STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	R-C 02/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE ASSISTED LIVING	2140 MILTON ROAD CHARLOTTE, NC 28205

(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 Mecklenburg County Department of Social Services conducted an annual, follow-up, and complaint investigation survey on February 20 - 21, 2018. The complaint investigation was initiated by the Mecklenburg County Department of Social Services on January 12, 2018.	D 000		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with 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, NC 27699-1902. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews the facility failed to assure 2 of 3 sampled staff (Staff A and C) were tested upon hire for tuberculosis (TB) disease. The findings are: 1. Review of Staff A's personnel record revealed: -The date of hire was 1/24/18. -There was no documentation of TB skin testing test upon hire. Attempted telephone interview on 2/21/18 at	D 131	See Attached Plan of Correction	

Reviewed and accepted on 4/26/18 by Jennifer Fender/JF

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D 131	Continued From page 1 3:00pm with Staff A was unsuccessful. Refer to interview on 2/21/18 at 4:33pm with the Administrator. 2. Review of Staff C's personnel record revealed: -The date of hire was 1/3/18. -There was documentation of two negative TB tests read on 5/7/14 and 11/26/14. -There was no documentation of TB skin testing upon hire. Telephone interview on 2/21/18 at 3:45pm with Staff C revealed she had 2 TB tests done in the past, and gave the documentation to the facility when she was hired in January 2018. Refer to interview on 2/21/18 at 4:33pm with the Administrator. _____ Interview on 2/21/18 at 4:33pm with the Administrator revealed: -He was responsible for making sure TB skin testing was completed for all staff. -He was aware of the requirements for TB testing for staff. _____ The failure of the facility to ensure staff were free from active tuberculosis (TB) disease placed the residents at risk for potential exposure to TB. These failures were detrimental to the health, safety, and welfare of all residents and constitutes a Type B Violation. _____ Review of the facility's Plan of Protection dated 2/21/18 revealed: -Any staff identified as not having proper TB test	D 131		

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D 131	Continued From page 2 documentation will be held out of the facility until this documentation is obtained. -If proper documentation cannot be obtained the two step process will be repeated. -All new hires will have TB testing administered on the first day of training. -Step 2 will be administered within 21 days of the first test. -All current employee files will be audited to insure we are in compliance. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 7, 2018.	D 131		
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 record reviews and interviews the facility failed to assure 1 of 3 staff sampled (Staff C) had a criminal background check completed upon hire. The findings are: Review of Staff C's personnel record revealed: -The date of hire was 1/3/18. -She worked as a medication aide (MA). -There was documentation of a countywide criminal background check. -There was no documentation of a statewide criminal background check.	D 139		

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D 139	Continued From page 3 Interview on 2/21/18 at 2:55pm with Staff C revealed a criminal background check was done by the facility before she was hired in January 2018. Interview on 2/21/18 at 4:33pm with the Administrator revealed: -The criminal background check for Staff C was done incorrectly. -The facility had obtained a countywide criminal background check instead of a statewide background check.	D 139		
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 (Resident #2) were tested upon admission for tuberculosis (TB) disease. The findings are: Review of Resident #2's current FL2 dated 9/12/17 revealed diagnoses included Alzheimer's	D 234		

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D 234	Continued From page 4 disease, hypertension, depressive disorder, myocardial infarction, and osteoporosis. Review of Resident #2's Resident Register revealed she was admitted to the facility on 8/15/14 from Little Flower Assisted Living. Review of Resident #2's record revealed: -There was a computer printed paper titled "Resident PPD" with 7 typed entries with columns "date administered, site, date read, results, expiration, Lot number, and nurses signature". -There was documentation of a first step TB test dated 2/13/06, the columns "site, date read, results, expiration, lot, and RN signature were all blank. -There was documentation beside of the first TB test as "negative". -There was documentation of a second step TB test dated 3/15/06 that was negative on 3/18/06, the injection site was documented as left forearm and was signed by a Registered Nurse (RN). -There was no documentation of any other TB testing in the record. Interview with the Memory Care Manager (MCM) on 2/21/18 at 11:45am revealed: -She had been employed at the facility for 3 months. -She was not aware that the TB testing was not current for Resident #2. -She was unable to locate any other TB test results for Resident #2. -The regional nurse was responsible for administering TB tests to new residents and documenting both the administration and the test results in the residents' record. Interview with the regional RN on 2/21/18 at 12:15pm revealed:	D 234		

