NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

February 7, 2020

Jonathan Short, Executive Officer
Integrity – Candler Living Center, LLC, Licensee
Candler Living enter
3053 S. Church Street
Burlington, NC 27215

jonathan.short@integrityspillc.com

Re: Annual and Follow-up Survey completed January 23, 2020 (ASPEN Event ID: E01F11)

Facility: **Candler Living Center**
Licensure Number: **HAL-011-369**
County: **Buncombe**

Dear Mr. Short:

Thank you for the cooperation and courtesy extended during the survey completed 01/23/20 by staff with the Adult Care Licensure Section and the Buncombe County Department of Social Services.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all violations/deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with the state regulations. You must provide an acceptable Plan of Correction for each violation/deficiency cited in the left column. In the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you will correct each violation/deficiency identified and return it to our office within 15 working days of receipt of this letter. Below you will find what to include in the Plan of Correction for all deficiencies; and, if violations were identified, details of the type of violation(s) and the time frame(s) for compliance are also provided below.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedures, staff training, changes in staffing patterns, etc.)
- Indicate what measures will be put in place to prevent the problem from occurring again
- Indicate who will monitor the situation to ensure it will not occur again
- Indicate how often the monitoring will take place
- Completion dates by which the plan of correction will be completed. The completion dates must be acceptable to the State.
- Sign and date the bottom of the first page of the State Form.

Return the signed and dated Statement of Deficiencies form within 15 working days from the date of receipt of this letter. We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted. A response to the plan of correction will be sent ONLY if the plan of correction is not accepted. Please retain a copy for your files.

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by February 28, 2020. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by February 28, 2020. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: IDR Coordinator, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

If you have questions about the enclosed Statement of Deficiencies or the violations, please contact me at (828) 526-6611. A follow up survey will be conducted to determine compliance in all areas cited. If this agency can be of any assistance in providing consultation relative to licensure rules, please let us know.

Sincerely,

Renee Howard, PharmD, Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosures: Statement of Deficiencies
Revisit Report

cc: Alison Banzhoff, Supervisor/Designee, Buncombe County Department of Social Services
Lisa Wright, Administrator w/enclosures
Darlene Penland, Team Supervisor, West 1 Region, Adult Care Licensure Section
Facility File

Please note information regarding Customer Service Survey below.
In an ongoing effort to improve the inspection process with the providers we serve, we would like you to complete a Customer Service Survey. The Survey can be accessed at the web site below. Your opinion is important to us, and will assist us in developing new and better ways to do our job.

Please note: Because the survey is confidential, your identity will not be known to the Division of Health Service Regulation or the North Carolina Department of Health and Human Services.

Thank you for participating in this confidential survey as we strive to improve the services we provide to licensed health care providers across the state of North Carolina. Should you wish to have a confidential discussion regarding this survey or your interaction with the Division of Health Service Regulation, please feel free to contact Mark Payne, Director, Division of Health Service Regulation, at 919-855-3750.

Customer Service Survey web site: **http://info.ncdhhs.gov/dhsr/customerservice.html**
(Survey Max does not work well with all browsers, please access survey with Internet Explorer)

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
HAL011369	A. Building B. Wing	1/23/2020

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CANDLER LIVING CENTER	136 ROBINSON COVE ROAD CANDLER, NC 28715

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix D0358 Reg. # 10A NCAC 13F .1004(a) LSC	Correction Completed 01/23/2020	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
			Renee Howard, PharmD	01/31/2020
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 1/3/2019

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

EVENT ID: YE9912

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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 The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual and follow-up survey on January 22, 2020 and January 23, 2020.	D 000		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with 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, NC 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled staff (Staff A) was tested for the tuberculosis (TB) disease with a tuberculosis (TB) skin test in compliance with control measures adopted by the Commission for Public Health. The findings are: Review of Staff A's personnel record revealed: -He was hired on 03/15/19 as a medication aide (MA) at another facility owned by the same corporation. -There was no documented hire date for the current facility. -There was no documentation a TB skin test was completed when Staff A was hired. -There was documentation of a TB skin test	D 131	A1. Facility will ensure that all employees have a negative Read TB test prior to beginning work in the facility. Facility will ensure that all employees are given a 2nd Step TB within the Compliance time frame after beginning work. Facility personnel manager will monitor this for Compliance. 2/6/2020	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lisa Wyatt — TITLE: Administrator — (X6) DATE: 2/27/2020

