| 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 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual survey on June 19-21, 2019. | D 000 | | |
| D 234 | 10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio<br><br>10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to assure 3 of 5 residents sampled (#1, #4 and #5) were tested upon admission for tuberculosis (TB) disease.<br><br>The findings are:<br><br>1.Review of Resident #1's current FL-2 dated 06/14/19 revealed:<br>- Diagnoses included dementia, diabetes mellitus, hypertension and glaucoma.<br>-Resident #1's admission date was documented as 03/13/17.<br><br>Review of Resident #1's Resident Register revealed there was no documentation of an admission date. | D 234 | | |

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Review of Resident #1's immunization record revealed:
-A TB skin test was administered on 03/14/18 and read as negative on 03/16/18.
-There was no documentation Resident #1 had a second TB skin test.

Interview with Resident #1 on 06/20/19 at 4:45 pm revealed she could not provide any information about when she received a TB skin test.

Interview with the Health and Wellness Coordinator (HWC) on 06/21/19 at 2:00 pm and 3:10 pm revealed:
-She started working in the facility in October 2018.
-She could only find documentation for one TB skin test in Resident #1's record.
-She did not know residents should have a 2-step TB skin.
-She was responsible for the completion of two step TB skin test for residents.

Interview with the Administrator on 06/21/19 at 2:20 pm and 3:08 pm revealed:
-She did not know Resident #1 only had one TB skin test.
-Residents were to have the 2 step TB skin test done, one before admission and one after admission to the facility.
-The HWC was responsible for the completion of two step TB skin test for Resident #1.
-The Administrator was responsible for assuring residents had the first step of the TB skin test done prior to admission and having the second step 2 to 3 weeks later.

2. Review of Resident #4's current FL-2 dated 08/15/18 revealed diagnoses included muscle

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weakness, sepsis, obstructive pulmonary disease, dementia, hypertension, atrial fibrillation and diabetes insipidus.

Review of Resident #4's Resident Register revealed an admission date of 05/28/16.

Review of Resident #4's immunization record revealed:
-A TB skin test was read as negative on 05/28//16.
-There was no documentation Resident #4 had a second TB skin test.

Interview with Resident #4 on 06/20/19 at 2:30 pm revealed he could not provide any information about when he received a TB skin test.

Interview with the HWC on 06/21/19 at 2:00 pm and 3:10 pm revealed:
-She started working in the facility in October 2018.
-She could only find documentation for one TB skin test in Resident #4's record.
-She did not know residents should have a 2-step TB skin.
-She was responsible for assuring residents had a 2-step TB skin test.

Interview with the Administrator on 06/21/19 at 2:20 pm and 3:08 pm revealed:
-She did not know Resident #4 only had one TB skin test.
-Residents were to have the 2 step TB skin test done, one before admission and one after admission to the facility.
-The HWC was responsible for the completion of two step TB skin test for Resident #4.
-The Administrator was responsible for assuring residents had the first step of the TB skin test

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done prior to admission and having the second step 2 to 3 weeks later.

3. Review of Resident #5's current FL-2 dated 06/21/19 revealed diagnoses of dementia, neuropathy, anxiety and major depression.

Review of Resident #5's Resident Register revealed an admission date of 04/11/19.

Review of Resident #5's record revealed:
-There was documentation of a chest x-ray done on 03/19/19 with negative results.
-There was no documentation of a TB skin test, having positive results, being administered prior to the chest x-ray.
-There was no documentation of a 2 step TB skin test administered upon admission to the facility.

Interview on 06//20/19 at 3:05 pm with Resident #5 revealed:
-She did not have a TB skin test done before admission to the facility.
-She did not know a TB skin test needed to be done for admission to the facility.
-No one asked her to have a TB skin test since she had been admitted to the facility.

Interviews on 06/20/19 at 3:45 pm and 06/21/19 at 3:10 pm with the Health and Wellness Coordinator (HWC) revealed:
-She started working at the facility in October, 2018.
-She did not know the 2 step TB skin test was required for admission to the facility.
-The prior nurse care manager told her a chest x-ray was acceptable for admission to the facility.
-She was not aware the TB skin testing needed to be done for Resident #5 because a chest x-ray was done.

