STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL019021	A. BUILDING: _____ B. WING _____	C 01/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM RIDGE ASSISTED LIVING	114 POLKS VILLAGE LANE CHAPEL HILL, NC 27517

(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 and complaint investigation on January 19-20, 2017 and January 23-24, 2017.	D 000		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure 1 of 6 sampled staff (Staff A) had no substantiated findings on the North Carolina Health Care Personnel Registry (NCHCPR). The findings are: Review of Staff A's personnel record revealed: -He was hired as a medication aide on 12/19/16. -No documentation of a health care personnel registry (HCPR) check was found in Staff A's record. Interview with Staff A on 01/24/17 at 5:15 p.m. revealed he did not know if a HCPR check had been completed for him. Interview with the Team Member Service Director (TMSD) on 01/24/17 at 4:35 p.m. revealed: -She could not find documentation of a health care personnel registry check in Staff A's record. "I remember doing a HCPR check for Staff A". -She completed a HCPR check on 01/23/17 for	D 137	10A NCAC 13F .0407(a)(5) TMSD was in-serviced/trained on staff qualifications requirements for the Adult Care Home 10A NCAC 13F .0407 specifically NCHCPR with no substantiated finding listed on NCHCPR. This training occurred on 2/20/17. The ED/designee will provide ongoing monitoring to prevent reoccurrence by sampling and auditing two employee files every month for six months.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mary Jean Stuller TITLE: E.D. (X6) DATE: 3/29/17

POC reviewed and accepted with addendum 3/30/17 DPR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 137	Continued From page 1 Staff A which documented no substantiated findings on the HCPR check. -The TMSD was responsible for the completion of the HCPR checks for staff, prior to hire. -The Administrator would be responsible for doing random audits of the HCPR checks for staff monthly. Interview with the Administrator on 01/24/17 at 5:00 p.m. revealed: -He could not find documentation of a health care personnel registry check in Staff A's record. - "I know the TMSD did the HCPR check for Staff A. -The TMSD was responsible for the completion of the HCPR checks for staff, prior to hire. -He would be responsible for doing random audits of the HCPR checks for staff monthly.	D 137	10A NCAC 13F .0901(b) The current SCU residents as of 1/24/16 were identified for potential fall risk and listed for the resident care staff on 1/25/17. Resident care staff was in-serviced/trained on fall risk and prevention strategies. These trainings occurred on the following dates and times: 1/25/17 3pm 1/26/17 12N 1/26/17 3pm 1/27/17 3pm 1/30/17 8am 2/2/17 8am The ED/designee will provide ongoing implementing a monitoring plan to review SCU resident falls quarterly and ensure MD and family notifications.	
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure they provided adequate supervision for 4 of 4 residents (#2, #3, #4 and #6) who had falls which resulted in injuries. The findings are:	D 270		

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D 270	Continued From page 44 Type A2 Violation. The facility submitted a Plan of Protection dated 1/24/17, as follows: -The residents in the Special Care Unit (SCU) identified as potential fall risk will be identified. -The facility's nurse will train staff on residents who are falls risks in SCU. -The training will start on 1/25/17 and will continue until all staff are trained. -The training will be completed within 30 days. THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED FEBRUARY 23, 2017	D 270		
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure all residents were free from neglect related to supervision. The findings are: Based on observations, interviews and record reviews, the facility failed to assure they provided adequate supervision for 4 of 4 residents (#2, #3, #4 and #8) who had falls which resulted in injuries. [Refer to Tag D 270 10A NCAC 13F .0901(b) Personal Care and Supervision. (Type A2 Violation)]	D914	G.S. 131D-21(4) Declaration of Resident Rights Resident care staff was in-serviced/trained on resident rights. These trainings occurred on the following dates and times: 2/25/17 1:16am 2/25/17 2pm 2/25/17 3pm 2/25/17 11:05pm 2/27/17 9:15am 2/27/17 2:55pm The ED/designee will provide ongoing implementing a monitoring plan to review SCU resident falls quarterly and ensure MD and family notifications.	

Chatham Ridge Assisted Living

Statement of Deficiencies Addendum:

ID PREFIX TAG	
D 137	Team Member Services Director will complete the North Carolina Health Care Personnel Registry for team members prior to their hire date. The Administrator will be responsible for doing random audits of the HCPR checks for staff monthly.
D270	On 1/25/17 a list of potential fall risk residents was identified and posted on the bulletin board at the wellness station in the Special Care Unit. This list will be updated monthly by the Special Care Unit wellness director. Team members will have access to bulletin board communication during all shifts. Team members will be in-serviced and trained quarterly on fall risks and prevention strategies. The ED/designee will collaborate with wellness director in special care unit to ensure potential fall risk list is updated and posted monthly. ED/designee will ensure quarterly training on fall prevention strategies is scheduled.

Mary Genia Griffin 3/30/17

Mary Genia Griffin

Executive Director