Reviewed and Accepted 03/05/20 RH

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D 131	Continued From page 1 completed on 09/12/18 and 10/01/18 at a previous facility and both were documented as negative. Interview with Staff A on 01/23/20 at 8:00am revealed: -She was transferred from another facility owned by the same corporation at the end of December 2019. -She worked first shift and was the only MA on duty while she was working. -She was responsible for administering medications to the residents. -She thought she had a TB test since she started working at the facility but was not sure. Interview with the Personal Care Services Specialist/Operations Manager on 01/23/20 at 1:45pm revealed: -The Administrator was responsible for making sure all staff training or other qualifications was completed. -The Administrator was responsible for auditing the staff records to determine what was missing from their staff records. Interview with the Nurse Consultant on 01/23/20 at 10:45am revealed: -She provided TB test to the staff at the facility. -The facility was responsible for calling her to schedule training or to administer a TB test. -She did not know which facility staff needed a TB skin test. Interview with the Administrator on 01/23/20 at 2:00pm revealed: -She did not know Staff A did not have a TB test when she was hired. -She was responsible for making sure the staff had completed all required training, including TB	D 131	Refer to A 1	2/3/2020

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D 131	Continued From page 2 tests. -She was responsible for auditing staff records every 3 to 6 months to make sure no required training or information was missing.	D 131		
D 287	10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure each table place setting included a nondisposable fork, knife, and spoon. The findings are: Observation of the lunch meal service on 01/22/20 from 12:06pm to 12:35pm revealed: -The table place setting for all residents eating in the dining room consisted of a spoon and a fork, with no knife. -Most of the residents were served one chicken patty, side salad with ranch dressing, breadstick, and mixed fruit. -Three residents were served cream of chicken soup, side salad with ranch dressing, mixed fruit, and a breadstick.	D 287	A2. Facility will ensure that all Residents are given a true place setting during Meal times to include a Spoon, Fork and Knife. * Safety knives were made available For use during Survey * Facility ~~with~~ Dietary Supervisor will monitor this for Compliance. 1/24/2020	

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D 287	Continued From page 3 -One resident picked up the chicken patty and held it with his fingers to eat it. Interview with a personal care aide (PCA) on 01/22/20 at 12:36pm revealed: -She had assisted to serve residents in the dining room during lunch meal service on 01/22/20. -The place setting usually consisted of a fork and a spoon. -The residents were not given knives to use for the meals. Interview with the Cook on 01/22/20 at 12:38pm revealed: -When asked about the knives missing from the place settings at the lunch meal service she responded, "we don't give anyone knives". -She did not know knives were supposed to be included in the place setting. -If a resident needed help with cutting up their food, she would take their plate to the kitchen, cut the food for them, and then return the plate to them in the dining room. Interview with a resident on 01/22/20 at 12:45pm revealed: -He "broke" his chicken patty apart with his hands to eat it. -He did not need a knife to cut up his food most of the time, but "it would be nice to have a knife when I need one". Interview with a second resident on 01/22/20 at 12:55pm revealed he had to use his fingers to hold the chicken to eat it and said, "it would be nice to have a knife to cut up food". Interview with a third resident on 01/22/20 at 12:58pm revealed he used his fork to cut up the chicken patty.	D 287	Refer to A2	1/24/2020

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D 287	Continued From page 4 Interview with the Personal Care Services Specialist/Operations Manager on 01/23/20 at 8:13am revealed: -The facility did not serve knives to the residents because "they have mental health issues". -She knew knives were supposed to be part of the place setting at the table. -If the residents needed something cut up, she would get a knife from the kitchen and cut it up for them. Interview with the Operations Manager on 01/23/20 at 8:35am revealed: -She knew knives were supposed to be part of the place setting. -She knew knives were not being included in the place settings. -She had ordered "prison knives" for the facility but did not have anywhere to store them so she stored them at a sister facility. -The knives were made of plastic and could be washed and reused but would bend if "someone was trying to stab someone else". -She called the sister facility on 01/22/20 to have the plastic knives delivered to the facility. Interview with the Administrator on 01/23/20 at 2:10pm revealed: -She had recently been hired for the Administrator position at the facility. -She did not know knives were required as part of the place setting. -The Operations Manager was having nondisposable plastic knives delivered to the facility for the residents to use at dinner on 01/23/20.	D 287	Refer to A 2	1/24/2020

