STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014015	A. BUILDING: _____ B. WING _____	12/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW VILLA ASSISTED LIVING	2544 GRANDVIEW CIRCLE SW LENOIR, NC 28645

(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 Caldwell County Department of Social Services conducted an annual survey 12/11/19 to 12/12/19.	D 000		
D 167	10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation 10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure at least one staff person was on the premises at all times who had training within the past 24 months in Cardio-Pulmonary Resuscitation (CPR) for 3 of 4 sampled staff (Staff C, D, and F). The findings are: Review of Staff C's personnel record revealed: -Staff C's date of hire was 04/13/04.	D 167		

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D 167	Continued From page 1	D 167		

-Her position was Medication Aide.
-There was documentation of CPR training 06/08/15.
-There was no other documentation of CPR training.

Attempted telephone interview with Staff C on 12/11/19 at 4:04pm and 12/12/19 at 8:41am was unsuccessful.

Review of Staff D's personnel record revealed:
-Staff D's date of hire was 10/29/19.
-Her position was Medication Aide.
-There was no documentation of CPR training.

Attempted telephone interview with Staff D on 12/12/19 at 9:23am was unsuccessful.

Review of Staff F's personnel record revealed:
-Staff F's date of hire was 08/02/16.
-Her position was Personal Care Aide (PCA).
-There was documentation of CPR training 06/22/17 with an expiration date of 06/2019.
-There was no other documentation of CPR training.

Telephone interview with Staff F on 12/12/19 at 9:20am revealed:
-Staff F worked third shift as a PCA.
-Staff F did not know her CPR had expired.

Review of the master schedule for staff from 12/01/19 through 12/11/19 revealed:
-The facility had three shifts.
-There were no shift times on the master schedule.
-There were no staff on duty third shift with CPR training on 12/02/19.
-There were no staff on duty third shift with CPR training on 12/04/19-12/08/19.

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D 167	Continued From page 2 There were no staff on duty with CPR training for 6 of 11 third shifts from 12/01/19 through 12/11/19. Interview with the Assistant Administrator on 12/12/19 at 9:34am revealed: -She was responsible for auditing the personnel records for required training. -She was not aware that 1 staff person per shift was required to have CPR training. -She "knew" that there should be one staff person with CPR training in the dining room during meals. Interview with the Administrator on 12/12/19 at 10:10am revealed: -She and the Assistant Administrator were responsible for auditing the personnel records for required training. -She was not aware that 1 staff person per shift was required to have CPR training.	D 167		
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.	D 234		

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D 234	Continued From page 3 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled residents (Residents #2 and #3) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services. The findings are: 1. Review of Resident #2's current FL2 dated 04/08/19 revealed diagnoses included end stage renal disease, type 2 diabetes, artherosclerosis, and heart disease. Review of Resident #2's Resident Register revealed an admission date of 03/27/19. Review of Resident #2's Record revealed there was no documentation of TB skin testing. Interview with the Administrator on 12/12/19 at 9:55am revealed: -She had been unable to find a record of a first step TB test for Resident #2. -Resident #2 had been admitted from Hospice. -She would contact Hospice for the records of his prior TB testing. -She had gotten their contracted nurse to place a TB test for Resident #2 on the morning of 12/12/19. Interview with the Resident Care Coordinator (RCC) on 12/12/19 at 10:10am revealed: -Resident #2 was admitted to their facility from Hospice. -Hospice would have required Resident #2 to have had TB testing prior to admission.	D 234		

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D 234	Continued From page 4 -She had placed a call to Hospice and was awaiting a return call from them. 2. Review of Resident #3's current FL2 dated 09/09/19 revealed diagnoses included cerebral vascular accident, hypertension, acute hypokalemia, atrial fibrillation, and secondary dementia. Review of the Resident #3's Resident Register revealed an admission date of 08/29/19. Review of Resident #3's immunization record revealed: -A first step TB test was administered on 08/29/19 by a local urgent care. -There was no documentation that the TB test was ever read. -There was no documentation of a second step TB test. Interview with the Administration on 12/11/19 at 4:00pm revealed: -The 1st step TB test for Resident #3 had been read. -There was no documentation the TB test had been read. Review of Resident #3's immunization record on 12/12/19 revealed a second TB test had been administered on 12/12/19.	D 234		
D934	G.S. 131D-4.5B. (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health	D934		

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D934	Continued From page 5 Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled staff (Staff C and E) had completed the mandatory annual infection control training. The findings are: 1. Review of Staff C's personnel record revealed: -Staff C was hired 04/13/04 as a Medication Aide (MA). -There was documentation that Staff C had completed infection control training 10/12/15. -There was no other documentation of infection control training. Attempted telephone interview with Staff C on 12/11/19 at 4:04pm and 12/12/19 at 8:41am was	D934		

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D934	Continued From page 6 unsuccessful. Refer to the telephone interview with the Licensed Health Professional Support (LHPS) Nurse on 12/12/19 at 8:16am. Refer to the interview with the Assistant Administrator on 12/12/19 at 9:34am. Refer to the interview with the Administrator on 12/12/19 at 10:10am. 2. Review of Staff E's personnel record revealed: -Staff E was hired 07/31/16 as a Medication Aide (MA). -There was documentation that Staff E had completed infection control training 12/14/17. -There was no other documentation of infection control training. Interview with Staff E on 12/12/19 at 9:30am revealed: -She did not remember when the last infection control training class was conducted. -She did not know why the training had not been scheduled. Refer to the telephone interview with the Licensed Health Professional Support (LHPS) Nurse on 12/12/19 at 8:16am. Refer to the interview with the Assistant Administrator on 12/12/19 at 9:34am. Refer to the interview with the Administrator on 12/12/19 at 10:10am. Telephone interview with the Licensed Health Professional Support (LHPS) Nurse on 12/12/19 at 8:16am revealed:	D934		

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D934	Continued From page 7 -She thought she had conducted the annual infection control training in the Spring of 2019. -The facility would notify her when the training was due. -She did not have any paperwork on the training conducted. Interview with the Assistant Administrator on 12/12/19 at 9:34am revealed: -The staff had not received the annual infection control training since 2017. -She knew that the training was required annually. -She and the Administrator were responsible for notifying the LHPS Nurse when the annual infection control training was due. -She had forgotten to have the training scheduled. Interview with the Administrator on 12/12/19 at 10:10am revealed: -She did not know the staff had not received the annual infection control training since 2017. -She knew that the training was required annually. -She and the Assistant Administrator were responsible for notifying the LHPS Nurse when the annual infection control training was due. -She did not know why the training had not been scheduled.	D934		