STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL090025	A. BUILDING: _____ B. WING _____	11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE ASSISTED LIVING FACILITY	2515 FOWLER SECREST ROAD MONROE, NC 28110

(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 November 2-3, 2016.	D 000		
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 record review and interviews, the facility failed to assure 1 of 5 sampled residents (Residents #2) were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Resident #2's current FL2 dated 5/30/16 revealed diagnoses included Alzheimer's Dementia, hypertension and discoid lupus erythematosis. Review of Resident #2's Resident Register revealed an admission date of 7/20/11 and previously resided in an assisted living facility. Review of Resident #2's record revealed:	D 234		

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D 234	Continued From page 1 -There was not documentation of negative TB skin test that were placed and/or read at the previous facility. -Documentation on the column labeled "Time and date given", Resident #2 had one TB skin test placed on 5/03/11 and in the column labeled "Time and date read results" documented as negative on 4/05/11. -There was further documentation on the same document that the resident had refused the second TB skin test several times "so she only had one shot." -Documentation that Resident #2 received a TB skin test on 4/09/14 and it was read as negative on 4/11/14. -There was no documentation of a second step TB skin test. Interview on 11/03/16 at 11:55 am with the Memory Care Director (MCD) revealed: -She had been in this position approximately one year. -She was not aware the Resident #2 did not have a two-step TB skin test. -She did not know why Resident #2 did not have a two-step TB skin test. -She was responsible for ensuring the TB skin tests were compete but was not the MCD when Resident #2 was admitted. Based on observations and record reviews it was determined that Resident #2 was not interviewable. Interview on 11/03/16 at 3:50 pm with the Administrator revealed: -She was not aware that Resident #2 did not have a two-step TB skin test completed but when she investigated she found there was documentation that Resident #2 refused the TB skin test.	D 234		

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D 234	Continued From page 2 -She did not know whether staff had reported this refusal to Resident #2's physician. -There had been no further attempts made to administer the TB skin test. -The Resident Care Director (RCD) and the Memory Care director (MCD) were responsible for ensuring the TB skin tests were competed for their units. -The Administrative Assistant, the RCD and MCD were responsible for reviewing the records and were responsible for making sure TB testing was done as required.	D 234		
D 287	10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide a place setting which included a knife, fork, and spoon for 22 of 22 residents in the Memory Care Unit. The findings are: Review of the posted lunch menu on 11/02/16 at 11:52 am revealed the lunch included: sliced baked ham, bread dressing, french cut green	D 287		

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D 287	Continued From page 3	D 287		

beans, bread of choice, margarine, blueberry cheese cake bar, sweetened/unsweetened tea, milk and water.

Observation of the lunch meal on 11/02/16 from 12:15 am to 1:00 pm in the Memory Care Unit (MCU) revealed:
-Twelve of the residents in dining room A had a place setting which included only a fork.
-Ten of the residents in dining room B had a place setting which included only a spoon. These residents were assisted by staff for prompting or feeding.
-No one received a knife, just a fork or a spoon.
-Residents were served sliced baked ham, bread dressing, french cut green beans, bread of choice, margarine, blueberry cheese cake bar, sweetened/unsweetened tea, milk and water.
-Six residents who required feeding assistance.
-Correct, appropriate side by side feeding assistance was provided by staff.
-All 22 residents were served ham for lunch.
-Three residents were served a pureed diet.
-Twelve residents were served a mechanical soft/chopped meat or a ground meat diet.
-None of the 22 residents requested a knife.

Observation on 11/02/16 at 5:30 pm to 6:00 pm of the dinner meal service served in the MCU revealed:
-Residents were served beef brisket, buttered corn, spinach, hushpuppies, sliced apples, sweetened/unsweetened tea, milk and water.
-The dining cart had a basket with a full place setting for all of the residents.
-Twelve of the residents in dining room A had a place setting which included only a fork.
-Ten of the residents in dining room B had a place setting which included only a spoon.
-No one received a complete service of a knife

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D 287	Continued From page 4	D 287		

fork and spoon.
-The basket on the cart had knives left in the basket and were not used during the dinner meal.

Confidential interviews with 3 residents in the MCU revealed:
-"I don't know why they don't give us a knife, we don't get one very often".
-"It would be much easier to eat if I had a knife to cut up my food" .
-"Right now we have to pick up the food with our hands or break it apart with our hands".
-"It would be easier to eat with a knife".

