Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl032171	A. BUILDING: _____ B. WING _____	03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGDAILE ASSISTED LIVING	4315 HOLDER ROAD DURHAM, NC 27703

(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 conducted an initial survey with onsite visits on March 2, 2021 and March 4, 2021 and a desk review on March 3, 2021 with a telephone exit on March 4, 2021.	C 000	Facility owners contracted with the Plumbing repair Company to adjust the water temperature and fixtures for all Bathrooms and Kitchen. This was accomplished to make sure the water temperature is in the range of 100 degrees Fahrenheit to the maximum of 116 degrees Fahrenheit. The proper equipment (water thermometers) was fully stocked in the designated area. Staff were re-trained on state requirements and how to test and document water temperatures. Administrator has re-trained the staff for how to test water temperatures and document it properly in the water temperature log book. Administrator had re- tested the water temperatures to make sure the facility is in compliance. Staff will test water temperature twice a day for 1 week (from 03/08/21 – 03/14/21) to make sure that the water temperatures are in compliance and all faucets are in working condition. The Staff will report the water testing temperature back to the Administrator. To stay in compliance with water temperature range (100-116 deg F), Administrator will communicate with the staff to oversee staff testing water temperature are accurate and properly documented on the weekly basis starting 03/15/21.	03/08/2021
C 105	10A NCAC 13G .0317(d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the hot water temperatures were maintained at a minimal of 100 degrees Fahrenheit (F) to a maximum of 116 degrees F for 3 of 4 fixtures at two sinks and one shower for residents. The findings are: Observation of the water temperatures for bathroom #1 on 03/02/21 at 10:37am revealed the water temperature of the sink fixture measured 120.4 degrees F. Observation of the water temperatures for bathroom #2 on 03/02/21 at 10:24am revealed: -The water temperature of the sink fixture measured 118.6 degrees F. -The water temperature of the shower fixture measured 116.2 degrees F.	C 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Angelica Rombert — TITLE: Administrator — (X6) DATE: 3/23/21

Reviewed and accepted- SS 03/25/21

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C 105	Continued From page 1 Observation of the medication aide (MA) checking the water temperature for bathroom #1 on 03/02/21 at 10:35am revealed: -The MA used the facility's digital thermometer to test the water temperature at the sink fixture. -The water temperature of the sink fixture measured 121.4 degrees F. Review of a facility contracted maintenance invoice revealed: -The invoice was dated 03/02/21 and was hand written. -There was documentation indicated the water heater temperature was reset and the faucet/fixture in one of the bathrooms was listed as the second item on the invoice. -There was no documentation to specify what was completed for the faucet/fixture. Observation of the water temperatures for bathroom #1 on 03/02/21 at 12:45pm revealed the water temperature of the sink fixture measured 125.2 degrees F. Observation of the water temperatures for bathroom #2 on 03/02/21 at 12:37pm revealed: -The water temperature of the sink fixture measured 123.1 degrees F. -The water temperature of the shower fixture measured 122.4 degrees F. Attempted telephone interview with the maintenance person on 03/03/21 at 12:47pm was unsuccessful. Interview with a MA on 03/02/21 at 12:30pm revealed: -She was told by the Administrator to check the water temperature weekly and document the	C 105		

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C 105	Continued From page 2 temperature on the bathroom temperature log. -She took the water temperatures for the bathrooms on Mondays. -She assisted the resident with her showers by helping her into the shower, asking the resident if the water temperature was good for her, and standing by to ensure she did not fall. -The resident used her hand to determine if the water temperature was good for her. Telephone interview with a MA 03/04/21 at 12:13pm revealed: -The resident used bathroom #2. -She took water temperatures at the sink fixtures only, and she never tested the shower fixtures. -She was not given specific instructions to obtain the water temperatures for the sink and shower fixtures. Interview with the Administrator on 03/02/21 at 12:48pm revealed: -She instructed staff to test the water temperature weekly and document on the bathroom temperature log. -She called staff weekly for an update about the water temperatures and she was not called by staff to report water temperatures not within normal range. -She had not measured the water temperatures herself since January 2021. -She was the Administrator, and she instructed staff to notify her if the water temperature was below 100 degrees F or over 116 degrees F.	C 105		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home	C 145		

