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
	HAL044046	A. BUILDING: _____ B. WING _____	C 07/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCRACKEN REST HOME	203 MCCRACKEN STREET WAYNESVILLE, NC 28786

(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 Haywood County Department of Social Services conducted an annual survey on July 9-10, 2018.	D 000		
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 reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#1 and #3) were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: 1. Review of Resident #1's current FL2 dated 06/05/18 revealed diagnoses included Parkinsons, Alzheimers, and restless leg syndrome. Review of the Resident Register for Resident #1 revealed an admission date of 07/28/17. Review of Resident #1's immunization record	D 234	TB documentation per 10A NCAC 13F 7-11-18 Documentation for residents 1 & 3 were recovered from thinned files on 7-11-18. Medication Aid in-service focusing on medical chart order & compliance was held for all Med. staff on Tuesday July 17th to deter this from occurring.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marie Seeley TITLE: Administrator (X6) DATE: 11-13-18

STATE FORM 6899 Q4N611 If continuation sheet 1 of 16

Reviewed and Accepted
Date: 11/15/18
cs

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D 234	Continued From page 1	D 234		

revealed:
-There was documentation of a TB test given 03/02/17 with a negative result.
-There was no other documentation of TB test.

Interview with the Administrator on 07/10/18 at 8:55am revealed:
-Residents received a TB test when admitted to the facility.
-The Administrator and the Business Office Manager were responsible for monitoring the TB skin testing.
-The Administrator would "look for the papers" (TB test for Resident #1).

Based on observations, interviews, and record reviews it was determined Resident #1 was not interviewable.

Refer to the interview with a medication aide on 07/10/18 at 8:45am.

2. Review of Resident #3's current FL2 dated 06/19/18 revealed diagnoses included dementia, Diabetes Type II, hypertension, and chronic pain syndrome.

Review of Resident #3's Resident Register revealed an admission date of 05/02/17.

Review of Resident #3's immunization record revealed there was no documentation of TB tests.

Interview with the Administrator on 07/09/18 at 2:25pm revealed:
-Resident #3 had lived at another Assisted Living facility until he was admitted to a local hospital.
-He was admitted to this facility upon discharge from the local hospital.
-She was sure the resident had prior TB testing at

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D 234	Continued From page 2 the other assisted living facility where he had lived. -She did not have the documentation of prior TB testing. -She would try to obtain documentation of proof of prior TB testing. Interview with Resident #3 via interpreter on 07/10/18 at 10:32am revealed he thought he had received a TB test upon admission to the facility. Refer to the interview with a medication aide on 07/10/18 at 8:45am. Interview with a medication aide (MA) on 07/10/18 at 8:45am revealed: -Residents would receive a TB test after admission to the facility. -Residents were taken to the health department for the TB test. -The Administrator and Business Office Manager were responsible for monitoring the TB testing.	D 234		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by	D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service All resident diet orders have been reviewed by Administrator and PCP for accuracy. A new dietary manager has been hired, with seasoned knowledge of NC Rules & Regulations. All new diet cards with resident pictures have been placed in the kitchen for staff reference.	8-3-18

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D 310	Continued From page 3 Based on observations, interviews, and record reviews, the facility failed to assure diets were served as ordered for 2 of 4 sampled residents (Resident #2 and #5) who had orders for a mechanical soft chopped meat diet and low concentrated sweets diet. The findings are: 1. Review of Resident #2's current FL2 dated 07/09/18 revealed: -Diagnoses included dementia, basal cell carcinoma of the hand, melanoma of the ear, hemiparesis after stroke, diabetes mellitus type II, hypertension. -There was no diet order on the FL2. Review Resident #2's current diet order dated 03/22/18 revealed mechanical soft chopped meat. Review of Resident #2's current Care Plan dated 03/22/18 revealed the resident required limited assistance with eating. Review of the therapeutic diet list on 07/09/18 at 9:42am revealed Resident #2 was to receive a regular diet with chopped meats.. Observations in the facility dining room during the lunch meal service on 07/09/18 from 11:50am to 12:15pm revealed: -At 11:50am, Resident #2 was served two thin deli sliced pieces of turkey with brown gravy, mashed potatoes, dressing, lima beans, sweet tea, and water. -At 12:15pm, Resident #2 had consumed 100% of the turkey, mashed potatoes, dressing, and lima beans and 50% of the sweet tea and water. -The resident did not appear to have any trouble	D 310	(continued from page 3) All employee meeting held 7-13-18 to address policy and procedures pertaining to dietary regulations.	