Interview on 11/02/16 at 5:45 pm with a family member in the MCU revealed:
-The resident did not have a knife.
-"I have to cut up her food".
-"When I am here, I ask for a knife".
-"I used the fork this time".
-"I guess the staff cuts up her food when I am not here".
-He does not know why his mother does not have a knife.

Interview on 11/03/16 at 9:30 am with the Dietary Manager revealed:
-"The supplies are sent out with enough to make a full place setting for 30 residents".
-She was not aware that only spoons and forks were handed out to the residents.
-She was aware that some residents use a spoon because it was easier for them to eat with.

Interview on 11/03/16 at 9:45 am with Memory Care Coordinator (MCC) revealed:
-"The spoons are used for the residents that need assistance because it is easier for them to eat that way".
-"The forks are used for everyone else that can

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D 287	Continued From page 5 feed themselves because it is easier for them to eat that way". -"We make sure that the food is cut up for them when the plate is served". -She did not specify why a knife was not given to each resident. Interview on 11/03/16 at 9:50 am with a Nursing Assistant revealed: -"I cut up the food for the resident when I serve it". -"It is hard for some residents to use a fork and a knife". -All of the meals were served according to their diet. -She does not know why the knives were not given to the residents. Interview on 11/03/16 at 10:10 am with the Administrator revealed: -"Some residents can only use a spoon to eat with in the MCU". -A knife was available upon request at all times. -"We don't tell the staff not to use knives". -"We have enough silverware for all of the residents in the facility for each meal". -She was not aware that knives were not given out to all of the residents at each meal.	D 287		
D 468	10A NCAC 13F .1309 Special Care Unit Staff Orientation And Train 10A NCAC 13F .1309 Special Care Unit Staff Orientation And Training The facility shall assure that special care unit staff receive at least the following orientation and training: (1) Prior to establishing a special care unit, the	D 468		

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D 468	Continued From page 6 administrator shall document receipt of at least 20 hours of training specific to the population to be served for each special care unit to be operated. The administrator shall have in place a plan to train other staff assigned to the unit that identifies content, texts, sources, evaluations and schedules regarding training achievement. (2) Within the first week of employment, each employee assigned to perform duties in the special care unit shall complete six hours of orientation on the nature and needs of the residents. (3) Within six months of employment, staff responsible for personal care and supervision within the unit shall complete 20 hours of training specific to the population being served in addition to the training and competency requirements in Rule .0501 of this Subchapter and the six hours of orientation required by this Rule. (4) Staff responsible for personal care and supervision within the unit shall complete at least 12 hours of continuing education annually, of which six hours shall be dementia specific. This Rule is not met as evidenced by: Based on observations, interviews, and review of personnel files, the facility failed to assure 1 of 3 sampled staff (F) who was responsible for personal care and supervision within the special care unit completed 20 hours of training specific to the population being served within 6 months of employment. The findings are: Review of Staff F's personnel record revealed: -Staff F was hired as a Medication Aide (MA)/Nursing Assistant (NA) on 8/03/15.	D 468		

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D 468	Continued From page 7 -She had completed 6 hours of Special Care Unit (SCU) orientation training on 8/03/15. -She had completed 6 hours of SCU orientation training on 8/12/15. -She had 5 hours of medication training on 11/18/15. Observation on 11/02/16 revealed Staff F worked as a MA and Supervisor in Charge on the second shift in the SCU from 3:00 pm to 11:00 pm. Interviews on 11/02/16 at 3:40 pm and 11/03/16 at 2:45 pm with Staff F revealed: -She had worked as a MA in the SCU for "over one year". -She was not able to attend the 20 hour SCU training class that she had been scheduled to attend in July 2016. -She was "already scheduled to attend the 20 hour training over two days next week on 11/08/16 and 11/15/16". -She attended inservices and trainings as required. Interview on 11/03/16 at 2:30 pm with the Administrator revealed: -The 20 hour SCU training was taught over two days. It was offered to be taught in November 2015, March 2016, July 2016, and November 2016 at the corporate office. -"We like staff to work (at the facility) at least 90 days before we send them to a 2 day class." -Staff F was hired in August 2015, and was not scheduled to attend a class until July 2016. -She did not know why Staff F was not scheduled to attend an earlier 20 hour SCU training. -She was aware the 20 hour SCU training was to be completed within 6 months of hire. -Staff F could not attend the 20 hour SCU training she was scheduled to attend in July 2016.	D 468		

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D 468	Continued From page 8 -Staff F was "already scheduled" for the next 20 hour SCU training class on 11/08/16 and 11/15/16.	D 468		