STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034090	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMONS VILLAGE I	6401 HOLDER ROAD CLEMMONS, NC 27012

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on September 14-15, 2017.	D 000		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to have a matching therapeutic diet menu for 1 of 5 sampled residents (Resident #1) with orders for a low concentrated sweets (LCS) diet. The findings are: Review of Resident #1's most recent FL2 dated 07/05/17 revealed: -Diagnoses included mild retardation, chronic obstructive pulmonary disease, hypothyroidism, hypertension, schizophrenic disorder, and atypical chest pain. -A physician's order for a LCS diet. -No orders for finger stick blood sugar (FSBS) testing. Observation on 09/14/17 at 9:15 am of the kitchen revealed: -A list of residents and their physician ordered diets. -Six out of 47 residents, including Resident #1, were listed as having a diet order for LCS. -A diet spreadsheet labeled Fall 2016/Winter	D 296	1. The Food Service Director has been re-trained regarding having a matching therapeutic menu for residents that have a physician order for a therapeutic diet. Attachment B: • Signed in-service record • Therapeutic diet order form 2. Before new menu cycle begins, FSD will complete a Menu Requisition form to be sent to provider. This will be reviewed by the Resident Care Coordinator and ED to ensure that order form matches diets requested.	9/19/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sharon Welborn — TITLE: ED — (X6) DATE: 10/25/17

Renewed + Accepted . AJS 10/26/17

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D 296	Continued From page 1 2017 was posted. -The diet spreadsheet included menus for regular, no added salt, mechanical soft chopped, mechanical soft ground and puree diets. -There was no menu for the LCS diet. Observation on 09/14/17 of the week at a glance lunch menu revealed residents on a regular diet were to be served 3 ounces (oz.) crispy fried chicken, 1/2 cup (c.) whipped sweet potatoes, 1/2 c. harvest corn, 2 inch (in.) by 2 in. slice of chocolate cake with white icing, 8 oz. choice of milk, 1 oz. dinner roll, salt and pepper, margarine and coffee, tea or water. Observation on 09/14/17 of the lunch meal revealed: -Resident #1 was served chicken pulled off the bone, whipped sweet potatoes, corn, a roll, unsweet tea, milk, water and black coffee. -Resident #1 consumed 100% of the chicken, 100% of the whipped sweet potatoes, 50% of the corn, none of the roll, 50% of the unsweet tea, none of the milk or water and 100% of the coffee. -Staff offered Resident #1 a slice of sugar free chocolate cake, but she refused. -Without a therapeutic spreadsheet, it could not be determined if Resident #1 was served the LCS diet as ordered by the physician. Observation on 09/15/17 of the week at a glance breakfast menu revealed residents on a regular diet were to be served 6 oz. choice of vitamin C juice, 1/2 c. hot cereal or 1 c. cold cereal, chef's choice of 1.5 oz. sausage, 3 slices bacon or 1/4 c. eggs, banana nut muffin, 8oz. choice of milk, salt and pepper, sugar and creamer, margarine and coffee, tea or water. Observation on 09/15/17 of the breakfast meal	D 296	3. The FDS, RCC and ED will review therapeutic diet spreadsheets when delivered, before the new menu cycle begins.	

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D 296	Continued From page 2 revealed: -Resident #1 was served 2 boiled eggs, 2 sausage links, oatmeal, a biscuit, orange juice, black coffee and water. -Resident #1 consumed 100% of all food items. -Without a therapeutic spreadsheet, it was unable to be determined if Resident #1 was served the LCS diet as ordered by the physician. Interview on 09/14/17 at 12:41 pm with the Dietary Manager (DM) revealed: -He had been employed with the facility for 10 months. -He had worked in the dietary department of long term care facilities for 16 years. -He did not use a menu for the LCS diet. -He used the regular menu and substituted regular desserts with sugar free desserts for the residents on a LCS diet. -He was told by the Executive Director (ED) that a menu for the LCS diet was not required. Interview on 09/14/17 at 4:28 pm with the Registered Dietitian (RD) contracted to provide therapeutic menus for the facility revealed: -Her company provided menu services to the facility but did not provide consultation. -Her company offered 2 five week cycle menus each year to facilities. -Each time a facility needed new menus, they were required to send in a requisition form identifying what therapeutic diets they offered. -Her company would provide a menu spreadsheet listing what foods to be served for a regular diet and each of the identified therapeutic diets. -On 09/23/16, the facility had submitted a requisition form for a Fall/Winter menu that did not indicate a need for a LCS diet. -On 06/26/17, the facility had submitted a	D 296		