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C 145	Continued From page 3 shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure 1 of 2 sampled staff (Staff B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (NCHCPR). The findings are: Review of Staff B's personnel record revealed: -Staff B was hired on 02/22/21. -There was no documentation indicating a North Carolina Health Care Personnel Registry (NCHCPR) check was completed prior to hire. Telephone interview with Staff B on 03/03/21 at 9:03am revealed: -He was hired on 02/18/21 as a medication aide (MA). -His job duties were to administer medication to the residents, provide basic care needs like assisting with bathing and toileting, feeding, and maintaining the facility by cleaning. -He thought he saw the owner place his NCHCPR check document in his staff folder. -His first day of work was 02/22/21. Interview with the Administrator on 03/02/21 at 12:15pm revealed: -She was responsible for ensuring all the required paperwork was placed in staff folders. -She reviewed staff folders at the beginning of February 2021 and 02/20/21. -She knew Staff B from another facility and did	C 145	Facility owner and Administrator will monitor and check the employee hiring documents on a monthly basis to stay in compliance with the NCDHSR rules and regulation. Facility has purchased locked file cabinets to ensure that the Staff documents are placed and maintained in a safe and secure location. The locked cabinets were put in place on 03/08/2021	03/08/2021

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C 145	Continued From page 4 his criminal background check and NCHCPR checks on 02/20/21. -She saw his NCHCPR on 02/20/21 because the owner printed it from the computer. -She did not know what happened to the document. Telephone interview with the owner on 03/04/21 at 10:57am revealed: -The paperwork for a new hire was completed in stages. -First the applicant completed a job application, and then once the decision was made to hire the other paperwork was completed on the day before or the day of hire -He printed Staff B's NCHCPR and saw that he had no findings. -He gave it to the Administrator to review because she was present when he printed Staff B's NCHCPR check. -He was not sure what happened to the document, but he thought he printed it on 01/29/21. Review of the NCHCPR dated 03/02/21 for Staff B revealed there were no substantiated findings.	C 145		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.	C 330		

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C 330	Continued From page 5 This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to administer medications as ordered for 1 of 1 sampled resident (#1) to include a vitamin supplement. The findings are: Review of Resident #1's current FL-2 dated 02/02/21 revealed: -Diagnoses included aortic stenosis, type 2 diabetes, chronic systolic heart failure, hypertension, cirrhosis of the liver with ascites, and dementia. -There was a medication order for vitamin C 500 mg (used to protect the body against free radicals) daily. Review of Resident #1's February 2021 printed medication administration record (MAR) revealed: -There was a printed entry for vitamin C 500 mg take two tablets twice daily, scheduled for 8:00am and 8:00pm. -There was documentation of the vitamin C two tablets was administered twice daily from 02/01/21 to 02/18/21 for 8:00am and 8:00pm. -There was documentation on the reverse side of the MAR on 02/19/21 that Resident #1 was in the hospital. Observation of Resident #1's medications on hand on 03/02/21 at 11:46am revealed: -There was a bubble pack of vitamin C 500 mg tablets, which were packaged two pills per bubble. -There were 48 tablets remaining in the bubble pack which was dispensed on 01/30/21.	C 330	Administrator re-trained the staff on administering medication, Medication labels, MARS and FL2's. The facility developed and implemented a medication accuracy form on 03/08/2021. This provides information that all the medication administration is in compliance and documented properly. The Administrator re-trained the staff on medication accuracy for 2 weeks (03/08/2021 - 03/22/2021). The staff will verify the details for any errors (immediately to the administrator) and report it to the administrator on a weekly basis. Administrator will monitor the accuracy on a monthly basis.	03/22/2021

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C 330	Continued From page 6 Telephone interview with Resident #1's pharmacy on 03/03/21 at 9:15am revealed: -There was an order for Resident #1 dated 01/29/21 for vitamin C 500 mg two tablets twice daily. -He did not see an order for vitamin C 500 mg daily in Resident #1's computer profile dated 02/02/21. -He did not see any orders dated 02/02/21. -One hundred and twenty tablets of vitamin C 500 mg was dispensed on 01/30/21. Attempted telephone interview with Resident #1's primary care provider (PCP) on 03/03/21 at 8:15am was unsuccessful. Telephone interview with a medication aide (MA) on 03/03/21 at 8:32am revealed -She administered two tablets of vitamin C to Resident #1 twice daily. -She administered vitamin C to Resident #1 based on the documentation on the MAR. Telephone interview with the Administrator on 03/03/21 at 2:58pm revealed: -She thought Resident #1 was supposed to received vitamin C twice daily. -She saw on the FL-2 dated 02/02/21 vitamin C 500 mg daily. -She should have caught that the order was changed from the first FL-2 dated 01/29/21 and corrected the MAR. -This was an error and she thought the pharmacy printed it wrong. -She reviewed the MARs weekly but did not note this error. -When she reviewed the MARs, she compared the physician orders with the documentation on the MARs and compared the MARs to the medication labels.	C 330		

