STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 000	Initial Comments The Adult Care Licensure Section and Catawba County Department of Social Services conducted an annual survey on 03/12/19-03/13/19 with an exit conference via telephone on 03/14/19.	D 000		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 4 sampled staff (Staff B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) upon hire. The findings are: Review of Staff B, the Maintenance Director/Owner's personnel record revealed: -Staff B was hired on 08/01/18. -There was documentation a HCPR check was completed on 08/23/13 with no substantiated findings. Telephone interview with Staff B on 03/14/19 at 2:35pm revealed: -He started working at this facility on 08/01/18. -He did not know if a HCPR check had been completed upon hire.	D 137		

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D 137	Continued From page 1 Telephone interview with the Administrator in Training (AIT) on 03/14/19 at 1:53pm revealed: -She did not complete a HCPR check for Staff B upon hire at this facility. -She and Staff B had worked together at another facility, and Staff B had a HCPR check completed during his employment there so she thought he did not need another HCPR check. Telephone interview with the Administrator on 03/14/19 at 12:35pm revealed: -He did not know if a HCPR check had been completed for Staff B upon hire at the facility. -He had delegated the responsibility of completing HCPR checks to the AIT. -He had not followed up with the AIT to assure the HCPR check had been completed.	D 137		
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 interviews and record reviews, the facility failed to assure 1 of 4 sampled staff (Staff B) had a criminal background check completed upon hire. The findings are: Review of Staff B, the Maintenance Director/Owner's personnel record revealed: -Staff B was hired on 08/01/18. -There was documentation a statewide criminal background check was completed on 12/17/16.	D 139		

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D 139	Continued From page 2 Telephone interview with Staff B on 03/14/19 at 2:35pm revealed: -He started working at this facility on 08/01/18. -He did not know if a criminal background check had been completed upon his hire. Telephone interview with the Administrator in Training (AIT) on 03/14/19 at 1:53pm revealed: -She did not complete a criminal background check for Staff B upon hire at this facility. -She and Staff B had worked together at another facility, and Staff B had a criminal background check completed during his employment there so she thought he did not need another criminal background check. Telephone interview with the Administrator on 03/14/19 at 12:35pm revealed: -He did not know if a criminal background check had been completed for Staff B upon hire at this facility. -He had delegated the responsibility of completing criminal background checks to the AIT. -He had not followed up with the AIT to assure the criminal background check had been completed.	D 139		
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by:	D 283		

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Based on observations and interviews, the facility failed to assure all food being procured and served was protected from contamination by using an unapproved food source.

The findings are:

Observation of the lunch meal service on 03/12/19 from 11:45am to 12:25pm revealed:
-The lunch meal was delivered to the facility by a caterer at 11:45am.
-Tin pans covered with foil containing cheeseburgers and baked beans were removed from an insulated box and placed on a serving table.
-Coleslaw was delivered in a tin pan, covered with foil, sitting in a second tin pan filled with ice and was placed on a serving table.
-Facility staff plated food for thirteen of twenty residents for the first seating.
-The dietary server turned on the oven, set the temperature for 200 degrees farenheit and placed the cheeseburgers and baked beans inside the oven for holding until the second serving at 12:10pm.
-The coleslaw remained on the serving table until the second seating at 12:10pm.

Interview with the facility owner/Maintenance Director on 03/12/19 at 9:00am revealed:
-He provided oversight to the dietary department.
-The residents did not like the food prepared by the facility cooks and would not eat the food so the facility had been utilizing an outside catering company for the past three weeks to prepare three meals a day.
-This was to be a temporary solution until their food vender could train new cooks for the facility.

Interview with a dietary server on 03/12/19 at

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11:28am revealed:
-An outside catering company prepared food off-site and delivered the meals to the facility three times a day, six days a week.
-He and the catering delivery person plated the food.
-He and the personal care aides (PCA) served the residents.