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D 291	Continued From page 5	D 291		
D 291	10A NCAC 13F .0904(c)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (2) Menus shall be maintained in the kitchen and identified as to the current menu day and cycle for any given day for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interview, and record reviews, the facility failed to follow the menus maintained in the kitchen for guidance of the food service staff for 26 of 26 residents who resided in the facility in order for residents to have a well-balanced meal. The findings are: Observation of the kitchen on 01/22/20 at 11:00am revealed there was no menu posted for guidance to the food service staff. Interview with the Cook on 01/22/20 at 11:00am revealed: -She had been employed by the facility about one year. -She received her dietary training from the Cook/Dietary Manager from the sister facility. -The lunch meal being prepared consisted of a chicken patty, salad with ranch dressing, breadstick, and fruit or the residents would be served cream of chicken soup for the entrée if they did not want a chicken patty. -The dinner meal on 01/22/20 would be cheeseburgers, fries, corn, and fruit.	D 291	A 3. Facility will ensure that current up to (tentative) date menus are available and posted for use By Cook. Facility will ensure the following of menus By dietary staff to Provide Residents with the Nutritious and Palatable Meals. Facility will ensure that menu alterates and Substitutions are used to coenside with the Same nutritional Value Facility Dietary Supervisor will monitor this. For compliance	2/4/2020 3/10/2020 when menus arrive

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D 291	Continued From page 6 Review of the facility menu stored in a notebook in the kitchen provided by the Cook for Week 4 Day 3 for lunch on 01/22/20 to be served revealed lemon baked fish, cheese topped baked potato, asparagus, whole wheat bread, and cinnamon apple tart and the alternate substitution was Polish sausage and sauerkraut. Observation of lunch meal service in the dining room on 01/22/20 at 12:06pm revealed: -The meal served was a chicken patty, side salad with ranch dressing, breadstick, and canned mixed fruit. -The residents who received the alternate substitution received a bowl of cream of chicken soup, side salad with ranch dressing, breadstick, and canned mixed fruit. Review of the facility menu for Week 4 Day 3 for dinner on 01/22/20 to be served revealed Braised beef tips, egg noodles, zucchini and summer squash, buttered breadstick, tropical fruit salad, and the alternate substitution was a grilled ham and Swiss sandwich with sweet potato corn chowder. Observation of the menu board posted in the dining room on 01/22/20 revealed cheeseburgers, fries, pinto beans, and fruit or an alternate of soup was being served for dinner. Review of the Alternate Menu Item Planner dated 01/20/20 through 01/27/20 revealed: - There was documentation chicken patties, breadsticks, salad with ranch dressing, and fruit were substituted for lunch on 01/22/20. - There was documentation cheeseburgers, fries, corn, and fruit were substituted for dinner on 01/22/20.	D 291	Refer to A3	2/10/2020

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D 291	Continued From page 7 Interview with the Cook on 01/23/20 at 10:35am revealed: -She did not use a menu to prepare the lunch or dinner meals on 01/22/20. -She did not use substitutions for meals approved by the contracted Registered Dietician for the faciltiy. -She substitued foods she thought the residents would like to eat. -Sometimes she did not have foods available to prepare the meals listed on the menu, so she had to substitute different foods. -There was not a weekly menu posted in the kitchen for her to reference while preparing meals for the residents. -She did not know who was responsible for posting the weekly menu of meals for the residents in the kitchen. -She had documented the substitutions for the lunch and dinner meals prepared on 01/22/20 in the Alternate Item Menu Planner. Interview with the Administrator on 01/23/20 at 2:10pm revealed: -The Cook had received training when she was hired. -The Cook was responsible for posting the weekly menu in the kitchen to reference while preparing meals. -The menus were stored in a notebook in the kitchen. -She had been recently hired as the Administrator and did not know the weekly menu was not posted in the kitchen for the Cook to reference. -She expected the Cook to post and follow the menu when preparing meals for the residents.	D 291	Refer to A3	2/4/2020