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D 234	Continued From page 5 -She had been employed with the company as a RN since October 2016. -She was responsible for administering TB testing to residents upon admission. -She did not know Resident #2 had not had TB testing completed since her admission. -She was notified by the MCM of residents that needed TB testing upon admission. Interview with the facility's Administrator on 2/21/18 at 2:25pm revealed: -He had been employed as the Administrator for about 4 months. -He knew residents were required to have TB skin testing administered upon admission. -He could not find any other documentation of a TB test for Resident #2 -He expected the regional RN to complete TB testing upon admission for new residents. Based on record review and observation, Resident #2 was not interviewable.	D 234		
D 278	10A NCAC 13F .0903(a) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (a) An adult care home shall assure that an appropriate licensed health professional participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, ted hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain	D 278		

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D 278	Continued From page 6 continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage); (10) care for pressure ulcers up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater; (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established); (15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections, excluding anticoagulants such as heparin. (16) oxygen administration and monitoring; (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18) oral suctioning; (19) care of well-established tracheostomy, not to include indo-tracheal suctioning;	D 278		

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D 278	Continued From page 7 (20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph(a)(14) of this Rule); (21) the monitoring of continuous positive air pressure devices (CPAP and BiPAP); (22) application of prescribed heat therapy; (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity; (24) ambulation using assistive devices that requires physical assistance; (25) range of motion exercises; (26) any other prescribed physical or occupational therapy; (27) transferring semi-ambulatory or non-ambulatory residents; or (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to assure a Licensed Health Professional Support (LHPS) assessment was completed on 1 of 5 sampled residents (Resident #2) for the identified tasks of transferring semi-ambulatory residents, ambulation using assistive devices that requires physical assistance, and care of residents with the use of care practices as alternatives to restraints. The findings are: Review of Resident #2's current FL2 dated 9/12/17 revealed diagnoses included Alzheimer's	D 278		

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D 278	Continued From page 8 disease, hypertension, depressive disorder, myocardial infarction, and osteoporosis. Review of Resident #2's Resident Register revealed she was admitted to the facility on 8/15/14. Review of Resident #2's record revealed there was no documentation of a LHPS assessment completed. Observation on 2/20/18 at 9:38am revealed Resident #2 received ambulation assistance from a personal care aide (PCA), while entering the common bathroom for a shower using her wheelchair. Observation on 2/21/18 at 9:59am revealed: -Resident #2 received ambulation assistance from a PCA, while going from the hallway to her bedroom using her wheelchair. -Resident #2 was non-weight bearing. -The PCA then provided total weight bearing assistance to Resident #2 with transfer from the wheelchair to the bed. Interview with a PCA on 2/21/18 at 10:00 am revealed Resident #2 was fully dependent on staff for all ambulation via wheelchair and for all transfers. Interview with the Memory Care Manager (MCM) on 2/21/18 at 11:45am revealed: -She had been employed at the facility for 3 months. -She had not noticed that Resident #2 did not have an LHPS assessment completed. -The regional nurse was responsible for completing the LHPS assessments, and thought they were being completed quarterly.	D 278		

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D 278	Continued From page 9 -She did not know who was responsible for making sure the LHPS assessments were completed, but she would begin reviewing the charts quarterly. Interview with the regional Registered Nurse (RN) on 2/21/18 at 12:15pm revealed: -She had been employed with the company as a RN since October 2016. -She was responsible for completing the LHPS assessment quarterly for residents. -She had never completed an LHPS assessment for Resident #2. -Resident #2 had a significant change last year and she was not notified of the change, which required an LHPS assessment. -She was notified by the MCM either by email or telephone call when residents needed a LHPS assessment. -She was notified on 2/21/18 that an LHPS assessment needed to be completed for Resident #2. -She did not assess all residents for LHPS, only the residents which were identified by the MCM. Interview on 2/21/18 at 11:04 am with the Administrator revealed: -An LHPS assessment should have been done by the LHPS nurse. -The LHPS assessment for Resident #2 was missed. -The care plan was updated and the LHPS tasks were identified on the care plan, but they were not communicated to the LHPS nurse. -The MCM was responsible for updating the LHPS nurse on significant changes in resident's status as well as informing her of all newly acquired LHPS tasks Based on observation, interviews, and record	D 278		