Interview with the County Environmental Health Specialist on 03/13/19 at 11:30am revealed:
-She did not know the facility was using an outside caterer for meal preparation.
-The facility owner had discussed the possibility of using an outside caterer with her at one time.
-She told the owner if an outside caterer was used for meal preparation, the food would have to come from an approved source, permitted by their local health department, to ensure the safety of the food.
-She interviewed the caterer on 03/13/19 and found they were not permitted by their local health department so the facility would not be allowed to utilize them to prepare meals.

Interview with the facility owner/Maintenance Director on 03/13/19 at 11:32am revealed:
-He knew the catering company needed to be permitted by their local health department.
-The catering company told him they had a permit from their local health department as an approved source of food, but he had never requested to see their permit.

Interview with the Administrator in Training (AIT) on 03/13/19 at 1:24pm revealed:
-The facility had been utilizing a catering company for approximately three weeks to deliver three meals a day, six days a week.
-The catering company told her they were an

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D 283	Continued From page 5 approved and permitted food source, but she had not requested to see the permit. Telephone interview with the Administrator on 03/13/19 at 2:29pm revealed: -He tried to visit the facility one time per week and usually did so in the evenings. -He did not know the facility was utilizing a catering company to prepare meals.	D 283		
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 menu for 1 of 1 sampled residents (Resident #2) with a physician's order for a No Concentrated Sweets (NCS) diet. The findings are: Observation of the kitchen on 03/12/19 at 11:50am revealed there was one menu posted for guidance of the food service staff. Review of Resident #2's current FL-2 dated 07/24/18 revealed: -Diagnoses included Diabetes Mellitus. -There was an order for a regular diet.	D 296		

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Review of Resident #2's physician's orders dated 08/01/18 revealed there was an order for a NCS diet.

Review of the therapeutic diet list dated 03/11/19 revealed:
-Five of the facility's twenty residents were to be served a NCS diet.
-Resident #2 was to be served a NCS diet.

Review of the facility menu revealed there was no therapeutic menu for a NCS diet.

Observation of the lunch meal service on 03/12/19 from 11:45am to 12:25pm revealed:
-The lunch meal was delivered by a caterer and plated by facility staff.
-All residents were served the same meal.
-Resident #2 was served a cheeseburger, baked beans, coleslaw and a diet soda.
-Resident #2 consumed 100% of the meal.

Interview with the facility owner/Maintenance Director on 03/12/19 at 9:00am revealed:
-He provided oversight to the dietary department.
-The residents did not like the food prepared by the facility cooks and would not eat the food so the facility had been utilizing an outside catering company for the past three weeks to prepare three meals a day.
-This was to be a temporary solution until their food vender could train new cooks for the facility.
-The caterer had provided one menu for all residents.

Interview with a dietary server on 03/12/19 at 11:28am revealed:
-An outside catering company prepared food off-site and delivered the meals to the facility three times a day, six days a week.

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-He and the catering delivery person plated the food.
-He prepared the drinks and he and the personal care aides (PCA) served the residents.
-The caterer had provided one menu which was posted in the kitchen.
-He and the PCAs served whatever foods the caterer delivered to the facility.
-A PCA prepared meals on Sundays when the caterer did not deliver.
-He new Resident #2 was ordered a NCS diet.

Interview with a representative from the catering company on 03/12/19 at 11:50am revealed:
-They delivered meals to the facility three times a day, six days a week.
-They did not deliver meals on Sundays.
-They provided only one menu to the facility and did not deliver alternatives for residents on therapeutic diets.

Interview with a PCA on 03/12/19 at 12:15pm revealed:
-She was the facility's full-time cook prior to the facility contracting with the catering company.
-She was still the cook on Sundays for breakfast and lunch when the catering company did not deliver.
-The owner would have restaurant food delivered to the facility for dinner on Sundays.
-She did not have a menu to reference when she cooked on Sundays.
-Sometimes the facility owner would tell her what to prepare and other times she created the meals.
-She served the same foods to all residents.