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D 315	Continued From page 8	D 315		
D 315	10A NCAC 13F .0905(a)(b) Activities Program 10A NCAC 13F .0905 Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to implement an activity program that promoted the active involvement of residents. The findings are: Review of the facility's January 2020 activity calendar on 01/22/20 revealed: -It was posted on a bulletin board in the dining/common room. -The scheduled activity for 01/22/20 was coloring from 1:00pm to 2:00pm and bead making from 2:00pm to 3:00pm. Observation of the facility on 01/22/20 from 1:00pm to 3:00pm revealed no coloring, bead making or any other activity occurred. Observation of the activity supply closet on 01/22/20 revealed craft supplies, board games, coloring books, colored pencils and cards were available. Interviews with 16 residents during the initial tour	D 315	A4 Facility will ensure the implementation of an activity Program up to But not limited to 14 hours Per week. 1/24/2020 A5 Facility will ensure that a Qualified and trained staff member is available to coordinate an activity Programe. Staff will provide activities from activity Calendar and update it Per Resident Request. activities will Be held up to But not limited to 14 hours Per week. and all documents will Be Completed and up to date. Facility Administrator will monitor this for Compliance. 2/28/20

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D 315	Continued From page 9 on 01/22/20 revealed: -The activity director left at the end of December. -He did not know if she was coming back. -The residents did not do activities very often. -The residents made ornaments at Christmas. -The residents did not do activities daily. -They did take the residents on outings on payday to the store. -There were no activities at the facility. -The residents could not watch television in the living room because the remote was lost. -The television was stuck on one channel. -It had been 2 to 3 months since the facility had an activity. -Sometimes the residents played board games. -There have not been any activities offered since he moved in a few days ago. -The residents occasionally played Bingo. Interview with the Personal Care Services Specialist/Operations Manager on 01/22/20 at 4:05pm revealed: -The activity director was out of the country for a month. -Different people were filling in while she was away. -The Operations Manager usually filled out the activity calendar but she (Operations Manager) filled out the activity calendar this month. -The staff who was supposed to do activities today (01/22/20) called in sick. -They have monthly resident council meetings to discuss activities and any other issues of concerns. -Residents were taken to a local discount store on payday. -The transportation person took them on specialty trips (cigarette store, larger shopping centers, fast food restaurants, etc) by request. -Residents knew to ask to go to the specialty	D 315	Refer to A4 & A5 1/24/2020 & 2/22/2020	

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D 315	Continued From page 10 stores.	D 315		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents were served a variety of nutritious and palatable meals. The findings are: Interview with a resident on 01/22/20 at 10:15am revealed: -The facility served chicken patties and hamburger patties too often, "usually one of them at least once a day". -He did not like chicken patties or hamburger patties. -He wanted a variety of food to be served for meals at the facility. Interview with a second resident on 01/23/20 at 1:35pm revealed she was served chicken patties and hamburger patties too much. Interview with a third resident on 01/23/20 at 1:40pm revealed: -The residents were served too many chicken patties for lunch. -She did not mind eating hamburger patties often. Interview with a fourth resident on 01/23/20 at	D 338	A1c Facility will ensure that all Residents are served a variety of meals that correspond with state approved menus. Facility will ensure that all Residents Rights are kept in compliance and are served meals that are palatable and nutritious. Facility Dietary Supervisor will monitor for Compliance. (menus Started) 1/24/2020	