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D 278	Continued From page 10 review, it was determined Resident #2 was not interviewable.	D 278		
D 299	10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used. This Rule Is not met as evidenced by: Based on observations and interviews, the facility failed to assure residents in the Special Care Unit (SCU) were served milk twice daily as required on the facility menu. The findings are: Review of the facility's dietary menu on 2/20/18 revealed: 8 ounces of 2% milk was to be served at breakfast and dinner. Observation on 2/20/18 from 12:00pm to 1:45pm of the lunch meal revealed: -The dietary aide (DA) placed water and sweetened tea on a rolling cart and served beverages to residents at each table. -The personal care assistants (PCAs) served 5 of the 38 residents an 8 ounce glass of milk. -No other residents were offered milk.	D 299		

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D 299	Continued From page 11 Interview on 2/20/18 at 1:15pm with Dietary Manager (DM) revealed milk was to be offered to the residents by the DA at every meal. Observation on 2/21/18 from 7:00am to 8:05am of the breakfast meal revealed: -The DA placed water, cranberry juice and orange juice on a rolling cart and served residents at each table. -The DA had a metal tray with ice and two 6 ounce cartons of milk on the rolling cart. -The PCAs served 5 of the 38 residents an 8 ounce glass of milk. -No other residents were offered milk. Interview on 2/20/18 at 12:30pm with a PCA revealed "we know the residents who want milk... and we serve those residents milk at every meal." Interview on 2/21/18 at 9:15am with a PCA revealed: -She was employed at the facility as a PCA for 4 years. -She normally assisted in the dining room for breakfast and lunch by serving meals and beverages. -Milk was served at each meal to residents who requested or expressed an interest in milk. -The DM and DA were responsible for ensuring residents received the correct food and drinks as listed on the menu. Interview on 2/21/18 at 9:19am with a second PCA revealed: -She assisted in the dining room by serving meals and beverages. -Milk was served to residents who usually drink milk. -Sometimes milk was offered, but usually just to a	D 299		

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D 299	Continued From page 12 new resident. -The staff have learned which residents like to drink milk and served it to them. Interview on 2/20/18 at 9:38am with a resident revealed: -She lived at the facility for 5 years. -She drank milk 3 times per day with each meal. -Milk was always served to her at each meal. -Some residents received milk with their meals, "but not everyone". Interview on 2/21/18 at 10:20am with the DA revealed: -She offered milk to residents at every meal. -She knows which residents want milk and she serves them a glass at each meal. Interview on 2/21/18 at 11:05am with the DM revealed: -He had instructed the DAs to offer milk at each meal. -He understood milk was to be offered at breakfast and dinner. -He was aware that 8 ounces of milk was on the menu for breakfast and dinner. -He did not know milk was to be served to every resident twice a day. He was responsible for oversight of the DAs. Interview on 2/21/18 at 3:30pm with the Administrator revealed: -He understood residents in the SCU should be served milk twice a day. -He had communicated to staff that milk was to be served at breakfast and dinner, according to the facility menu.	D 299		

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D 366	Continued From page 13	D 366		
D 366	10A NCAC 13F .1004 (i) Medication Administration 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure medication aides (MAs) observed residents take their medications after administration for 1 of 5 sampled residents (Resident #1). The findings are: Review of Resident #1's current FL2 dated 1/15/18 revealed: -Diagnoses included Alzheimer's dementia, chronic hepatitis, and urinary incontinence. -The recommended level of care was Special Care Unit (SCU). -Resident #1 was intermittently disoriented. -There were medication orders for 6 oral medications to be administered at 8:00am. -The medications ordered for 8:00am administration were: buspirone 10mg twice daily (used to treat anxiety), daily-vite 1 tablet daily (a multi-vitamin), donepezil 10mg daily (used to treat Alzheimer's dementia), lisinopril 10mg daily (used to treat high blood pressure), sertraline 25mg daily (used to treat anxiety and depression), and	D 366		

