STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL088011	A. BUILDING: _____ B. WING _____	01/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORE'S HOME # 7	15 TORE DRIVE BREVARD, NC 28712

(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
C 000	Initial Comments The Adult Care Licensure Section and the Transylvania County Department of Social Services conducted an annual survey on January 28, 2020.	C 000		
C 270	10A NCAC 13G .0904 (c-7) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Menus in Family 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 observation, interviews and record reviews the facility failed to have a matching therapeutic diet menu for staff guidance for 2 of 2 sampled residents (#1 and #2) having a physician ordered soft diet (Resident #1) and a low carbohydrate diet (Resident #2). The findings are: 1. Review of Resident #1's current FL2 dated 11/21/19 revealed: -Diagnoses included dementia, hypothyroidism, hypertension and hyperlipidemia. -There was an order for a soft diet. Observation of the kitchen during the initial tour on 01/28/2020 at 10:15am revealed: -The facility's menu book and therapeutic menu book were not available in the home. -There was a hand-written menu on the counter for staff to reference when preparing meals for the day.	C 270		

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C 270	Continued From page 1 -The hand-written menu contained information on how to cook the food but not how to prepare or substitute any food for individual residents ordered therapeutic diets. -The hand-written menu indicated lunch consisted of chicken, rice and green beans. -There was a plastic sleeve taped to the refrigerator that did not contain any paper but had the words mechanical soft diet written on it. Interview with the Medication Aide (MA)/Supervisor in charge (SIC) on 01/28/2020 at 10:13am revealed: -There was not a therapeutic menu to specify how they should make Resident #1's diet soft; they just chopped food as necessary and cooked her vegetables longer. -The menu book was in another home being updated and therefore was not available for reference at this time. -Resident #1 chewed well so they did not grind her food but rather just made sure the pieces were moist and small. Observation of the lunch meal service on 01/28/2020 at noon revealed Resident #1 was out of the facility. Review of the facility's therapeutic diet menus revealed: -The menus were brought to the facility from the main office in an adjoining city at 2:00pm. -The therapeutic diet menu for lunch service on 01/28/2020 indicated chicken should be ground and ambrosia salad should be substituted with mandarin oranges. -There was a hand-written menu inserted into the menu book indicating Hawaiian salad would be substituted for the ambrosia salad.	C 270		

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C 270	Continued From page 2 2. Review of Resident #2's current FL2 dated 09/06/19 revealed: -Diagnoses included diabetes type 2, hypertension, gastro esophageal reflux disease and dementia. -There was an order for a low carbohydrate diet. Observation of the kitchen during the initial tour on 01/28/2020 at 10:15am revealed: -The facility's menu book and therapeutic menu book were not available in the home. -There was a hand-written menu on the counter for staff to reference when preparing meals for the day. -The hand-written menu contained information on how to cook the food but not how to prepare or substitute any food for individual residents ordered therapeutic diets. -The hand-written menu indicated lunch consisted of chicken, rice and green beans. Interview with the Medication Aide (MA)/Supervisor in charge (SIC) on 01/28/2020 at 10:13am revealed: -There was not a menu to specify how they should alter Resident #2's low carbohydrate diet; they just substituted some of the starch with extra vegetables. -The menu book was in another home being updated and was not available for reference at this time. Observation of the lunch meal service on 01/28/2020 at 11:57am revealed Resident #2 received a piece of chicken cut into bite sized pieces, 1/2 cup green beans, 1/2 cup mashed potatoes, a glass of water and a glass of milk. Review of the facility's therapeutic diet menus revealed:	C 270		

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C 270	Continued From page 3 -The menus were brought to the facility from the main office in an adjoining city at 2:00pm. -The therapeutic diet menu for lunch service on 01/28/2020 indicated Greek chicken, orzo, green beans, a roll, ambrosia salad and milk were to be served for a low carbohydrate diet. -There was a hand-written menu inserted into the menu book indicating Hawaiian salad would be substituted for the ambrosia salad.	C 270		
C 283	10A NCAC 13G .0904 (e-3) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Therapeutic Diets in Family Care Homes: (3) The facility shall maintain an accurate and current listing of residents with physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observation, record reviews and interviews the facility failed to maintain a accurate and current listing of physician ordered therapeutic diets for guidance of staff for 2 of 2 sampled residents (#1 and #2) who had a soft diet (#1) and a low carbohydrate diet (#2). The findings are: 1. Review of Resident #1's current FL2 dated 11/21/19 revealed: -Diagnoses included dementia, hypothyroidism, hypertension and hyperlipidemia. -There was an order for a soft diet.	C 283		