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| D 234 | Continued From page 4<br><br>Interview on 06/21/19 at 3:08 pm with the Administrator revealed:<br>-Residents were to have the 2 step TB skin test done, one before admission and one after admission to the facility.<br>-Resident #5 had a chest x-ray done before admission to the facility; there was no documentation of a TB skin test in her records.<br>-She was told by the prior nurse case manager that a chest x-ray was acceptable for resident admission.<br>-The Administrator was responsible for assuring residents had the first step of the TB skin test done prior to admission and having the second step 2 to 3 weeks later.<br>-She would request a physician's order for Resident #5 to have the TB skin testting done. | D 234 | | |
| D 259 | 10A NCAC 13F .0802(a) Resident Care Plan<br><br>10A NCAC 13F .0802 Resident Care Plan<br>(a) An adult care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan is an individualized, written program of personal care for each resident.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews, the facility failed to assure an annually care plan was developed for 1 of 5 sampled residents (#1).<br><br>The findings are: | D 259 | | |

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Review of Resident #1's current FL-2 dated 06/14/19 revealed:
- Diagnoses included dementia, diabetes mellitus, hypertension and glaucoma.
-Resident #1's admission date was documented as 03/13/17.

Review of Resident #1's Resident Register revealed there was no documentation of an admission date.

Review of Resident #1's care plan dated 06/30/17 revealed she required physical assistance with eating, toileting, ambulation, bathing, dressing, grooming and transfer.

Review of Resident #1's record revealed there was no current care plan found in the record.

Observation of Resident #1 on 06/20/19 at 12:30 pm revealed:
-She was laying in the bed in an upright position and eating lunch.
-There was a sign above the resident's bed which read "Per hospice bedrest only."

Interview with the hospice aide (HA) on 06/20/19 at 12:30 pm revealed:
- Resident #1 was dependent on staff for eating, toileting, ambulation, bathing, dressing, grooming and transfer.
-Resident #1 was always supposed to stay in bed, per hospice.
-She did not know why Resident #1 had to stay in bed.

Interview with the Special Care Unit Program Coordinator (SCUPC) on 06/21/19 at 12:05 pm revealed Resident #1 was always supposed to stay in bed, per hospice because she had deep

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| D 259 | Continued From page 6<br>vein thrombosis.<br><br>Interview with the Health and Wellness Coordinator (HWC) on 06/21/19 at 2:00 pm revealed:<br>-She started working in the facility in October 2018.<br>-She did not know why the care plan for Resident #1 had not been completed since 03/13/17.<br>-Resident #1 was dependent on staff for eating, toileting, ambulation, bathing, dressing, grooming and transfer, and she was on bedrest.<br>-She would be responsible for the completion of the annually care plan for residents.<br>-The Registered Nurse Case Manager was responsible for auditing the care plans.<br>-She completed a care plan for Resident #1 on 06/21/19.<br><br>Interview with the Administrator on 06/21/19 at 2:20 pm revealed:<br>-She was not sure why the care plan for Resident #1 had not been completed since 03/13/17.<br>-The HWC was responsible for the completion of the annually care plan for the residents.<br>-The Registered Nurse Case Manager was responsible for auditing the care plans. | D 259 | | |
| D 464 | 10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan<br><br>10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan<br>In addition to the requirements in Rules 13F .0801 and 13F .0802 of this Subchapter, the facility shall assure the following:<br>(1) Within 30 days of admission to the special care unit and quarterly thereafter, the facility shall develop a written resident profile containing | D 464 | | |

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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 or maintain the maximum level of functioning possible and compensate for lost abilities.

This Rule is not met as evidenced by:
Based on observations, record reviews and interviews, the facility failed to ensure 1 of 2 sampled residents admitted to the Special Care Unit (SCU) had a resident profile completed quarterly.

The findings are:

Review of Resident #1's current FL-2 dated 06/14/19 revealed:
- Diagnoses included dementia, diabetes mellitus, hypertension and glaucoma.
-Resident #1's admission date was documented as 03/13/17.
-Locked unit was documented as the recommended level of care.
-There was documentation that Resident #1 was intermittently disoriented.

Review of Resident #1's Resident Register revealed there was no documentation of an admission date.

Review of Resident #1's record revealed there

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| D 464 | Continued From page 8<br>was no current profile completed for Resident #1 which included the resident's behavioral patterns and degree of cognitive impairment had been completed since 12/28/18.<br><br>Review of Resident #1's Care Plan revealed it had been completed on 06/30/17.<br><br>Interview with the Health and Wellness Coordinator (HWC) on 06/21/19 at 2:00 pm revealed:<br>-She started working in the facility in October 2018.<br>-She did know why the profile for Resident #1 had not been completed since 12/28/18.<br>-She thought the resident profiles for the SCU should be completed every six months.<br>-She was responsible for the completion of the resident's profile on the SCU.<br>-She completed the profile for Resident #1 on 06/21/19.<br><br>Interview with the Administrator on 06/21/19 at 2:20 pm revealed:<br>-She did not know why the profile for Resident #1 had not been completed since 12/28/18.<br>-The HWC was responsible for the completion of the resident's profile on the SCU.<br>-The Registered Nurse Case Manager was responsible for auditing the residents' profile on the SCU. | D 464 | | |