

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/13/2021
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

CLAYTON HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE

145 DAIRY ROAD
CLAYTON, NC 27520

(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 a follow-up survey on August 11-13, 2021.	{D 000}		
{D 465}	10A NCAC 13F .1308(a) Special Care Unit Staff 10A NCAC 13F .1308 Special Care Unit Staff (a) Staff shall be present in the unit at all times in sufficient number to meet the needs of the residents; but at no time shall there be less than one staff person, who meets the orientation and training requirements in Rule .1309 of this Section, for up to eight residents on first and second shifts and 1 hour of staff time for each additional resident; and one staff person for up to 10 residents on third shift and .8 hours of staff time for each additional resident. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the required staffing hours for the Special Care Unit (SCU) with a census of 44 were met for 6 of 12 shifts sampled from 07/02/21 to 07/05/21. The findings are: Review of the facility's current license effective January 1, 2021 revealed the facility was licensed for a Special Care Unit (SCU) with a capacity of 60 beds. Review of the facility's Resident Bed List Report for 07/02/21 to 07/05/21 revealed there was a SCU census of 44 residents, which required 44 staff hours on first and second shift and 35.2 staff hours on night shift. Review of the employee timecards dated 07/02/21 revealed there was a total of staff hours	{D 465}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 08/13/2021
NAME OF PROVIDER OR SUPPLIER CLAYTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 145 DAIRY ROAD CLAYTON, NC 27520		
(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 465}	Continued From page 1 39.10 provided on second shift with a shortage of 4.90 hours. Review of the employee timecards dated 07/03/21 revealed: -There was a total of 41.19 staff hours provided on second shift with a shortage of 2.81 hours. -There was a total of 30.98 staff hours provided on night shift with a shortage of 4.22 hours. Review of the employee timecards dated 07/04/21 revealed there was a total of 31.67 staff hours provided on night shift with a shortage of 3.53 hours. Review of the employee timecards dated 07/05/21 revealed: -There were 40.01 staff hours provided on second shift with a shortage of 3.99 staff hours. -There were 29.76 staff hours provided on night shift with a shortage of 5.44 staff hours. Telephone interview with a medication aide (MA) on 08/12/21 at 11:00pm revealed: -She worked second shift and sometimes she worked night shift. -On the second shift, residents were prepared for the dinner meal service, and there was a large medication pass at 8:00pm. -The MAs did laundry after 9:00pm because that was the least busy time of the second shift. -The Lead Supervisor in Charge (SIC) and the Administrator made the staff schedule. -There were supposed to be 7 or 8 staff assigned to second shift. -There were supposed to be three PCAs and one MA assigned to night shift. -There was an assignment board behind the nurse's station indicating the staff hall assignments for the shift.	{D 465}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/13/2021
NAME OF PROVIDER OR SUPPLIER CLAYTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 145 DAIRY ROAD CLAYTON, NC 27520		
(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 465}	Continued From page 2 -When there was a call out, the Lead SIC or the Resident Care Coordinator (RCC) were notified. -The MAs called to find staff to work. -There were new hires that began working on second shift. -When there were not 7 or 8 staff on second shift, they all worked together to get the work done. Telephone interview with a night shift PCA on 08/12/21 at 8:45pm revealed: -There was usually 1 MA and 4 PCAs assigned to the night shift. -There was an assignment sheet at the front desk for staff to review for their hall assignments. -She thought the Administrator made the assignments and the RCC made the schedule, but she was not sure. -When staff wanted a day-off they used an app to request the day off or completed a form. -When staff called out, they were supposed to find a replacement for themselves. -If staff were late or a no show for the shift, the MA called other staff to determine if someone could come in to work. -A PCA was assigned to each hall and the MA also assisted when needed. -She made rounds every 2 hours. -During her rounds, she ensured residents were safe and not in need of incontinence care. -The night shift staff also cleaned wheelchairs and washed laundry. Telephone interview with a second shift PCA on 08/12/21 at 9:15pm revealed: -She began working at the facility two weeks ago and was assigned to 200 hall on evening shift. -There were usually 5 people during the evening shift. -She did not know the process for requesting time off and she did not know the process for when	{D 465}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/13/2021
NAME OF PROVIDER OR SUPPLIER CLAYTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 145 DAIRY ROAD CLAYTON, NC 27520		