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D 310	Continued From page 4	D 310		

eating the items served.

Observation in the facility dining room during the supper meal service on 07/09/18 at 4:30pm revealed Resident #2 was served a 1/16th of an inch thick slice of roast beef on a bun with a slice of cheese, french fries, sweet tea, and water.

Interview with the Cook on 07/09/18 at 4:34pm revealed:
-"We've never chopped his food."
-"He eats it just fine."
-"I will check" with the Medication Aide.

Observation in the facility dining room during the supper meal service on 07/09/18 from 4:36pm-4:39pm revealed:
-At 4:36pm, the Cook removed the roast beef sandwich from Resident #2's plate before the resident had an opportunity to eat any of the sandwich.
-At 4:39pm, the cook returned the sandwich cut up in approximately 1/2 inch sized pieces to the resident.
-The resident did not appear to have trouble chewing the cut up pieces of roast beef sandwich or other items served to him.

Interview with the cook on 07/09/18 at 4:55pm revealed:
-He was a volunteer and was not paid for his services.
-He was cooking at the facility temporarily until a new cook could be hired and trained.

Interview with a personal care aide on 07/10/18 at 11:00am revealed:
-Resident #2 "gets whatever's on the menu."
-The resident was "not picky" and "eats well."
-Resident #2 was on chopped meats.

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-"He can chew it when it's not chopped, but it takes him some time."

Interview with Resident #2 on 07/10/18 at 11:11am revealed:
-He denied having any trouble chewing the meats served to him.
-His meat was "usually chopped."

Interview with the cook on 07/10/18 at 11:30am revealed:
-"I don't have a food processor."
-He chopped meats for residents on chopped meat diets by hand to "fine" pieces.
-"The food processor broke."

Interview with the Administrator on 07/10/18 at 11:35am revealed:
-The cook was "not a payroll employee" and was cooking temporarily until a replacement could be hired and processed.
-They had found a candidate for the cook position.
-They were currently working to complete the staffing requirements, so the new candidate could start.
-The current cook had completed the required food service orientation course.
-The cook had not made her aware the food processor had "broke."
-The cook was aware Resident #2 was supposed to receive chopped meats.

Interview with the cook on 07/10/18 at 2:45pm revealed:
-The food processor had been broken "for about a week."
-The cook had used a hand held chopper for a week.
-A new food processor was purchased "today."

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-The new food processor would chop, grind, or puree.

2. Review of Resident #5's current FL2 dated 02/06/18 revealed diagnoses included hypertension, bipolar disorder, hypothyroidism, and hyperlipidemia.

Review of Resident #5's of a diet order dated 02/06/18 revealed:
-An order for a mechanical soft diet.
-An order for a low concentrated sweets diet (follow the regular diet excluding high sugar foods while allowing 1/2 portion of dessert. Avoid high sugar foods like table sugar, sweetened beverages, sweetened cereal, jellies, and syrup).

Review of the therapeutic diet list on 07/09/18 at 9:42am revealed Resident #5 was to receive a mechanical soft low concentrated sweets diet.

Observation of the cook on 07/09/18 at 11:45am revealed:
-He was setting up the dining room for the lunch meal service.
-He set up glasses of sweet tea and water at every place setting except for two place settings.

Observations in the facility dining room during the lunch meal service on 07/09/18 from 11:53am to 12:10pm revealed:
-At 11:53am, Resident #5 was served thinly sliced turkey with brown gravy, mashed potatoes, dressing, lima beans, sweet tea, and water.
-At 12:10pm, Resident #5 had finished the meal and left the dining room. The resident had consumed 100% of the turkey, mashed potatoes, dressing, and lima beans. The resident had consumed 50% of the sweet tea and water.
-The resident did not appear to choke or have

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trouble swallowing during the meal observation.

Observations in the facility dining room during the supper meal service on 07/09/18 from 4:30pm to 4:50pm revealed:
-At 4:30pm, Resident #5 was served a 1/16th of an inch thick slice of roast beef on a bun, french fries, sweet tea, and water.
-At 4:50pm, Resident #5 had finished the meal and left the dining room. The resident had consumed 50% of the roast beef and bun, 100% of the french fries, 50% of the water, and less than 25% of the sweet tea.
-The resident did not appear to choke or have trouble swallowing during the meal observation.