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D 296	Continued From page 3	D 296		

requisition form for a Spring/Summer menu that indicated a need for a LCS diet.
-Each time the facility had submitted a requisition form, a menu spreadsheet had been emailed to the ED and DM with the requested menus.
-The facility should not use the regular diet menu for residents ordered a LCS diet.
-The LCS menu differed from the regular menu in that it replaced regular drinks with sugar free drinks, regular desserts with sugar free desserts, regular sugar with sugar substitute and at times, required a different carbohydrate to be served.

Interview on 09/15/17 at 12:25 pm with the ED revealed:
-She was aware the facility should have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff.
-She was unaware that dietary staff were not using a LCS menu.
-She located an email sent to both she and the DM on 06/26/17 that contained an attachment with the Spring/Summer 2017 menu spreadsheets.
-The Spring/Summer 2017 menu spreadsheets contained a menu for the LCS diet.
-She was unsure as to why the DM was not using this menu spreadsheet.
-She planned to ensure the facility would maintain a matching therapeutic diet menu for all physician-ordered therapeutic diets in the future.

Observation on 09/15/17 at 12:40 pm of the DM revealed:
-He located the Spring/Summer 2017 menu spreadsheet in his desk files with a LCS diet menu included.

Interview on 09/15/17 at 12:40 pm with the DM

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D 296	Continued From page 4 revealed: -He had "not noticed" these new menus in the past. -He felt there was very little difference in the regular diet and LCS diet. -The facility always served sugar free drinks and sugar free desserts to residents on a LCS diet. -He would begin utilizing the Spring/Summer 2017 menu spreadsheet with the LCS diet menu the following day.	D 296	Attachment A: • Completed medication verification checklist for Employee C, signed my RN and Employee C	9/19/17
D935	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the	D935	1. RN will complete med verification checklist on every med tech hired. 2. RN will keep a record of all med techs validation dates on an excel spreadsheet. 3. The skills validation form will be filed in the employee file in the business office. 4. HR Coordinator will do a yearly audit to ensure proper documentation has been completed.	

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D935	Continued From page 5	D935		

individual must have completed the following:
a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:
1. The key principles of medication administration.
2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.
b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.

This Rule is not met as evidenced by:
Based on observations, record reviews and interviews the facility failed to ensure the Medication Administration Skills Validation was completed for 1 of 3 sampled staff (Staff C)

The findings are:

A. Review of Staff C's personnel file revealed:
-Staff C was hired as a Medication Aide (MA) on 6/01/10.
-He passed the written medication exam on 7/19/00.
-The Medication Administration Skills Validation was in the staff record dated 6/9/00 from another facility signed by the facility nurse.
-There was no documentation of a completed Medication Administration Skills Validation for this facility.

Interview on 9/15/17 at 11:45am with Staff C, MA revealed:

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D935	Continued From page 6 -He had worked at the facility for about 12 years as a MA. -He was unable to recall if a Medication Administration Skills Validation was completed when he was first hired. Interview on 9/15/17 at 12:30pm with the Executive Director (ED) revealed: -She reviewed records and was unable to find a Medication Administration Skills Validation for Staff C as she thought that he was excluded from the requirement since he was hired prior to 2013. -She was not aware that the Medication Administration Skills Validation was non-transferable. Interview on 9/15/17 at 3:30pm with Human Resources Coordinator (HRC) revealed: -Medication Aides were promoted from within and "they begin as a Personal Care Aide (PCA) and then are checked off as a MA by the facility Registered Nurse (RN)". -She was unable to find a Medication Administration Skills Validation for this facility in Staff C's record and she was not aware one was not completed. -It was both the responsibility of the HRC and the facility RN to ensure the Medication Administration Skills Validation was completed. Interview on 9/15/17 at 3:55pm with the facility RN revealed: -The MAs received training for a week and once the potential MA was comfortable, the facility RN was responsible for completing the Medication Administration Skills Validation. -She did not complete a Medication Administration Skills Validation with Staff C as he was working as a MA when she became the RN at this facility.	D935		

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D935	Continued From page 7 -She did not have a completed Medication Administration Skills Validation on file for Staff C.	D935		