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D 338	Continued From page 11 1:40pm revealed he was "sick of eating chicken patties". Interview with a fifth resident on 01/23/20 at 1:42pm revealed he did not like chicken patties and wanted the facility to stop serving them "all of the time". Review of the lunch menu for 01/22/20 revealed: -The menu was labeled as Week 4 Day 3. -The menu listed was lemon baked fish, cheese topped baked potato, asparagus, whole wheat bread, and cinnamon apple tart. -The alternate substitution was polish sausage and sauerkraut. Observation of lunch meal service in the dining room on 01/22/20 at 12:06pm revealed: -The meal served was a chicken patty, side salad with ranch dressing, breadstick, and canned mixed fruit. -The residents who received the alternate substitution received a bowl of cream of chicken soup, side salad with ranch dressing, breadstick, and canned mixed fruit. Interview with the Cook on 01/22/20 at 11:00am revealed: -She had been employed by the facility about one year. -She received her dietary training from the Cook/Dietary Manager from the sister facility. -The lunch meal being prepared consisted of a chicken patty, salad with ranch dressing, breadstick, and fruit or the residents would be served cream of chicken soup for the entrée if they did not want a chicken patty. -The dinner meal on 01/22/20 would be cheeseburgers, fries, corn, and fruit. -She served chicken patties and hamburger	D 338	Refer to A 3 Refer to A 6	

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D 338	Continued From page 12 patties often per the resident's request. Interview with the Personal Care Services Specialist/Operation Manager on 01/23/20 at 8:13am revealed: -The facility used diet menus provided by a contracted food company. -There was a letter at the beginning of the menu book signed by a Registered Dietician stating the menus provided were approved. -The residents were not served what was listed on the menu because they "do alternate the menu for the residents preference". Observation of the Registered Dietician Verification form for the facility's contracted food service company on 01/23/20 at 8:42am revealed: -The letter was dated 09/20/18 with the subject listed as Registered Dietician Verification. -The letter was signed by a Registered Dietician. -The letter stated, "This menu complies with regulations for Assisted Living in North Carolina as it is written. Any changes or edits made to the menu will alter the nutrition information and will no longer guarantee compliance with regulations." Review of the Alternate Menu Item Planner dated 01/20/20 through 01/27/20 revealed: -There was documentation chicken patties, carrots, and black-eyed peas were substituted for lunch on 01/20/20. -There was documentation chicken patties, breadsticks, salad with ranch dressing, and fruit were substituted for lunch on 01/22/20. -There was documentation cheeseburgers, fries, corn, and fruit were substituted for dinner on 01/22/20. Review of the Alternate Menu Item Planner dated	D 338	Refer to A3 Refer to A4	

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D 338	Continued From page 13 01/14/20 through 01/19/20 revealed: -There was documentation cheeseburgers, fries, and pinto beans were substituted for dinner on 01/17/20. -There was documentation meat patties, fries, and mixed fruit were substituted for lunch on 01/18/20. Interview with the Cook on 01/23/20 at 10:35am revealed: -The lunch and dinner meals were substituted on 01/20/20 through 01/22/20 because they did not have the foods to prepare the meals listed on the menu provided by the Registered Dietician. -The food truck delivered food to the facility on 01/22/20. Interview with the Registered Dietician from the facility's contracted food company on 01/23/20 at 11:30am revealed: -She created the menu used by the facility to prepare meals for the residents. -The menus being used by the facility were old menus. -The last menu that was requested by the facility was June 18, 2018 for Spring and Summer 2018, "that was the last menu I provided to them". -The menus she created changed seasonally. -It was the facility's decision to use the same menu "but that's a lot of repeating meals". -The facility should provide a good variety of nutritious foods. -The facility should use the alternate substitution on the menu for that day if a resident did not like what was being served. Review of the menu board posted on the wall in the dining room on 01/23/20 revealed the lunch meal was Salisbury steak, mixed vegetables, cheesy potatoes, cornbread, and white cake with	D 338	Refer to A3 1/24/2020 Refer to A4 3/6/2020	

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D 338	Continued From page 14 a peanut butter glaze. Observation of the lunch meal service on 01/23/19 at 12:10pm revealed the residents were served a plain hamburger patty, cheesy mashed potatoes, mixed vegetables, cornbread, and a slice of cake. Interview with a second Cook on 01/23/20 at 1:40pm revealed: -The lunch meal entrée listed on the menu was Salisbury steak and he had cooked and served beef patties because the box in the freezer was labeled "beef patties for Salisbury steak". -He thought Salisbury steak was a plain beef patty. -He did not know a recipe for the Salisbury steak gravy was in the therapeutic diet menu book. Interview with the Administrator on 01/23/20 at 2:10pm revealed: -The cook was responsible for ordering the food for the week based on the menu provided by the Registered Dietician from the facility's contracted food company. -She did not know why the cook had not ordered the correct foods and quantity of foods needed to prepare the meals as listed on the menu. -She had been recently hired as the Administrator and was not aware the cook had been using old menus dated 2018 to prepare meals for the residents. -She did not know meals were being substituted with chicken and hamburger patties so often. -She expected the Cook to follow the menu when preparing meals for the residents.	D 338	Refer to A3 Refer to A6	12/4/2020 3/10/2020
D935	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency	D935		