Interview with the Administrator in Training (AIT) on 03/13/19 at 1:24pm revealed:
-The facility had been utilizing a catering

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D 296	Continued From page 8 company for approximately three weeks to deliver meals six days a week. -All residents were served the same foods. -A PCA prepared breakfast on Sundays without utilizing a menu. -Pizza was delivered for lunch on Sundays and Japanese food was delivered for dinner on Sundays. Telephone interview with the Administrator on 03/13/19 at 2:29pm revealed: -He tried to visit the facility one time per week and usually did so in the evenings. -He did not know the facility was utilizing a catering company to prepare meals. -He did not know the facility did not have a therapeutic menu for residents on a NCS diet.	D 296		
D 416	10A NCAC 13F .1103(a) Legal Representative Or Payee 10A NCAC 13F .1103 Legal Representative Or Payee (a) In situations where a resident of an adult care home is unable to manage his funds, the administrator shall contact a family member or the county department of social services regarding the need for a legal representative or payee. The administrator and other staff of the home shall not serve as a resident's legal representative, payee, or executor of a will, except as indicated in Paragraph (b) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure no staff of the facility served as a resident's legal representative or payee for 1 of 4 sampled residents (Resident #3).	D 416		

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D 416	Continued From page 9 The findings are: Review of Resident #3's current FL-2 dated 01/14/19 revealed diagnoses included unspecified dementia with behaviors, cerebral palsy and cognitive communication deficit. Review of Resident #3's Resident Register revealed: -He was admitted to the facility on 08/16/18. -No person was named as Resident #3's responsible person, Power of Attorney (POA) or legal guardian. -The Administrator in Training (AIT) and Maintenance Director were listed as Resident #3's "contact person." Review of Resident #3's record revealed no legal documents of POA. Based on observations, interviews and record reviews it was determined Resident #3 was not interviewable. Telephone interview with the AIT on 03/14/19 at 1:53pm revealed: -She and the Maintenance Director offered Alternative Family Living (AFL) services in their personal home. -Resident #3 had resided in their home since 2009 prior to being admitted to this facility, and the Maintenance Director had served as POA for the resident. -She did not know a staff person of the facility could not serve as a resident's POA. Telephone interview with the Maintenance Director on 03/14/19 at 2:35pm revealed: -He had been employed at this facility since 08/01/18.	D 416		

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D 416	Continued From page 10 -He and the AIT offered AFL services in their personal home. -Resident #3 had resided in their home since 2009 prior to being admitted to this facility, and he had served as his POA for many years. -He did not know he could no longer serve as Resident #3's POA because he was employed at the facility where Resident #3 resided. Telephone interview with the Administrator on 03/14/19 at 12:35pm revealed: -He knew Resident #3 had lived in the Maintenance Director's home for many years. -He did not know the Maintenance Director was Resident #3's POA. -He knew facility staff could not serve as a resident's POA.	D 416		
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	D 482		

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D 482	Continued From page 11 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 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 observations, interviews and record reviews, the facility failed to assure a bedrail as a physical restraint was used only after an assessment, care and team planning, use of an alternative were tried and documented, and a written order by a physician was obtained, for 1 of 1 sampled resident (Resident #4) that prevented	D 482		

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the resident from getting out of his bed without assistance.

The findings are:

Review of Resident #4's current FL2 dated 08/16/18 revealed:
-Diagnoses included dementia with behaviors, severe mental retardation, chronic obstructive pulmonary disease, hypertension, and urinary retention.
-The resident was non-ambulatory, intermittently disorientated, with an indwelling catheter.
-There was no physician's order for bed rails.

Review of Resident #4's Resident Register revealed an admission date of 08/16/18.

Review of Resident #4's assessment and care plan dated 08/23/18 revealed:
-The resident required extensive assistance with ambulation, toileting, bathing, dressing and grooming.
-There was no documentation for the use of bed rails for Resident #4.

Review of Resident #4's Licensed Health Professional Support (LHPS) review dated 03/07/19 revealed:
-The resident used a wheelchair for mobility, and required extensive assistance with ambulation and transfers.
-There was no documentation for the use of bed rails for Resident #4.