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(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 366	Continued From page 14 vitamin D3 2000 units daily(used to treat vitamin D deficiency). Observation on 2/20/18 at 9:38am of Resident #1's room revealed: -There were 6 medication tablets found lying on Resident #1's nightstand. -There were 2 round white tablets, a round yellow tablet, a round red tablet, and 2 oblong tablets (could not determine color). Review of Resident #1's record revealed: -A physician's visit note dated 1/15/18 with additional diagnoses of anorexia, anxiety disorder, essential hypertension, and vitamin D deficiency. -There was no physician order to self-administer medications. Interview on 2/21/18 at 10:45am with the medication aide responsible for the medication pass on 2/20/18 revealed: -She had worked in the facility for 5 years, and had recently started back as a MA in November 2017. -She had administered medications to Resident #1 on the morning of 2/20/18. -"He took all of his meds" on 2/20/18. -She always made sure he swallowed his medications and did not get choked. -She also gave him extra water at times to make sure medications were swallowed. -The housekeeping staff had found medications by Resident #1's bed 1-2 weeks ago and had notified her. -She was not aware that his medications were found lying on his dresser the morning of 2/20/18. Interview on 2/21/18 at 2:45pm with the Memory Care Manager (MCM) revealed:	D 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060111	A. BUILDING: _____ B. WING _____	R-C 02/21/2018

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D 366	Continued From page 15 -Resident #1 had a history of spitting out medications. -She expected the MAs to have residents open their mouths to verify that medications were swallowed. Telephone interview on 2/21/18 at 3:00pm with Resident #1's Nurse Practitioner (NP) revealed: -He was aware that the Resident #1 had been spitting out his medications. -He had written a progress note about 1 month ago that directed the MAs to stay with the resident to make sure medications were swallowed. -Resident #1's blood pressure had fluctuated at times, but was "basically stable." Attempted telephone interview on 2/21/18 at 2:54pm with Resident #1's guardian was unsuccessful. Based on observations, interviews and record review it was determined Resident #1 was not interviewable.	D 366		
D 464	10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan 10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan In addition to the requirements in Rules 13F .0801 and 13F .0802 of this Subchapter, the facility shall assure the following: (1) Within 30 days of admission to the special care unit and quarterly thereafter, the facility shall develop a written resident profile containing assessment data that describes the resident's behavioral patterns, self-help abilities, level of daily living skills, special management needs,	D 464		

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D 464	Continued From page 16 physical abilities and disabilities, and degree of cognitive impairment. (2) The resident care plan as required in Rule 13F .0802 of this Subchapter shall be developed or revised based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to complete quarterly Resident Profiles for 5 of 5 residents sampled (Residents #1, #2, #3, #4, and #5) in the Special Care Unit (SCU). The Findings are: 1. Review of Resident #2's current FL2 dated 9/12/17 revealed: -Diagnoses included Alzheimer's disease, hypertension, depressive disorder, myocardial infarction, and osteoporosis. -The recommended level of care was Special Care Unit (SCU). -Resident #2 was intermittently disoriented. Review of Resident #2's record revealed: -She was admitted on 8/15/14. -There was an initial resident profile form completed on 8/15/14. -There were no additional quarterly resident profile forms. Refer to the interview on 2/21/2018 at 4:00pm with the Memory Care Manager (MCM).	D 464		

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D 464	Continued From page 17 Refer to the interview on 2/21/18 at 4:22pm with the Administrator. 2. Review of Resident #3's current FL2 dated 9/25/17 revealed: -Diagnoses included Alzheimer's dementia, atrial fibrillation, arthritis, coronary artey disease, diabetes mellitus type 2, hypertension, systolic/diastolic congestive heart failure, mitral stenosis, and stroke. -The recommended level of care was SCU. -Resident #3 was intermittently disoriented. Review of Resident #3's record revealed: -He was admitted on 9/20/17. -There was an initial resident profile form completed on 9/30/17. -There were no additional quarterly resident profile forms. Refer to the interview on 2/21/18 at 4:00pm with the MCM. Refer to the interview on 2/21/18 at 4:22pm with the Administrator. 3. Review of Resident #4's current FL2 dated 8/29/17 revealed: -Diagnoses included Alzheimer's dementia, hyperlipidemia, gastroesophageal reflux disease, and diverticulosis. -The recommended level of care was SCU. -Resident #4 was constantly disoriented. Review of Resident #4's record revealed: -She was admitted on 8/10/15. -There were quarterly resident profile forms dated 5/5/17, 8/6/17, 11/1/17, and 2/20/18. -There were no additional quarterly resident profile forms.	D 464		