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D935	Continued From page 15 G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered	D935 A7	Facility will Ensure that all medication aides that Require a 15 hour med class will complete it prior to working as a med aide in the facility facility personal manager will monitor this for compliance 3/5/2020	

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D935	Continued From page 16 by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medication aide 5, 10, or 15-hour training for 2 of 3 sampled staff (Staff A and C) and the Medication Administration Skills Validation was completed for 3 of 3 sampled staff (Staff A, C, and D). The findings are: 1. Review of Staff A's personnel record revealed: -The hire date as a medication aide (MA) at a sister facility was documented as 03/15/19. -There was no documented hire date at the current facility. -There was no documentation that Staff A had completed the 5, 10, or 15-hour MA training or completed a Medication Administration Skills Validation at the current facility. -The MA passed the MA written examination on 09/09/15. Review of a resident's electronic Medication Administration Record (eMAR) from January 2020 revealed: -Staff A had documented she administered the resident's medications on 01/03/20, 01/06/20, 01/07/20, 01/08/20, 01/09/20, 01/10/20, 01/13/20, 01/14/20, 01/15/20, 01/16/20, 01/17/20, 01/20/20,	D935	Refer to A7	

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D935	Continued From page 17 01/21/20, and 01/22/20. -Medications included anxiety medication, sliding scale and scheduled insulin, and pain medication. Interview with Staff A on 01/23/20 at 8:00am revealed: -She started working at the facility at the end of December 2019. -She worked first shift and was the only MA on duty while she was working. -She was responsible for administering medications to the residents. -She had not completed a 5, 10, or 15-hour MA training course since she was hired at the facility. -She had "probably" completed the training in the past but could not remember when or where. -She had completed a Medication Administration Skills Validation at the previous facility she worked at but not since she started at the current facility. Refer to the interview with the Personal Care Services Specialist/Operations Manager on 01/23/20 at 1:45pm. Refer to the interview with the Nurse Consultant on 01/23/20 at 10:45am. Refer to the telephone interview with the Nurse Consultant from the facility's contracted pharmacy on 01/23/20 at 2:24pm. Refer to the interview with the Administrator on 01/23/20 at 2:00pm. 2. Review of Staff C's personnel record revealed: -Staff C's hire date as a Medication Aide (MA) and Personal Care Aide (PCA) was 09/08/16. -Staff C completed her 5, 10, or 15-hour MA training on 09/16/16.	D935		

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D935	Continued From page 18 -Staff C had passed her MA written examination on 05/01/13. -There was no documentation that Staff A had completed a Medication Administration Skills Validation at the current facility. Review of a resident's electronic Medication Administration Record (eMAR) from January 2020 revealed: -Staff C had documented she administered the resident's medications on 01/01/20, 01/02/20, 01/05/20, 01/11/20, 01/18/20, and 01/19/20. -Medications included anxiety medication, sliding scale and scheduled insulin, and pain medication. Interview with Staff C on 01/23/20 at 1:23pm revealed: -She worked as a MA and as a PCA. -She administered medications to the residents and would assist the residents with personal care if needed. -She did not remember a registered nurse completing the MA Clinical Skills Checklist while she administered medications at the current facility. Refer to the interview with the Personal Care Services Specialist/Operations Manager on 01/23/20 at 1:45pm. Refer to the interview with the Nurse Consultant on 01/23/20 at 10:45am. Refer to the telephone interview with the Nurse Consultant from the facility's contracted pharmacy on 01/23/20 at 2:24pm. Refer to the interview with the Administrator on 01/23/20 at 2:00pm.	D935	Refer to A7	

