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
	HAL014015	A. BUILDING: _____ B. WING _____	03/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW VILLA ASSISTED LIVING	2544 GRANDVIEW CIRCLE SW LENOIR, NC 28645

(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 Caldwell County Department of Social Services conducted an annual survey and complaint investigation on 3/1/17 and 3/2/17 with an exit conference via telephone on 3/3/17.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure 3 of 3 common bath/shower rooms had walls kept in good repair. The findings are: Observation of the common bath/shower room across from resident room 103 on 3/1/17 at 9:50am revealed: -The common bath/shower room had an area of missing ceramic tiles approximately 16 inches by 7 inches on the base of the lower partition dividing the shower and the water closet. -Missing tiles left unfinished drywall exposed. -An area of laminate sheet tile approximately 10 inches by 2 inches on the shower wall adjacent to the shower controls had delaminated and broken due to water infiltration which exposed unfinished drywall. -An area of laminate sheet tile approximately 24	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014015	A. BUILDING: _____ B. WING _____	03/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW VILLA ASSISTED LIVING	2544 GRANDVIEW CIRCLE SW LENOIR, NC 28645

(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 074	Continued From page 1 inches by 1 inch on the shower wall containing the shower controls had deteriorated and delaminated due to water infiltration causing the top layer of laminate tile to buckle and peel. Observation of the common bath/shower room across from resident room 205 on 3/1/17 at 10:03am revealed: -The common bath/shower room had an area of missing ceramic tiles approximately 7 inches by 6 inches on the base of the lower partition dividing the shower and lavatory area. -The missing tiles left unfinished drywall and dried tile cement exposed. Observation of the common bath/shower room across from resident room 209 on 3/1/17 at 10:30am revealed: -The common bath/shower room had a triangular shaped area of a broken ceramic tile approximately 1 inch by 1 and 1/2 inches by 2 inches on the base of the lower partition dividing the shower and lavatory area. -The area of broken tile exposed unfinished drywall and dried tile cement. Interview with a Medication Aide on 3/1/17 at 10:10am revealed: -She believed the broken missing tiles had been that way "about a week." -She believed residents in wheelchairs had hit the walls in the bathrooms and broken the tiles off the walls. Interview with the facility's Resident Care Coordinator on 3/2/17 at 10:20am revealed: -She believed the missing tiles from the bathroom across from resident room 103 had been that way about 6 months. -She had tried to find someone to fix the tiles but	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014015	A. BUILDING: _____ B. WING _____	03/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW VILLA ASSISTED LIVING	2544 GRANDVIEW CIRCLE SW LENOIR, NC 28645

(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 074	Continued From page 2 couldn't find anyone to make the repairs. -She used outside vendors to perform repairs around the facility. -She believed the missing tiles in the bathroom across from resident room 205 had been that way about 2 months. Interview with the facility Administrator on 3/2/17 at 10:40am revealed: -She was not aware of the broken and missing tiles in the resident bathrooms until yesterday. -They had no specific policy on repair of broken facility items, "we just fix them as they happen." -She hadn't gotten any resident complaints about the condition of the facility bathrooms. -The bathroom walls had been repaired in the past, but believed it had been over a year ago. -She believed residents in wheelchairs hit the walls and broke the ceramic tiles. -The facility did not currently have a full time maintenance person. -When repairs needed to be completed she tried to find someone to hire to make the repairs. Interview with the facility housekeeper on 3/2/17 at 11:30am revealed: -She was not sure how long the bathroom tiles and walls had been in disrepair. -When housekeeping found a problem that needed repair, they wrote it down on a notebook kept hanging on the bulletin board beside the medication room. -She had written up the broken bathroom tiles onto the maintenance notebook, but could not remember how long ago. Observation of the maintenance notebook on 3/2/16 at 12 noon revealed: -Entries on the maintenance repair notebook started on 1/24/17 and ended on the current date.	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014015	A. BUILDING: _____ B. WING _____	03/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW VILLA ASSISTED LIVING	2544 GRANDVIEW CIRCLE SW LENOIR, NC 28645

(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 074	Continued From page 3 -There was no entry that requested repair of the bathroom tiles or shower walls. Random interviews with 3 interviewable residents on 3/2/17 revealed: -One resident thought the bathroom tiles had been broken for about a month. -That same resident stated the facility didn't have a regular maintenance worker to make repairs because he had taken another job. -Two other residents were not sure how long the bathroom wall tiles and shower walls had been in disrepair and had not complained to any staff about the condition of the common bathrooms. Review of the facility's sanitation reports dated 1/19/17 revealed: -"Two hall baths had some damaged walls, core molding or missing tiles." -That was the only demerit received by the facility for the building sanitation inspection and resulted in a score of 99.0. -The kitchen sanitation report contained no demerits and resulted in a score of 100.	D 074		
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved	D 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014015	A. BUILDING: _____ B. WING _____	03/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW VILLA ASSISTED LIVING	2544 GRANDVIEW CIRCLE SW LENOIR, NC 28645

(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 164	Continued From page 4 in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure that training on the care of diabetic residents was provided to 2 of 3 sampled Medication Aides (MA) (Staff A and B) who administered medications prior to the administration of insulin to residents. The findings are: 1. Review of Staff A's personnel file revealed: -Staff A was hired as a Medication Aide on 1/11/13. -She passed the medication aide test on 9/29/14. -There was no documentation of diabetic care training for Staff A. Interview with Staff A on 3/1/17 at 3:00pm revealed: -She had family members who were diabetic and had "lots of hours" of training regarding diabetes by caring for her family outside of the facility. -She recalled having a class at the facility on diabetes, but could not recall when.	D 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014015	A. BUILDING: _____ B. WING _____	03/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW VILLA ASSISTED LIVING	2544 GRANDVIEW CIRCLE SW LENOIR, NC 28645

(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 164	Continued From page 5 -She had training on the various types of insulin, how they worked, storage of insulin, and the importance on administration times of insulin. -She explained the difference between fast acting and slow acting insulins. -She explained the importance of diet and nutrition in caring for diabetic residents. 2. Review of Staff B's personnel file revealed: -Staff B was hired as a Medication Aide on 4/15/14. -She passed the medication aide test on 11/5/13. -A medication aide employment verification form from a previous facility. -There was no documentation of diabetic care training for Staff B. A telephone interview with Staff B on 3/2/17 at 12:45pm revealed: -She had previously worked at another facility as a Medication Aide. -She had diabetic / insulin training at the facility she had previously worked. -She could not recall having had any diabetic training at the current facility. Interview on 3/1/17 at 2:30pm with the Resident Care Coordinator revealed: -She thought the medication training covered the diabetic care training. -The facility's Licensed Health Professional Support Nurse (LHPS) covers the diabetic care when she does the medication competency validation with the medication aides. Interview on 3/2/17 at 11:00am with the Administrator revealed that the facility did not provide any separate or specific diabetic care training regarding insulin administration with the medication aides.	D 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014015	A. BUILDING: _____ B. WING _____	03/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW VILLA ASSISTED LIVING	2544 GRANDVIEW CIRCLE SW LENOIR, NC 28645

(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 164	Continued From page 6 Telephone interview on 3/3/17 at 8:30am with the facility's Licensed Health Professional Support Nurse (LHPS) revealed: -She had never done any specific diabetic training with the medication aides at the facility. -She only does the trainings that the facility asks her to do. -The facility is was responsible for keeping track of the trainings that their staff needs. -When she does the medication competency validation with the staff MAs she does not specifically cover issues related to insulin administration (i.e. Types, mechanisms of action, storage, etc.).	D 164		