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D 464	Continued From page 18 Interview on 2/21/18 at 4:00pm with the MCM revealed: -She had completed the past due quarterly resident profiles for Resident #4 on 2/20/18. -These included quarterly resident profiles dated 8/6/17, 11/1/17, and 2/20/18. Refer to interview on 2/21/18 at 4:00pm with the MCM. Refer to the interview on 2/21/18 at 4:22pm with the Administrator. 4. Review of Resident #5's current FL2 dated 6/6/17 revealed: -Diagnoses included Parkinson's disease, dysphagia, general muscle weakness, psychosis, paralysis agitans, and neuropathy. -The recommended level of care was SCU. -Resident #5 was intermittently disoriented. Review of Resident #5's record on 2/21/18 revealed: -He was admitted on 3/19/2014. -There were quarterly resident profile forms dated 1/5/17 and 4/26/17. -There were no additional quarterly resident profile forms. Interview on 2/21/18 at 4:00pm with the MCM revealed as of 2/21/18, she had not completed any quarterly profiles for Resident #5. Refer to interview on 2/21/18 at 4:00pm with the MCM. Refer to the interview on 2/21/18 at 4:22pm with the Administrator.	D 464		

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D 464	Continued From page 19 5. Review of Resident #1's current FL2 dated 1/15/18 revealed: -Diagnoses included Alzheimer's dementia, chronic hepatitis, and urinary incontinence. -The recommended level of care was SCU. -Resident #1 was intermittently disoriented. Review of Resident #1's record revealed: -He was admitted on 9/27/16. -There was an initial resident profile form completed on 9/27/16. -There were no quarterly resident profile forms. Refer to interview on 2/21/18 at 4:00pm with the MCM. Refer to the interview on 2/21/18 at 4:22pm with the Administrator. --- Interview on 2/21/18 at 4:00pm with the MCM revealed: -She had started working at the facility on 10/31/17 as the Memory Care Manager. -She was not aware until 2/20/18 that she was responsible for completing quarterly profile updates for each resident. -The facility used a form titled "Quarterly Review Resident Profile and Care Plan Update Form" to document quarterly resident profiles to assess resident behavior, well-being, activities of daily living status, special management needs, physical abilities/disabilities, and cognitive impairment. Interview on 2/21/18 at 4:22pm with the Administrator revealed: -The MCM was responsible for completing the quarterly resident profile forms. -He was not aware that the quarterly resident	D 464		

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D 464	Continued From page 20 profiles were not completed. -He expected the MCM to get them completed for all of the residents.	D 464		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to assure each resident received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to testing for tuberculosis. The findings are: Based on record reviews and interviews the facility failed to assure 2 of 3 sampled staff (Staff A and C) were tested upon hire for tuberculosis (TB) disease. [Refer to Tag 131, 10A NCAC 13F .0406 Test For Tuberculosis (Type B Violation)].	D912		

Willow Ridge Assisted Living, 2040 Milton Road, Charlotte NC, 28215

Plan of Correction: HAL060111

Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.

10A NCAC 13F .0406(a) test For Tuberculosis

It is the policy of Willow Ridge Assisted living to assure upon employment or living in an adult care home the administrator and all other staff and any live-in non-residents shall be teste4d for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41 .0205.

1. All staff files were audited for TB testing compliance
2. Any staff identified as not having the required TB testing will be held out of the facility until the documentation is obtained.
3. If the correct documentation cannot be obtained the two step process will be administered or repeated
4. Second step TB administration will be administered 21 days after the first recorded test.
5. The BOM will be trained on the compliance tracking log for staff TB by the ED.
6. The BOM will be responsible for tracking all new hires and current staff for TB compliance using a tracking log.
7. The ED will monitor compliance weekly for all new hires and current staff for the next 30 days, then monthly on going by the use of the tracking log.
8. Target Date 4/7/2018

10A NCAC 13F .0407 Other Staff Qualifications.

It is the policy of Willow Ridge Assisted living to assure each staff person at an adult care home shall have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;

1. All staff files were audited for criminal background checks to include state and national or state wide criminal background check (CBC).
2. Any staff identified as not having the required CBC will be held out of the facility until the documentation is obtained.

3. The BOM will be trained on the compliance tracking log for staff criminal background checks by the ED.
4. The BOM will be responsible for tracking all new hires for criminal background checks prior to hire for compliance using a tracking log.
5. The ED will monitor compliance weekly for all new hires and current staff for the next 30 days, then monthly on going by the use of a tracking log.
6. Target Date 4/14/2018

10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizations.

It is the policy of Willow Ridge Assisted living to assure upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted be the commission for health services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions.