(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 465}	Continued From page 3 staff called out. -On the second shift, she began the shift by checking on each resident to speak and to determine if incontinence care was needed; then she began preparing residents for the dinner meal service; then she assisted residents back to their rooms; completed assigned showers; performed incontinence care; folded laundry; and then completed her last round at 10:00pm. -She had observed some night shift staff arriving early to work to begin cleaning the wheelchairs. Interview with a first shift PCA on 08/13/21 at 10:30am revealed: -She was assigned to the 200-hallway for the past two months. -She had remained over to work on second shift, but she could no longer work over. -Residents received showers on the first and second shifts. -Second and night shift assisted with the laundry. Interview with the BOM on 08/13/21 at 9:24am revealed: -The Lead SIC and the Administrator were responsible for doing the staffing schedule. -She did not think there were any other staffing hours for the time period of 07/02/21 to 07/05/21. -If there were any missing hours noted by staff on their worked time, they told her. -She checked and did not have any missing time for 07/02/21 to 07/05/21. Interview with the RCC on 08/13/21 at 10:34am revealed: -She and the Administrator made the staff schedule in the past. -She stopped making the schedule at the end of May 2021. -Staff did not call her when calling out for the	{D 465}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/13/2021
NAME OF PROVIDER OR SUPPLIER CLAYTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 145 DAIRY ROAD CLAYTON, NC 27520		
(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 465}	Continued From page 4 shift. -The Lead SIC and the Administrator made the schedule now. Telephone interview with the Lead SIC on 08/13/21 at 9:48am revealed: -She began making the staff schedule with the Administrator in June 2021. -She sat across from the Administrator and reviewed the schedule. -She discussed any areas on the schedule where staffing was lacking with the Administrator. -To date, she had worked on two schedules and the first schedule she made began on 07/04/21. -Any schedules prior to 07/04/21, she had not made. -She worked to cover the shifts where staffing was short by calling staff, and asking staff if they were able to work additional hours. -Any shifts that were not covered she had to work them. -For the month of August, she decided to provide a blank August schedule to staff and they signed up for all the days they were able to work. -The August schedule had been better covered than July by using this new process. -She thought staffing was short in July because five staff quit and difficulties to hire staff during the coronavirus pandemic. -Recently, the Administrator hired 4 staff. -On 07/04/21, she knew staffing hours were short because she came in to work a double. -On 07/04/21, the facility began doing eight hour shifts again. -Staff who previously worked 12-hour shifts covering portions of the second shift did not come in to work until 11:00pm on 07/04/21. -On 07/05/21, a MA requested time off and there were call outs. -She was told by the Administrator how many	{D 465}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/13/2021
NAME OF PROVIDER OR SUPPLIER CLAYTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 145 DAIRY ROAD CLAYTON, NC 27520		
(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 465}	Continued From page 5 staff were needed for first, second and night shift. -She was told by the Administrator that 7 staff were needed for first and second shift. -She was told 5 staff were needed for night shift. -She did not know the special care unit staffing hours requirement was based upon the census and shift. Interview with the Administrator on 08/13/21 at 11:00am revealed: -She and the Lead SIC prepared the staff schedule now and the Lead SIC was assigned this duty on June 2021. -She and the RCC prepared the staff schedule in the past, but the RCC had not participated with the preparation of the staff schedule since May 2021. -She thought 6 staff were needed on first and second shift for a census of 44 and 5 staff were needed for night shift. -She knew staffing requirements for each shift was based on the census. -She, the BOM or the RCC could cover shifts if needed. -She knew there was a staffing shortage on second and third shift in July 2021. -To solve the staffing shortage, she did a sign-up sheet for staff to work additional shifts. -She made the schedule from June 2021 to 07/04/21. -She and the Lead SIC would call staff to fill in for staff who called out. -She had hired four new staff for second shift. -She conducted interviews, job fairs and put signs out indicating the facility was hiring to work on the staffing shortage. -She was responsible for ensuring the staffing hours met the required hours based on the census.	{D 465}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 08/13/2021
NAME OF PROVIDER OR SUPPLIER CLAYTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 145 DAIRY ROAD CLAYTON, NC 27520		
(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 465}	Continued From page 6 At the time of exit, there was no additional staffing hours provided by the facility for 07/02/21 to 07/05/21.	{D 465}			