STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150152	A. BUILDING: _____ B. WING _____	09/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALTONWOOD LAKE BOONE	3560 HORTON STREET RALEIGH, NC 27607

(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 conducted an initial survey on September 24, 25 and 26, 2019.	D 000		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, record reviews, and interviews, the facility failed to provide supervision for 1 of 5 sampled resident (#1) related to falls. The findings are: 1. Review of Resident #1's current FL-2 dated 06/10/19 revealed: -Diagnoses included frequent falls, depression, type 2 diabetes mellitus, hypertension, hyperlipidemia, and overactive bladder. -Resident #1 needed assistance with bathing and dressing. -Resident #1 was documented as semi-ambulatory and there was no documentation for an assistive device. -There was an order for physical therapy (PT)	D 270		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Allison O'Shea — TITLE: ED — (X6) DATE: 11/21/19

Reviewed + accepted as written.
11/22/19
J. Bowen, RN

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

Provider Name:	**Waltonwood Lake Boone**		
Provider Contact Person for follow-up:	**Allison O'Shea-Executive Director**	**Phone:**	**984-231-0003**
		Fax:	**984-232-0536**
Address:	3560 Horton Street, Raleigh, NC. 27607	**Email:**	**Allison.oshea@singhmail.com**
		Provider # HAL-092-210	

Finding	Corrective Action Steps	Responsible Party	Time Line
10 A NCAC 13F.1005 (a)	For the resident affected, a verbal order was obtained for resident to self- administer her medications. A self-administration of medication assessment was conducted.	Resident Care Manager	Implementation Date: 9/26/19 Projected Completion Date: 9/27/19
	Any resident requesting to self-administer medications will have verifiable physicians order prior to any self-administration of medication assessment. Once order is obtained a self-administration of medication assessment will be conducted. If resident is deemed safe to administer medication via the assessment, it will be indicated on their plan of care. Every three (3) months a formal review of the residents list of medication will be conducted. The resident will be assessed every three (3) months to assure that self-administration of medication is appropriate. If not appropriate, an order will be requested from the physician to discontinue self-administration of medication.	Resident Care Manager and /or designee	Implementation Date: 9/26/19 Projected Completion Date: Ongoing
			Implementation Date: Projected Completion Date:
			Implementation Date: Projected Completion Date:
			Implementation Date:

Allison O'Shea - ED 10/25/19

Appendix 1-B: Plan of Correction Form

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		Fax:	**984-232-0536**
Address:	3560 Horton Street, Raleigh, NC 27607	**Email:**	**Allison.oshea@singhmail.com**
		Provider #	HAL-092-210

Finding	Corrective Action Steps	Responsible Party	Time Line
10A NCAC 13F.0901 (b) Personal Care and Supervision **GS 131D-21 (2) Declaration of Resident Rights**	For the resident affected, staff were made aware of what interventions to put into place after a fall. Encourage resident to use call pendant to request for assistance.	Resident Care Manage and/or designee. Wellness Coordinator/Staff	Implementation Date: 9/26/19 Projected Completion Date: 9/26/19
	Resident care team will meet weekly to discuss residents who have fallen during the previous week. Discussion will include what interventions have been put into place and fall protocol follow through.	Resident Care Manager and/or designee. Wellness Coordinator	Implementation Date: 10/3/19 Projected Completion Date: Ongoing
	Falls Protocol training conducted for resident care team.	Resident Care Manager and/or designee. Wellness Coordinator	Implementation Date: 9/23/19 Projected Completion Date: 10/31/19
	If a resident has more than 4 falls in a month, sitters will be put into place to supervise residents as an intervention to review next course of care.	Resident Care Manager and or designee.	Implementation Date: 10/23/19 Projected Completion Date: Ongoing
	Monitoring the frequency of falls will be accomplished with the use of a tracking sheet. A binder has been placed in the wellness workroom. After each fall, the med tech completing the incident report form will document on a resident specific sheet the date and circumstances surrounding the fall. This will allow staff an opportunity to see how many falls a resident has had and to implement the appropriate intervention based on the falls protocol.	Med Tech Wellness Coordinator	Implementation Date: 10/25/19 Projected Completion Date: Ongoing

Allison O'Shea - ED 10/25/19

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Provider Contact Person for follow-up:	**Allison O'Shea**	**Phone:**	**984-231-0003**
		Fax:	**984-232-0536**
		Email:	**Allison.oshea@singhmail.com**
Address:	3560 Horton Street, Raleigh, NC 27607	**Provider #**	HAL-092-210

Finding	Corrective Action Steps	Responsible Party	Time Line
10 NCAC 13F. 1004 (a)	For the resident affected, all of his Ibuprofen was removed off of the medication cart and sent back to the pharmacy. New resident order and sending medications back to pharmacy training conducted.	Med Tech	Implementation Date: 9/11/19 Projected Completion Date: 9/19/19
	All medication orders will be verified. An audit will be conducted of the resident's medication orders paying close attention to any medication that needs clarification. The physician's order sheet will be faxed to the MD's for signatures. The physician will be notified via fax or phone call for any order needing clarification. For new orders, the physician will be notified via fax or phone, the day the order is received. Any orders received on doctor's day with DMHC's will be handed to the Wellness Coordinator or Supervisor in Charge. The orders will be reviewed and any clarification needed will be done prior to the doctor leaving the community. Any MD writing medication orders in the community will follow this process.	Resident Care Manager and/or designee. Wellness Coordinator	Implementation Date: 10/24/19 Projected Completion Date: Ongoing
	Obtaining clarification of orders (physician order sheets) will be monitored weekly for one month, then quarterly thereafter. Weekly cart audits will be conducted according to company policy	Wellness Coordinator and or designee	Implementation Date: 10/24/19 Projected Completion Date: Ongoing
			Implementation Date: Projected Completion Date:
			Implementation Date:

Allison O'Shea - ED 10/25/19