interviews, observations and record reviews, the facility did not administer Lantus insulin as ordered by the primary care provider for	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D912	Continued From page 15 1 of 2 sampled residents (#3) resulting in 24 missed doses out of 57 opportunities. [Refer to Tag D358 10A NCAC 13F .1004(a) Medication Administration (Type B Violation)]	D912		