Interview with Resident #5 on 07/09/18 at 4:37pm revealed:
-She had "sweet tea" in her glass.
-The tea was sweetened with sugar and not with artificial sweetner.

Interview with a medication aide on 07/09/18 at 4:42pm revealed:
-They had three different types of tea made up in the refrigerator.
-They kept artifically sweetened tea, unsweetened tea, and sweet tea for meals in the refrigerator.
-They "sometimes" had fruit flavored beverage or lemonade also as a beverage choice.

Interview with the cook on 07/09/18 at 4:55pm revealed:
-He was a volunteer and was not paid for his services.
-He was cooking at the facility temporarily until a new cook could be hired and trained.

Interview with Resident #5 on 07/10/18 at

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D 310	Continued From page 8 10:25am revealed: -"I drink their tea at meals." -"It is sugared tea they give me." Review of Resident #5's blood glucose test results from 05/01/18 to 07/10/18 revealed: -From 05/01/18 to 05/31/18, the resident's blood glucose ranged from 138-262. -From 06/01/18 to 06/30/18, the resident's blood glucose ranged from 104-379. -From 07/01/18 to 07/10/18, the resident's blood glucose ranged from 142-327.	D 310		
D 482	10A NCAC 13F .1501(a) Use Of Physical Restraints And Alternatives 10A NCAC 13F .1501Use Of Physical Restraints And Alternatives (a) An adult care home shall assure that a physical restraint, any physical or mechanical device attached to or adjacent to the resident's body that the resident cannot remove easily and which restricts freedom of movement or normal access to one's body, shall be: (1) used only in those circumstances in which the resident has medical symptoms that warrant the use of restraints and not for discipline or convenience purposes; (2) used only with a written order from a physician except in emergencies, according to Paragraph (e) of this Rule; (3) the least restrictive restraint that would provide safety; (4) used only after alternatives that would provide safety to the resident and prevent a potential decline in the resident's functioning have been tried and documented in the resident's record; (5) used only after an assessment and care planning process has been completed, except in	D 482	10A NCAC 13F .1501(a) Use of Physical Restraints And Alternatives: A new physicians order has been obtained and an new order every (3) three months will be obtained in accordance with LHPS as a (3) three month reminder; PCP and Hospice have been notified as well to provide thorough documentation for restraint reviews and recommendations for reduced restraint use.	7-12-18

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emergencies, according to Paragraph (d) of this Rule;
(6) applied correctly according to the manufacturer's instructions and the physician's order; and
(7) used in conjunction with alternatives in an effort to reduce restraint use.
Note: Bed rails are restraints when used to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility of the resident while in bed. Examples of restraint alternatives are: providing restorative care to enhance abilities to stand safely and walk, providing a device that monitors attempts to rise from chair or bed, placing the bed lower to the floor, providing frequent staff monitoring with periodic assistance in toileting and ambulation and offering fluids, providing activities, controlling pain, providing an environment with minimal noise and confusion, and providing supportive devices such as wedge cushions.

This Rule is not met as evidenced by
Based on observation, interviews, and record reviews, the facility failed to ensure physical restraints were used only after an assessment and care planning process had been completed through a team process, after alternatives had been tried and documented in in the resident's record, and used only with a written order from a physician for 1 of 1 sampled residents (#1), who had a soft belt restraint.

The findings are:

Observation on 07/09/18 at 09:20am during the initial tour revealed

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-Resident #1 was in a wheelchair in the hallway.
-There was a soft wide belt around Resident #1's waist and tied to the back of the wheelchair.

Review of Resident #1's current FL2 dated 06/05/18 revealed:
-Diagnoses included parkinsons, alzheimers, and restless leg syndrome.
-Resident #1 was nonambulatory and incontinent.
-There was no order for a restraint.

Review of Resident #1's Resident Register revealed an admission date of 07/28/17.

Review of Resident #1's current care plan dated 02/26/18 revealed:
-Resident #1 could verbalize needs.
-Documentation of "undiagnosed flailing of arms".
-Resident #1 needed extensive assistance for transfers and total dependence for ambulation.
-There was no documentation of an assessment for a restraint.

Review of Resident #1's physician orders revealed:
-There was an order for a restraint dated 05/01/18.
-There were no additional restraint orders.