1. All resident files were immediately audited for two step TB testing compliance.
2. Any identified as not having the required TB testing will be corrected immediately and tested for TB- if the correct documentation cannot be obtained the two step process will be administered or repeated.
3. The Memory Care Manager will be in serviced/trained by the ED on TB testing for residents upon admission and a tracking log will be developed to assist in tracking all residents for TB compliance.
4. The Memory Care Manager will be responsible for tracking TB compliance for all residents on admission using the using the tracking log.
5. The ED will monitor compliance TB compliance for all new admissions weekly then for the next 30 days, then monthly on going by the use of a tracking log.
6. Target Date 4/14/2018

10A NCAC 13F .0903(a) Licensed Health Professional Support.

It is the policy of Willow Ridge Assisted living to assure an appropriate licensed health professional participates in the on-site review and evaluation of the residents health status, care plan and care provided for residents requiring one or more of the following personal care tasks:

(27) Transferring semi-ambulatory or non-ambulatory residents, ambulation using assistive devices that require physical assistance, and care of residents with the use of care practices as alternatives to restraints.

1. Immediate audit of all charts by ED and MCM for LHPS Quarterly reviews, and updates related to significant changes and or new tasks
2. Immediate retraining with the Memory Care Manager(MCM) regarding LHPS quarterly review for tasks and initial review for tasks
    a. On admission tasks to be identified by MCM and LHPS to be notified to assess resident to be completed within 30 days of admission
    b. Notification of any significant changes in resident status and new LHPS tasks

3. The ED will train the MCM on this process and the use of a tracking log to assure compliance with LHPS.
4. The ED will monitor this process weekly for thirty days then monthly ongoing using the tracking log and random visual inspection of resident charts.
5. Target Date 4/14/2018

10A NCAC 13F .0904(d)(3)(A) Nutrition and food service (d) Food requirements in Adult Care Homes

It is the policy of Willow Ridge Assisted living to assure daily menus for regular diets shall include the following: (A) homogenized whole milk, low fat milk, skim milk or buttermilk: One Cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used.

1. The ED will immediately review the rule and requirements with the Dietary Manager and dietary staff for serving milk twice a day.
2. The Dietary Manager will monitor this process daily for one week, weekly for one month and ongoing with all new hires.
3. The ED, MCM or designee will observe milk being served two times a day with meals once weekly then randomly monthly and ongoing.
4. Target Date 4/14/2018

10A NCAC 13F .1004 (i) Medication Administration

It is the policy of Willow Ridge Assisted living to assure the recording of the administration on the medication administration record shall be by the staff person who administers the

medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.

1. Medication Aide review and in-service training will be completed to include
    a. Correct Medication administration and observation
    b. Med Aide review of assuring all meds are swallowed by resident and remaining with resident during medication administration
    c. Reporting any meds not taken by the residents to the physician for follow up
2. Memory Care Manager will perform random med pass observations for med administration compliance and room checks for meds not administered.
3. ED will monitor do random med pass observations ongoing, and will do random room checks for medications not administered.
4. Target Date 4/14/2018

10A NCAC 13F .1307 Special care unit resident profile and care plan.

It is the policy of Willow Ridge Assisted living to assure in addition to the requirements in rules 13F .0801 and .0802 o this subchapter, the facility shall assure the following: (1) Within 30 days of admission to the special care unit and quarterly thereafter, the facility shall develop a written resident profile containing assessment data that describes the resident's behavioral patterns, self help abilities, level of daily living skills, special management needs, physical abilities and disabilities and degree of cognitive impairment. (2) The resident care plan as required in rule 13F .0802 of this subchapter shall be developed or revised based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain of maintain the maximum level of functioning possible and compensate for the lost abilities.

1. The ED will review will review with the MCM the process and requirements for special care units quarterly reviews within in 30 days of admission and then quarterly thereafter.
2. ED and MCM will conduct an audit of all resident charts to assure completion of quarterly reviews for compliance.
3. The MCM will be trained by the ED to maintain the tracking log to monitor compliance for completion of all quarterly reviews.
4. The ED will review the tracking log monthly and then randomly on going to assue compliance.
5. Target Date 4/14/2018

G.S. 131D-21(2) Declaration of Resident Rights.

It is the policy of Willow Ridge Assisted living to assure every resident shall have the following rights: 2. Receive care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations.

1. Review of the Declaration of Resident Rights will be conducted with all staff and resigned. Target Date 4/7/2018
2. The Ombudsman will be contacted and a date will be scheduled for Resident Rights training. Date to be determined.

4/2/18

Brad Speight
Executive Director
Willow Ridge