Observation of Resident #4's bed on 03/12/19 at 10:00am revealed:
-Resident #4 was lying on his back, resting on bent elbows in the bed.
-Resident #4's bed was positioned with the right

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side of the bed against the wall in his room.
-There was a bed rail attached to the mid-section of the left side of the bed frame.
-The bed rail was approximately 36 inches wide and 18 inches from bed frame to the top of the rail.
-The position of the bed rail would prevent the easy exit of the resident from the bed.
-The bed rail was secured in place with a pull knob at the bottom of the bed rail, on the exterior side of the bed rail.

Interview with Resident #4 on 03/12/19 at 11:45am revealed:
-The bed rail was used to keep him in his bed.
-He was not able to open the bed rail when he was in his bed.
-When he wanted to get out of his bed he would yell for someone to help him.

Interview with personal care aide (PCA) on 03/12/19 at 1:30pm revealed:
-When Resident #4 was in his bed the bed rail was used to keep him from falling out of his bed.
-Resident #4 could not open the bed rail without someone pulling the knob on the exterior side of the bed rail and lifting the rail to the vertical position and resting it against the wall.
-Resident #4 was able to sit on the side of the bed and transfer to his wheelchair with someone holding on to his waist.
-She had been instructed by the Administrator in Charge (AIC) not to leave Resident #4 in his bed without the bed rail in place.
-She had checked on Resident #4 every 30 minutes when he was in his bed.

Observation on 03/12/19 at 2:00pm Resident #4 was sitting in his wheelchair in the hallway.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018023	A. BUILDING: _____ B. WING _____	03/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUSTIN ADULT CARE	511 BUMGARNER INDUSTRIAL DRIVE CONOVER, NC 28613

(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 482	Continued From page 14 Interview with a second PCA on 03/12/19 at 2:10pm revealed: -Resident #4 had the bedrail on his bed since he moved into the facility. -The bedrail had prevented the resident from falling out of the bed. -She had put Resident #4 in his bed after his shower. -Resident #4 was able to turn from side to side in his bed. -Resident #4 was able to sit on the side of the bed and transfer with assistance to his wheelchair. -She had put the side rail in place to keep him from falling out of his bed. -She had been told by the AIC to make sure the side rail was in place when the resident was in his bed. Interview with the AIC on 03/12/19 at 3:00pm revealed: -She did not know bed rails would be considered as a restraint. -When Resident #4 had moved into the facility the bed rail was on his bed. -Resident #4 was able to change position in his bed independently and transfer out of his bed with assistance to his wheelchair. -The bed rail had prevented the resident from falling out of the bed. -She had not considered other alternatives to prevent falls. -She had not asked the doctor for an order for the bed rail. Interview with the Administrator in Training on 03/12/19 at 3:15pm revealed: -She did not know the bed rail was considered a restraint. -She had told the staff to ensure the bedrail was	D 482		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 482	Continued From page 15	D 482		

used when the resident was in bed.
-She had not obtained a consent for the use of the bed rail because the bed rail was on the resident's bed when he moved into the facility.
-She had not considered alternatives to the bed rail to prevent falls.
-She had not instructed the staff to obtain an order from the physician.

Telephone interview with Resident #4's physical therapist on 03/13/19 at 9:08am revealed:
-The resident had recently completed eight weeks of physical therapy.
-The resident was able to independently stand with cueing and walked with a walker with stand-by assistance.
-The resident was able to log roll to one side when lying in his bed and sit up independently.

Telephone interview with Resident #4's Nurse Practitioner on 03/13/19 at 9:34am revealed:
-He knew the resident had a bed rail on his bed.
-He did not know the bed rail was considered a restraint.
-The bed rail was to prevent the resident from falling out of the bed, and getting up without assistance.
-He had not considered an alternative measure to prevent Resident #4 from falling out of bed.

Telephone interview with the Administrator on 03/13/19 at 10:18am revealed:
-He did not know Resident #4 had bed rails that prevented him from exiting his bed, and creating a hazard for potential injury.
-He knew they were considered a restraint if they were improperly utilized.
-He knew restraints required an assessment for an alternative, a physician's order, and other things necessary in order to use them.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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