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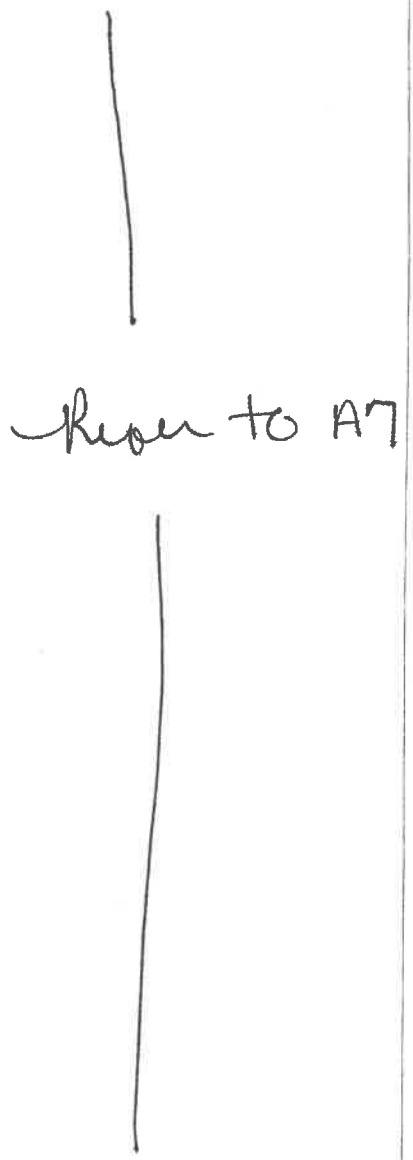
D935	Continued From page 19 3. Review of Staff D's personnel record revealed: -The hire date as a medication aide (MA) and as a personal care aide (PCA) was documented as 04/30/18. -There was no documentation that Staff D had completed the 5, 10, or 15-hour MA training or the Medication Administration Skills Validation. -Staff D passed the written MA examination on 08/27/14. Review of a resident's electronic Medication Administration Record (eMAR) from January 2020 revealed: -Staff D had documented he had administered the resident's medications on 01/04/20, 01/05/20, 01/11/20, and 01/18/20. -Medications included anxiety medication, sliding scale and scheduled insulin, and pain medication. Refer to the interview with the Personal Care Services Specialist/Operations Manager on 01/23/20 at 1:45pm. Refer to the interview with the Nurse Consultant on 01/23/20 at 10:45am. Refer to the telephone interview with the Nurse Consultant from the facility's contracted pharmacy on 01/23/20 at 2:24pm. Refer to the interview with the Administrator on 01/23/20 at 2:00pm. Interview with the Personal Care Services Specialist/Operations Manager on 01/23/20 at 1:45pm revealed: -The Administrator was responsible for making sure all staff training was completed. -The Administrator was responsible for auditing the staff records to determine what training the	D935		

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D935	Continued From page 20 staff was missing. -She thought a MA did not have to complete the 5, 10, or 15-hour training if they had administered medications within the previous 24 months. -She did not know the Medication Administration Skills Validation could not be transferred from another facility. Interview with the Nurse Consultant on 01/23/20 at 10:45am revealed: -She provided training to the MAs at the facility. -The facility was responsible for calling her to schedule training if a MA was missing any training. -She did not remember the last time she had completed a Medication Administration Skills Validation for a MA at the facility. Telephone interview with the Nurse Consultant from the facilitys contracted pharmacy on 01/23/20 at 2:24pm revealed: -He was responsible for completing the 5, 10, or 15-hour training for MA's at the facility. -He scheduled the training monthly either at the pharmacy or at a common location. -The MAs were required to demonstrate how to administer medications to the residents. -He did not keep records of who attended the training. Interview with the Administrator on 01/23/20 at 2:00pm revealed: -She thought a MA did not have to complete the 5, 10, or 15-hour training if they had administered medications within the previous 24 months. -She did not know the Medication Administration Skills Validation could not be transferred from another facility. -She was responsible for making sure the staff had completed all required training.	D935 AB	15 hour med Class is scheduled for March 5th & 6th for those that Require a 15 hour Refresher Class. Personal manager will mail out this for compliance.	3/5/2020

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D935	Continued From page 21 -She was responsible for auditing staff records every 3 to 6 months to make sure no training was missing.	D935		