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C 330	Continued From page 7 -She should have caught that Resident #1's vitamin C was not entered correctly on the MAR. Telephone interview with the pharmacy manager at Resident #1's pharmacy on 03/04/21 at 11:36am revealed: -The pharmacy had begun working with the facility 2 months ago. -Most of the time, the physician sent prescriptions electronically or on some occasions called the pharmacy to provide medication orders. -The pharmacy notified physicians when a medication order needed clarification. -Resident #1's FL-2 dated 01/29/21 was faxed to the pharmacy from another physician other than the facility's physician. -The pharmacy did not have a FL-2 dated 02/02/21 on file for Resident #1. -Staff at the facility could send orders via fax. -He also received orders from the facility because the Administrator dropped the orders off in person. Telephone interview with the Administrator on 03/03/21 at 2:58pm revealed: -She prepared Resident #1's MARS using her FL-2 dated 01/29/21 and then her PCP visited the facility on 02/02/21. -On 02/02/21, the PCP completed another FL-2 and changed some of the medication. -She handwrote the MARs for the medication orders that were different than the medication orders on the FL-2 dated 01/29/21. -She did not know the pharmacy had not received the FL-2 dated 02/02/21. -She was responsible for ensuring residents' medications were administered as ordered by the PCP.	C 330		

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C 342	Continued From page 8	C 342		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the medication administration records were accurate for 1 of 1 sampled resident (#1) to include a topical medication to treat hemorrhoids. The findings are: Review of Resident #1's current FL-2 dated 02/02/21 revealed: -Diagnoses included aortic stenosis, type 2 diabetes, chronic systolic heart failure,	C 342	Administrator re-trained staff on medication administration and documentation (03/08/2021). The facility developed and implemented a medication and label accuracy form on 03/08/2021. Each staff conducts the medication accuracy audit on a weekly basis and report it to the administrator immediately for any errors. Administrator will monitor the accuracy on a monthly basis.	03/08/2021

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C 342	Continued From page 9 hypertension, cirrhosis of the liver with ascites, and dementia. -There was a medication order for hydrocortisone 1% cream (used to treat itching around the anal area) apply to rectal area every 12 hours as needed. Review of Resident #1's Resident Register revealed she was admitted to the facility on 02/01/21. Review of Resident #1's February 2021 hand written medication administration record (MAR) revealed: -There was an entry for hydrocortisone 1% cream apply to rectum topically every 12 hours as needed for hemorrhoids. -On the space for staff initials, there was documentation of discontinue and the Administrator's initials. Observation of Resident #1's medications on hand on 03/02/21 at 11:29am revealed there was one full tube (28 grams) dispensed on 01/30/21. Telephone interview with a pharmacist at Resident #1's pharmacy on 03/03/21 at 9:15am revealed: -Resident #1 had an order for hydrocortisone 1% cream apply to rectum every 12 hours as needed dated 01/29/21. -The order was obtained from Resident #1's FL-2 dated 01/29/21. -One 28-gram tube of Hydrocortisone 1% cream was dispensed on 01/30/21 for Resident #1. -Hydrocortisone cream was used to treat dry skin and itching. -The medication could prevent dry skin which may lead to torn skin around the rectum. -There was no discontinue order for Resident	C 342		

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C 342	Continued From page 10 #1's hydrocortisone cream. Attempted telephone interview with Resident #1's primary care provider (PCP) on 03/03/21 at 8:15am was unsuccessful. Telephone interview with a medication aide (MA) on 03/03/21 at 8:32am revealed -She applied zinc oxide to Resident #1's buttocks, but she had not used hydrocortisone cream for Resident #1's buttocks. -She thought Resident #1's hydrocortisone cream was discontinued because of the documentation on Resident #1's MARs indicated discontinued. -She did not prepare the MARs and the MARs were written by the Administrator. -She reviewed Resident #1's FL-2 and read the MARs. -She did not notice there was an error in discontinuing Resident #1's hydrocortisone cream. -The Administrator processed the medication orders to the MARs. -She administered medications according to the documentation on the MARs. Telephone interview with the Administrator on 03/03/21 at 2:58pm revealed: -She remembered Resident #1's PCP discontinuing the hydrocortisone cream, because the PCP stated she did not need both zinc oxide and hydrocortisone cream. -However, she saw on Resident #1's FL-2 dated 02/02/21 that it was still ordered. -This was an error on her part, because she thought Resident #1's hydrocortisone was discontinued by the PCP, and she documented discontinue on Resident #1's MAR. -She prepared Resident #1's MARS using her FL-2 dated 01/29/21 and then Resident #1's PCP	C 342		

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C 342	Continued From page 11 visited the facility on 02/02/21. -On 02/02/21, the PCP completed another FL-2 and changed some of the medication. -She handwrote the MARs for the medication orders that were different than the medication orders on the FL-2 dated 01/29/21. -She did not know the pharmacy had not received the FL-2 dated 02/02/21.	C 342		