STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018018	A. BUILDING: _____ B. WING _____	R 11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE CARE OF CONOVER	3430 LESTER STREET CONOVER, NC 28613

(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 Catawba County Department of Social Services conducted annual and follow-up surveys, and a complaint investigation on November 2-3, 2016. The county initiated the complaint investigation on September 8, 2016.	D 000		
D 113	10A NCAC 13F .0311(d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure hot water temperatures were maintained to a minimum of 100 degrees Fahrenheit (F) or a maximum of 116 degrees F in 3 of 12 faucets sampled through out the facility. The findings are: Observations during a tour of the facility on 11/2/16 between 10:14am and 10:57am revealed: -Nine of 12 sink faucets throughout the facility had temperatures between 103 and 116 degrees F. -The faucet in the women's shower was 93 degrees F at 10:25am.	D 113		

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D 113	Continued From page 1	D 113		

-The faucet in the men's tub was 91 degrees F at 10:35am.
-The faucet in the men's shower was 94 degrees at 10:48am.

Confidential interviews with 4 residents during the survey revealed:
-Showers are "too cold."
-Showers have been "too cool."
-"I'm tired of too cold showers."

Interview with the maintenance staff at 10:50am on 11/2/16 revealed:
-He could not do anything about the cold water temperatures in the showers and tubs, "my hands are tied."
-He would have to call a plumber to adjust the faucets on the showers and tubs.
-He could not turn up the temperature on the hot water heaters due some of the water temperatures in the sinks being 116 degrees.
-He had received complaints "just this morning" about the water temperatures.
-The facility had 4 water heaters that provided hot water to the resident bathrooms, with 2 on the men's hall and 2 on the women's hall.
-He checked the water temperatures in the facility monthly, but he could not find the records.

Review of the maintenance staff's water temperature log on the morning of 11/3/16 (no time specified) in the 3 common baths with the low water temperatures revealed a range of 104 to 116 degrees F.

Observation of the faucets in the facility showers and tubs on 11/2/16 at 10:30am revealed they were the scald guard type of fixture.

Interview with the plumber at 3:30pm on 11/2/16

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D 113	Continued From page 2	D 113		

revealed:
-The handles on the showers and tubs only allow a certain amount of hot water to flow through the faucet.
-When the outside water temperatures got colder, it took more hot water to mix with the cold water to raise the temperature of the water coming from the faucet.
-The handles of these faucets will have to be adjusted to allow more hot water to come through the fixture.

Confidential interview with a staff member revealed:
-She had noticed the water temperatures in the showers and tubs had been a little cool over the past few months and residents complained about it.
-She informed faclity management about the resident complaints at the time she noticed the cooler water temperatures.
-Staff had been really busy this morning (11/3/16) due to more residents wanting a shower with the warmer water.

Confidential interviews with two other staff revealed:
-The water got cold after a resident shower and was cool for the next resident shower.
-The residents complained about the showers being too cold.
-Maintenance staff had worked on the water "recently" to try to get the showers warmer.

A calibration of the digital thermometers used by the survey team and the maintenance worker on 11/2/16 at 12:15pm revealed they were both within 0.2 degrees F of freezing (32 degrees F) in an ice water bath.

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D 113	Continued From page 3 Observations of the facility faucets on the afternoon of 11/3/16 revealed: -At 12:13pm the temperature of the water coming from the men's bathroom tub was 120 degrees F. -At 12:15pm the temperature of the water coming from the sink faucet in the women's shower room was 120 degrees F. -At 12:17pm the temperature of the water coming from the tub faucet in the women's bathroom was 120 degrees F. At 12:25pm on 11/3/16 the facility placed signs on the affected faucets instructing residents not to use those faucets, and the maintenance worker adjusted the temperature of the water heaters downward. Interview with the Administrator-in-Charge on 11/3/16 at 2:45pm revealed: -The facility's policy was to keep a water temperature log and check them monthly -They may need to go to weekly checks on the water temperatures. -The maintenance worker was in charge of checking and documenting water temperatures in resident faucets. Observations of the facility faucets on the afternoon of 11/3/16 revealed: -At 3:14pm the temperature of the water coming from the men's bathroom tub was 103 degrees F. -At 3:12pm the temperature of the water coming from the sink faucet in the women's shower room was 101 degrees F. -At 3:10pm the temperature of the water coming from the tub faucet in the women's bathroom was 101 degrees F. -At 3:08pm the water temperature in the women's shower could not be checked because it was occupied.	D 113		

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D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: Based on review of facility records and interviews, the facility failed to perform a criminal background check for 1 of 3 staff sampled (Staff A). The findings are: Review of Staff A's personnel record revealed: -She had been hired on 6/14/16 as a Personal Care Aide (PCA). -She did not have a criminal background check in her personnel record. Review of the facility staffing records revealed Staff A worked on 3rd shift, (11pm-7am), every other weekend. Interview with the Administrator-in-Charge (AIC) on 11/3/16 at 2:45pm revealed: -It was the responsibility of the facility Manager to obtain personnel records, including a criminal background check, for all new employee hires. -The regular Manager was currently out on medical leave, and was also out during the time Staff A was hired. -An Interim Manager filled in during the time of Staff A's hire date of 6/14/16. -The AIC believed the Interim Manager had completed a criminal background check for Staff A but could find no documentation in the facility records. -The AIC could not find any evidence online that a	D 139		

