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 05/16/2018

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 a follow-up survey on 05/15/18-05/16/18.	{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: FOLLOW UP TO TYPE B VIOLATION Based on these findings, deficient practice continues. Based on record reviews and interviews, the facility failed to assure 3 of 3 sampled staff (Staff A, B, 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 02/19/18. -There was documentation of one negative TB skin test read on 04/27/18 at this facility. -There was no documentation of TB skin testing upon hire.	{D 131}		

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{D 131}	Continued From page 1 Telephone interview with Staff A on 05/16/18 at 4:18pm revealed: -She worked at a different facility prior to being hired at this facility on 02/19/18. -She had one TB skin test administered while working at this facility and that was approximately 2-3 weeks ago. Refer to interview with the Business Office Manager (BOM) on 05/16/18 at 11:35am. Refer to interview with the Administrator on 05/16/18 at 4:10pm. 2. Review of Staff B's personnel record revealed: -The date of hire was 03/28/18. -There was documentation of two negative TB skin tests read on 01/12/17 and 01/03/18. -There was no documentation of TB skin testing upon hire. Interview with Staff B on 05/16/18 at 3:45pm revealed she had TB skin tests administered at her previous facility, but she did not have any TB skin testing done at this facility. Refer to interview with the Business Office Manager (BOM) on 05/16/18 at 11:35am. Refer to interview with the Administrator on 05/16/18 at 4:10pm. 3. Review of Staff C's personnel record revealed: -The date of hire was 01/09/18. -There was documentation of two negative TB skin tests read on 11/30/17 and 12/15/17. -There was no documentation of TB skin testing upon hire.	{D 131}		

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{D 131}	Continued From page 2 Attempted telephone interview with Staff C on 05/16/18 at 4:20pm was unsuccessful. Refer to interview with the Business Office Manager (BOM) on 05/16/18 at 11:35am. Refer to interview with the Administrator on 05/16/18 at 4:10pm. Interview with the BOM on 05/16/18 at 11:35am revealed: -She had been assigned the task of monitoring staff TB testing approximately 1 month ago. -She ensured each new staff person had a negative TB skin test read within the 6 months prior to being employed at this facility. -If new staff did not have a negative TB skin test read within the past 6 months, she would schedule the Regional Registered Nurse (RN) to administer one upon hire. -A second TB skin test would be due 30 days later. -She kept a spreadsheet of staff names to track when they had their TB skin tests and when one was due. -She was still in the process of updating the spreadsheet and Staff A, B, or C's names were not yet on the spreadsheet. Interview with the Administrator on 05/16/18 at 4:10pm revealed: -She had been employed with this facility for 3 days. -The BOM was responsible for tracking staff and their need for TB skin tests. -She would be auditing the BOM's process in the future.	{D 131}		

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{D 234}	Continued From page 3	{D 234}		
{D 234}	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio	{D 234}		

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 reviews and interviews, the facility failed to assure 1 of 5 sampled residents, (Resident #3), was tested upon admission for tuberculosis (TB) disease, in compliance with the control measures adopted by the Commission for Health Services.

The findings are:

Review of Resident #3's current FI2 dated 04/23/18 revealed diagnoses included unspecified dementia, acute kidney failure, rhabdomyolysis and unspecified insomnia.

Review of Resident #3's Resident Register revealed he was admitted to the facility on 05/01/18.

Review of Resident #3's record revealed:
-A radiology summary statement from an admission on 04/14/18 to a behavioral health facility included a reference to a chest x-ray that was negative.

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{D 234}	Continued From page 4 -No documentation of the x-ray was included. -There was no documentation of a TB questionnaire that had been administered. -There was no documentation of any other TB skin test for Resident #3 found in the record. Interview with the Memory Care Manager (MCM) on 05/16/18 at 3:45pm revealed: -The Administrator was responsible for ensuring residents' TB tests were current. -Resident #3 had transferred from another facility into this facility on 05/01/18. -Resident #3's former facility had provided a document, (the radiology summary statement), to this facility indicating Resident #3 had a chest X-ray that showed no evidence of pneumothorax or pleural effusion. -She had been told by the former Administrator that the radiology summary statement was sufficient and the resident did not require any further TB testing. Interview with the Administrator on 05/16/18 at 4:10pm revealed: -She had been employed at this facility for 3 days. -She was not employed at this facility when Resident #3 was admitted. -She was responsible for ensuring residents' TB tests were current upon admission and if they were not, she would communicate with the Regional Registered Nurse (RN) so that she could administer the test. -She knew the radiology summary statement report for Resident #3 was insufficient in showing he was negative for TB. -She could not produce a physician signed radiology report verifying the resident was negative for TB, as shown by the X-ray.	{D 234}		

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{D 366}	Continued From page 5	{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 (MA) 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 01/15/18 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 5 oral medications to be administered at 8:00am. -The medications ordered for 8:00am administration were buspirone HCL 10mg twice daily (used to treat anxiety), daily-vite 1 tablet daily (a multi-vitamin), donepezil HCL 10mg daily (used to treat Alzheimer's dementia), lisinopril 10mg daily (used to treat high blood pressure), and sertraline HCL 25mg daily (used to treat	{D 366}		

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{D 366}	Continued From page 6	{D 366}		

anxiety and depression).
-Vitamin D3 2000 units daily was ordered to be administered at 8:30am.
-Vemlidy 25mg daily (used to treat hepatitis B) was ordered to be administered at 5:00pm.
-Buspirone HCL 10mg twice daily was the only medication ordered to be administered at 8:00pm.