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C 283	Continued From page 4 Observation of the kitchen during the initial tour on 01/28/2020 at 10:15am revealed: -There was no therapeutic diet list available for staff guidance. -There was a hand-written menu on the counter for staff to reference when preparing meals for the day. -The hand-written menu contained information on how to cook the food but not how to prepare or substitute any food for individual residents. Refer to interview with the Medication Aide/Supervisor in charge on 01/28/2020 between 10:13 am and 11:05am. Refer to interview with the property manager on 01/28/2020 at 3:35pm. 2. Review of Resident #2's current FL2 dated 09/06/19 revealed: -Diagnoses included diabetes type 2, hypertension, gastro esophageal reflux disease and dementia. -There was an order for a low carbohydrate diet. Observation of the kitchen during the initial tour on 01/28/2020 at 10:15am revealed: -There was no therapeutic diet list available for staff guidance. -There was a hand-written menu on the counter for staff to reference when preparing meals for 01/28/2020. -The hand written menu contained information on how to cook the food but not how to prepare or substitute any food for individual residents. Refer to interview with the Medication Aide/Supervisor in charge on 01/28/2020 between 10:13 am and 11:05am.	C 283		

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C 283	Continued From page 5 Refer to interview with the property manager on 01/28/2020 at 3:35pm. _____ Interview with a Medication Aide/Supervisor in charge on 01/28/2020 between 10:13am and 11:05am revealed: -She did not usually work in this home but had been substituting for one week. -She had never seen a therapeutic diet list hanging in the kitchen. -She knew what diets residents were on because she looked at the medication administration record. Interview with the property manager on 01/28/2020 at 3:35pm revealed: -She did not realize the kitchen did not have a therapeutic diet list available for reference. -All kitchens needed a therapeutic diet list for staff to reference because staff rotated between homes as needed. -She did not know who was responsible for maintaining a therapeutic diet list for each home.	C 283		
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to develop and implement an activity	C 288		

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C 288	Continued From page 6	C 288		

program that promoted active involvement for all 5 residents who resided in the facility.

The findings are:

Observation of the January 2020 activity calendar posted in the hallway on 01/28/20 at 10:11am revealed:
-There were activities listed for each day of the month.
-Each day from 01/01/20 through 01/25/20 were marked through with a single black line.
-The activity documented on the activity calendar for 01/28/20 was movie and popcorn from 1:00pm to 3:00pm.

Interview with one resident on 01/28/20 at 9:40am revealed:
-There were no activities offered in the facility.
-He would like activities offered by the facility.

Based on observations, interviews, and record reviews it was determined a second and third resident were not interviewable.

Interview with the Supervisor In Charge (SIC) on 01/28/20 at 4:11pm revealed:
-The facility did not have a dedicated activity staff member.
-The activity provided to the residents for 01/28/20 was playing musical hymnals on the stereo in the living room.
-Two residents were provided nail care as an activity by the Transportation person.
-The scheduled movie and popcorn from 1:00-3:00pm was not provided to the residents because "TV doesn't work for them, they aren't into the movies".

Interview with the Property Manager on 01/28/20

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C 288	Continued From page 7 at 4:13pm revealed: -The only activity provided on 01/28/20 was nail care to two residents by the "transport lady". -The facility had recently hired an Activities Director, but she quit. -There were no staff who provided activities for the residents. -The scheduled 1:00-3:00pm movie and popcorn for the residents was not done because "there isn't an Activities Director". -The former Activities Director had filled out the schedule on the activities calendar.	C 288		
C935	G.S. § 131D-4.5B (b) ACH Medication Aides;Training and Competency 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	C935		

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C935	Continued From page 8 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 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 that 1 of 3 sampled staff (Staff B) had successfully completed an additional 10-hours of medication training and successfully completed the medication administration exam within 60 days of hire. The findings are: Review of Staff B Medication Aide (MA) personnel record on 01/28/20 revealed: -Staff B was hired on 08/19/19. -Staff B completed the 5-hour medication training on 08/27/19. -Staff B's medication clinical skills were checked off by an RN on 09/04/19 but not specific to which	C935		

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C935	Continued From page 9 independently licensed facility Staff B was validated to work. Attempted telephone interview with Staff B on 01/28/00 at 4:20pm was unsuccessful. Interview with the Property Manager on 01/28/20 at 4:25pm revealed: -Staff B normally worked 3rd shift at this facility. -Staff B had not passed the medication exam. -Staff B was scheduled to work 3rd shift at this facility on 01/28/20 and she would take Staff B off the schedule immediately pending further medication training and successfully completing the exam. -She did not know each MA needed to have their medication skills validated by a Licensed Health Professional at each independently licensed facility.	C935		