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D 139	Continued From page 5 criminal background check had been completed for Staff A on the facility account used for obtaining criminal background checks.	D 139		
D 451	10A NCAC 13F .1212(a) Reporting of Accidents and Incidents 10A NCAC 13F .1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to notify the county department of social services of accidents involving 2 of 5 residents sampled (#2 and #4) requiring referral to emergency medical services for treatment. The findings are: A. Review of Resident #4's current FL2 dated 11/23/15 revealed: -Diagnoses included organic brain syndrome, hypertension, atypical psychosis, and schizoid personality. -An admission date to the facility of 3/11/03. Review of Resident #4's care plan dated 11/23/15 revealed he was independent with ambulation, toileting, and transfer. Review of facility progress notes dated 8/15/16 at 10am revealed:	D 451		

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D 451	Continued From page 6	D 451		

-Resident #4 "came to med cart to ask for Tylenol and complained of leg hurting."
-Resident #4 "went back outside to smoke and fell in the parking lot."
-Resident #4 "complained of hip pain and could not walk."
-"Emergency medical services were called and resident was sent to hospital."

Review of a physician's progress note dated 8/15/16 and prior to the above incident revealed:
-Medical Doctor (MD) came in to evaluate Resident #4 after a previous fall with hip pain.
-The MD reduced the dose of metoprolol to 25mg to daily instead of twice daily "to reduce fall risk." (Metoprolol is a medication used to treat hypertension and has a side effect of causing dizziness.)
-The MD ordered an x-ray of Resident #4's hip to evaluate for fracture, but MD noted "unlikely."
-Resident #4 "fell in his room (last week), but was able to ambulate with some discomfort."

Interview with Resident #4's roommate revealed on 11/2/16 at 10:53am revealed:
-Resident #4 fell "about 2 months ago and broke his hip."
-Resident #4 was going to the bathroom when he fell.
-"Staff wanted to send him (Resident #4) out, but he didn't want to," (go out to the emergency room.)
-Resident #4 "did not come back from the hospital and believed he was in rehab."

Interview with Resident #4's family member on 11/2/16 at 3:45pm revealed:
-Resident #4 was in a skilled facility for rehabilitation.
-He was not sure if Resident #4 was coming back

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D 451	Continued From page 7	D 451		

to the facility.
-As far as he knew, Resident #4 did not have a history of falls and had not fallen in the facility prior to this incident.

Interview with a Medication Aide/Personal Care Aide on 11/3/16 revealed:
-Resident #4 was not currently in the facility.
-As far as she knew, Resident #4 did not have a history of falls and had not fallen prior to the fall where he broke his hip.

Interview on 11/3/16 at 3pm with staff at the local county department of social services revealed she had not received an incident and accident report for Resident #4's fall on 8/15/16.

Refer to interview on 11/3/16 at 2:45pm with the Administrator-in-Charge.

Refer to interview on 11/3/16 at 11:30am with a first shift medication aide and the Resident Care Coordinator.

Refer to policies and procedures.

B. Review of FL2 for Resident #2 dated 8/22/16 revealed:
-Diagnoses included traumatic brain injury and impulse control.
-Semi-ambulatory and using a walker.

Review of an incident and accident report for Resident #2 dated 10/20/16 revealed:
-He fell, and had a bump on his head.
-Emergency medical services were called and he was "taken to [name of hospital] for evaluation."

Review of the hospital medical record for Resident #2 dated 10/20/16 revealed:

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D 451	Continued From page 8 -Diagnoses of a mechanical fall and urinary tract infection. -A physician for Keflex 500 mg three times a day with 21 capsules. (Keflex is an antibiotic used to treat a variety of infections including urinary tract infections.) -A physican referral to follow up with his primary care physician. Interview with Resident #2 on 11/3/16 at 2:25pm revealed he did not remember his visit to the emergency room when he fell in August 2016. Interview on 11/3/16 at 3pm with staff at the local county department of social services revealed she had not received incident and accident reports for Resident #2's falls in August 2016 or October 2016. Refer to interview on 11/3/16 at 2:45pm with the Administrator-in-Charge. Refer to interview on 11/3/16 at 11:30am with a first shift Medication Aide and the Resident Care Coordinator. Refer to policies and procedures. _____ Interview on 11/3/16 at 2:45pm with the Administrator-in-Charge revealed: -It was the responsibility of the Medication Aide on duty to complete the incident and accident report. -It was the responsibility of the facility Manager to send the completed incident and accident report to the department of social services. -During the period of time of these incidents the facility had an interim Manager.	D 451		

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D 451	Continued From page 9 Interview on 11/3/16 at 11:30am with a first shift medication aide and the Resident Care Coordinator revealed: -It was the responsibility of the Medication Aide in charge for each shift that was responsible for filling out the incident and accident reports. -It was the responsibility of the Administrator-in-Charge to send the incident accident reports to the local department of social services. Policies and procedures for reporting incidents and accidents to the county were requested during the survey, but not provided prior to exit.	D 451		