Observation of Resident #1's room on 05/15/18 at 9:58am revealed 1 round white tablet was lying on Resident #1's nightstand.

Review of Resident #1's physician's orders revealed:
-There was no order to self-administer medications.
-There was an order dated 05/01/18 when administering medication staff were to verify the resident had swallowed his pills and they could crush medications into meals if necessary.

Interview on 05/15/18 at 10:18am with the MA responsible for the 8:00am and 8:30am medication pass that morning revealed:
-Resident #1 did not like to take his medications so he would either hold them under his tongue or would spit them out.
-The facility had obtained an order to crush his medications if necessary.
-She had crushed all of Resident #1's medications that morning, mixed them into yogurt and fed him.
-She had then given him a nutritional shake and water to drink.
-Upon visualizing the tablet on Resident #1's nightstand, she identified it as buspirone.
-She did not notice the tablet on Resident #1's nightstand when she administered his morning medications.

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{D 366}	Continued From page 7 Interview with the facility housekeeper on 05/15/18 at 10:00am revealed: -She cleaned every resident's room everyday between 8:00am and 5:00pm. -She had not yet cleaned Resident #1's room that day. -She was aware that Resident #1 would spit out his medications. -If she found medications in Resident #1's room, she would notify the MA. -She had not seen any medications in Resident #1's room in the last few weeks. Interview on 05/15/18 at 4:10pm with the MA who had documented administration of the 8:00pm dose of Buspirone HCL on 05/14/18 revealed: -Resident #1 was administered 1 medication at 8:00pm on 05/14/18. -The medication administered was buspirone. -She crushed the medication, put it in yogurt and fed it to him. -She had not seen the tablet on Resident #1's nightstand. Interview with Resident #1's responsible party on 05/16/18 at 9:59am revealed: -She was aware in the past Resident #1 would spit out his medications, but she was not aware it was an ongoing issue. -She had been previously told by staff they were going to crush his medications, mix them with food and observe him taking his medications. -She was not aware of any increase in Resident #1's anxiety. Interview with the Memory Care Manager (MCM) on 05/16/18 at 12:31pm revealed: -She had been employed at this facility since 04/01/18.	{D 366}		

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{D 366}	Continued From page 8 -She did not know Resident #1 would spit out his medications. -She expected the MAs to notify her immediately if any resident refused to take their medications. -She expected the MAs to follow the physician's order and crush Resident #1's medications if necessary. -The MAs should be asking Resident #1 to open his mouth to verify he had swallowed the medications. Interview with the Administrator on 05/16/18 at 1:00pm revealed: -She had been employed at this facility for 3 days. -She expected the MAs to observe residents taking their medications and only document the administration of the medications once they had verified the resident swallowed them. Attempted telephone interview with Resident #1's Nurse Practitioner (NP) on 05/15/18 at 11:50am 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	{D 464}		

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{D 464}	Continued From page 9 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 or maintain the maximum level of functioning possible and compensate for lost abilities. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to complete a written resident profile quarterly review containing an assessment for 2 of 5 sampled residents, (Resident #4 and Resident #5). The findings are: 1. Review of Resident #4's current FL2 dated 02/16/18 revealed: -Diagnoses included Alzheimer's dementia, hypertension, coronary artery disease, atrial fibrillation, diabetes mellitus, mitral stenosis and stroke. -He was intermittently disoriented and ambulatory with a cane. -The recommended level of care was a Special Care Unit (SCU). Review of Resident #4's Resident Register revealed he was admitted to the facility on 09/20/17. Review of Resident #4's Resident Profile Quarterly Review form revealed:	{D 464}		

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{D 464}	Continued From page 10 -The initial resident profile quarterly review form was dated 09/20/17. -There were no additional resident profile quarterly review forms completed for Resident #4. 2. Review of Resident #5's current FL2 dated 12/05/17 revealed: -Diagnoses included Alzheimer dementia, chronic obstructive pulmonary disease, hypertension and sexually transmitted disease. -She was intermittently disoriented and ambulated with assistance in a wheelchair. -The recommended level of care was a SCU. Review of Resident #5's Resident Register revealed she was admitted to the facility on 12/05/17. Review of Resident #5's Resident Profile Quarterly Review form revealed: -The initial resident profile quarterly review form was dated 08/16/13. -There were no current resident profile quarterly review forms completed for Resident #5. Interview with the Memory Care Manager (MCM) on 05/16/18 at 3:45pm revealed: -She had been employed at this facility since 04/01/18. -She was responsible for ensuring resident profiles were updated quarterly. -She had realized on 04/20/18 Resident #4 and Resident #5 were due to have their quarterly profiles updated. -The quarterly profiles were reviewed and signed by their prescribing practitioner and left in her office. -Prior to being filed, the resident profiles were removed from her office and she was unable to locate them.	{D 464}		

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{D 464}	Continued From page 11 -She planned to complete an audit of the resident's records and evaluate the process. Interview with the Administrator on 05/16/18 at 4:10pm revealed: -She had been employed at this facility for 3 days. -The MCM was responsible for ensuring resident profiles were updated quarterly. -She would be auditing this process in the future.	{D 464}		