Review of a Licensed Health Professional Support (LHPS) evaluation for Resident #1 dated 09/20/17 revealed:
-Documentation of resident has fallen out of wheelchair in past due to spastic movement. Now wears vest restraint when in wheelchair. No subsequent falls.
-Documentation of no current restraint order found in resident record.

Review of the current LPHS evaluation for

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Resident #1 dated 06/25/18 revealed soft restraint used when in chair.

Interview on 07/09/18 at 11:20am with Resident #1's Power of Attorney (POA) revealed:
-Resident #1 was admitted to the facility with the restraint.
-The POA had signed a consent for the restraint.
-Resident #1 "needed the restraint" due to "flailing and flinging herself out of the wheel chair"

Interview on 07/09/18 at 1:40pm with a personal care assistant (PCA) revealed:
-Resident #1 "flails (arms and legs) a lot".
-The restraint was used "to keep her from falling out of the wheelchair".

Interview on 07/09/18 at 1:43pm with a medication aide (MA) revealed Resident #1 was in the restraint unless in the bed or sitting in a recliner.

Interview on 07/10/18 at 8:45am with a second MA revealed:
-The MA knew a physician order was needed for restraint use.
-The MA was "not sure" what interventions and alternatives had been tried for Resident #1.
-The Administrator was responsible for completing the care plan for Resident #1.

Interview on 07/09/18 at 3:10pm with the LHPS nurse revealed Resident #1 would "fling herself out of the wheelchair" if not restrained.

Interview on 07/10/18 at 12:15pm with the physician's nurse practioner (NP) revealed:
-Resident #1 was admitted to the facility with the restraint.
-The POA wanted the resident to use the restraint

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D 482	Continued From page 12 due to unpredictable movements. -The restraint was necessary for "safety" -The NP "thought" all assessments and orders had been completed for the restraint. Review of physician orders dated 07/10/18 revealed: -There was an order to use lap belt (posey wrap around velcro belt) as supportive device with restraint qualities for safety and body positioning. -There was an order that alternatives to restraint would be considered and/or attempted and documented in the medical record. Interview on 07/10/18 at 8:55am with the Administrator revealed: -Resident #1 had a restraint in a skilled nursing facility when admitted to the facility. -The Administrator knew the orders and interventions and been obtained and completed. -"I am aware we need a physician's order for a restraint." -"I am aware interventions need to be in place." -She was not aware an updated physician's order was required every three months. -The Administrator would "try and find the paperwork" Based on observations, interviews, and record reviews, it was determined Resident #1 was not interviewable.	D 482		
D932	G.S. 131D-4.4A (b) ACH Infection Prevention Requirements G.S. 131D-4.4A Adult Care Home Infection Prevention Requirements (b) In order to prevent transmission of HIV,	D932	G.S. 131D-4.4A (b) ACH Infection prevention Requirements: A back-up glucometer was purchased by facility for each resident with a	7-9-18

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCRACKEN REST HOME	203 MCCRACKEN STREET WAYNESVILLE, NC 28786

(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
D932	Continued From page 13 hepatitis B, hepatitis C, and other bloodborne pathogens, each adult care home shall do all of the following, beginning January 1, 2012: (1) Implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines on infection control that addresses at least all of the following: a. Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents. b. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules. c. Accessibility of infection control devices and supplies. d. Blood and bodily fluid precautions. e. Procedures to be followed when adult care home staff is exposed to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV, hepatitis B, hepatitis C, or other bloodborne pathogens. f. Procedures to prohibit adult care home staff with exudative lesions or weeping dermatitis from engaging in direct resident care that involves the potential for contact between the resident, equipment, or devices and the lesion or dermatitis until the condition resolves. (2) Require and monitor compliance with the facility's infection control policy. (3) Update the infection control policy as necessary to prevent the transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens.	D932	(Continued from page 13) diabetic diagnosis. "House glucometer" was removed from medication cart. An immediate investigation of product used to clean glucometer was conducted and was located in the kitchen and had been borrowed to clean non food surfaces; This product states: "germicidal 7-11-18 surface wipes affective for killing HIV, HBV, AIDS, Influenza strains etc. Management Company to implement A new policy restricting use of ANY shared glucometers.	

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D932	Continued From page 14	D932		

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to implement an infection control policy consistent with the Centers for Disease Control and Prevention guidelines to assure proper infection control procedures for the use of glucometers for 2 of 3 diabetic residents with orders for blood sugar monitoring resulting in the sharing of a glucometer between residents.

The findings are:

Observation on 07/09/18 at 11:20am revealed:
-There were four zippered pouches which contained glucometers (Brand A and Brand B) in the top drawer of the medication cart.
-Three of the four zippered pouches were labeled with residents' names.
-The fourth pouch was unlabeled.
-Inside the fourth pouch was a Brand A glucometer and four pieces of paper with handwritten notes.

Interview with a medication aide (MA) on 07/09/18 at 11:25am revealed:
-"That's the house glucometer."
-"We keep a log of when we have used it."
-The handwritten notes inside the "house" glucometer pouch were a log of the date, time, resident the glucometer was used to collect a blood glucose for, and the staff who "cleaned" the glucometer before and after use.

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	HAL044045	A. BUILDING _____ B. WING _____	C 07/10/2018

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D932	Continued From page 15	D932		

-"It was last used in May" because one resident's "battery would not work."
-"We were having trouble getting a new battery from the pharmacy."
-"We clean it with an alcohol wipe before we use it."

Review of the handwritten logs inside the "house" glucometer pouch revealed:
-The entries ranged from 01/08/18 to 02/18/18 with 26 total entries.
-An entry included the date, time, resident name, and "cleaned by" staff name.
-The glucometer had been used to test the blood glucose for two residents.
-The Administrator and three additional medication aides had documented entries which indicated they had "cleaned" the glucometer.

Interview with the Administrator on 07/09/18 at 11:26am revealed:
-"We got the medical grade wipes to use for disinfecting."
-The staff "have to wear gloves to use" the wipes.
-The staff had been instructed to "clean the glucometer before and after use with a wipe."
-The wipes were recommended to the facility by the Licensed Health Professional Nurse (LHPS).

Observation on 07/09/18 at 11:32am of the label of the wipes the Administrator and staff used to "clean" the glucometers revealed:
-Instant Hand Sanitizing Wipe
-"An antimicrobial hand wipe with 65% alcohol per CDC (Center for Disease Control) recommendations."
-The active ingredient was ethyl alcohol 65% per volume.
-The uses indicated on the label included instant hand sanitizer and antiseptic and for

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D932	Continued From page 16	D932		

handwashing to decrease bacteria on the skin between patients, before and after eating, or using the rest room.

Review of the "house" glucometer's memory on 07/09/18 at 2:05pm revealed:
-The date was 09/11 with no year indicated when it was initially powered up.
-There were values in the memory dating from 09/11 to 04/30.

Telephone interview with the LHPS Nurse on 07/09/18 at 3:15pm revealed:
-Diabetic equipment was for single use.
-She "never" recommended disinfection of diabetic equipment for the purpose of sharing the equipment.
-She had taught the last 3 hour infection control course at the facility.
-She felt the training was very clear not to share a glucometer.

Interview with a second MA on 07/10/18 at 8:50am revealed:
-"It's an emergency glucometer."
-"The time" the MA remembered using the glucometer was when one resident's battery had "died" and the pharmacy said it would be three days before they could send out another battery.
-The incident with the battery had occurred sometime between December 2017 and the present, but the MA was unable to remember the "exact month" it had occurred.
-The Administrator had "instructed us all when she first got it on how to clean it."
-The Administrator had spoken with the LHPS nurse and the LHPS nurse "said we had to use a CDC disinfectant."
-"So we have [brand name of alcohol wipes] and it says CDC recommended on the label."

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D932	Continued From page 17 -"Every time we clean it we have to write the date, time, and who cleaned it on a paper kept in the pouch with the glucometer." -The MA cleaned the glucometer by wiping the entire glucometer all over with a wipe. -"Afterwards place it on a papertowel and let it air day for 15 minutes." Interview with the Administrator on 07/10/18 at 9:20am revealed: -She now had three new backup glucometers on hand. -The house glucometer had been used for two residents. -"Neither of those residents have an infectious disease." Telephone interview with the glucometer customer service representative for Brand A on 07/10/18 at 3:10pm revealed if the glucometer was being shared, they would recommend following the CDC's sharing recommendations for disinfection. Review of the CDC recommended disinfection procedures revealed: -The disinfection solvent you choose should be effective against HIV, Hepatitis C, and Hepatitis B virus. -Please note that 70% ethanol solutions are not effective against viral bloodborne pathogens.	D932		
D9999	Final Observation As a result of Informal Dispute Resolution (IDR) of October 17, 2018, Tags D273 and D912 were deleted.	D9999		