STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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THE BRADFORD VILLAGE OF KERNERSVILLE - WES	602 PINEY GROVE ROAD KERNERSVILLE, NC 27284

(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 and complaint investigation from January 5, 2022 through January 7, 2022.	D 000		
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure personal care was provided for 5 of 8 residents (#1, #3, #4, #7 and #8) who needed assistance with bathing (#1, #4, and #8) and incontinence care (#3 and #7). The findings are: 1. Review of Resident #1's current FL2 dated 08/27/21 revealed: -Diagnoses included chronic obstructive pulmonary disease, fibromyalgia, and anxiety. -She needed assistance with bathing. Review of Resident #1's care plan dated 12/17/21 revealed: -Resident #1 needed limited assistance with bathing. -She needed extensive assistance with	D 269		

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D 269	Continued From page 1 grooming/personal hygiene and dressing. Review of Resident #1's Activities of Daily Living (ADL) log for November 2021 revealed: -There was documentation Resident #1 required assistance for bathing. -There was a space to document the staff's initial. -There was an entry for bathing to document if Resident #1 was assisted with a shower. -There was no documentation Resident #1 was assisted with a shower/bath from 11/02/21 to 11/14/21, from 11/16/21 to 11/28/21 and on 11/30/21 -There was no documentation of refusals. Review of Resident #1's Activities of Daily Living (ADL) log for December 2021 revealed: -There was documentation Resident #1 required assistance for bathing. -There was a space to document the staff's initial. -There was an entry for bathing to document if Resident #1 was assisted with a shower. -There was no documentation Resident #1 was assisted with a shower/bath from 12/01/21 to 12/19/21, from 12/21/21 to 12/23/21 and from 12/25/21 to 12/31/21. -There was no documentation of refusals. Review of Resident #1's Activities of Daily Living (ADL) log for January 2022 revealed: -There was documentation Resident #1 required assistance for bathing. -There was a space to document the staff's initial. -There was an entry for bathing to document if Resident #1 was assisted with a shower. -There was no documentation Resident #1 was assisted with a shower on 01/01/22, 01/02/22 and from 01/04/22 to 01/06/22. -There was no documentation of refusals.	D 269		

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Review of Resident #1's skin assessment sheets revealed:
-There was 1 skin assessment sheet dated 12/28/21 which included the resident's name, date and the caregiver's name.
-There was no other documentation on the skin assessment sheet dated 12/28/21.
-Staff were to document on the skin assessment sheets any areas of concern on the body including any reddened areas, bruises, or any open areas; staff were to document a written narrative for any area of concern.
-There were no other skin assessment sheets for November 2021, December 2021, and January 2022 for review.

Review of Resident 1's progress notes dated 12/30/21 at 8:30pm revealed:
-Resident #1 had been complaining of foot pain due to a quarter size sore on the heel of her right foot.
-The area on her right foot was blackened in color.
-Resident #1 stated that the area had bled some and was sore to touch.
-Resident #1 requested to be sent out to the hospital to be evaluated.

Review of Resident #1's Emergency Department (ED) after visit summary dated 12/30/21 revealed:
-The reason for Resident #1's visit was skin ulcer.
-Resident #1's diagnosis was a diabetic ulcer of the right heel associated with diabetes mellitus of other type, limited to breakdown of skin.
-Resident #1 was to start taking doxycycline, an antibiotic, for the ulcer on her heel.

Review of Resident #1's podiatrist visit summary dated 01/04/22 revealed:
-The podiatrist evaluated the ulcer to Resident

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#1's right foot and advised her that the ulcer could become limb threatening.
-Resident #1 was to be seen by the podiatrist in 2 weeks for further evaluation.
-There were no new orders.

Observation of Resident #1's personal cell phone on 01/06/22 at 3:35pm revealed:
-Resident #1 had a photo of her foot taken by another resident and the photo was date stamped 12/30/21 at 6:20pm.
-The photo showed the right side of the heel of Resident #1's foot and there was an area of darkened skin that was 1 to 1 and 1/2 inches in size.

Observation of Resident #1 on 01/07/22 at 12:12pm revealed:
-Resident #1 was in her room in her recliner chair.
-Resident #1's Primary Care Provider (PCP) and the Resident Care Coordinator (RCC) were present.
-The PCP assessed Resident #1's right foot.
-There was a pinkish area of skin on Resident #1's right heel that was 1 to 1 and 1/2 inches in size.

Interview with Resident #1 on 01/05/22 at 9:17am revealed:
-She was supposed to get assistance with a shower three times a week on Mondays, Wednesdays, and Fridays, but she was only getting a shower once a week.
-She was told by staff she could not get a shower at times because the facility was short staffed.
-She had been having pain in her right heel for about a week and had told staff.
-It was after hours on 12/30/21 when she discovered she had a darkened area on her right

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heel.
-She discovered the darkened area after she had another resident take a picture of her foot.
-She showed the area to staff and requested to go the ED because she did not want to wait until the next day to see a physician.
-She had a diabetic ulcer on her right heel.
-"Because I don't get regular showers, staff didn't notice the place on my foot."

A second interview with Resident #1 on 01/06/22 at 3:22pm revealed:
-She saw her podiatrist on 01/04/21 and he wrapped her heel and told her not to get it wet.
-She was supposed to see the podiatrist in 7 to 14 days.
-She had not seen her PCP since she went to the ED on 12/30/21.

Interview with a medication aide (MA) on 01/06/22 at 1:46pm revealed:
-Personal Care Aides (PCA) should assess the whole body when assisting them with a shower or bath and complete the skin assessment sheets.
-Skin assessment sheets were normally put in a box on the Staffing Coordinator's office door and she put the assessments in a folder.
-If a resident refused a shower or bath, the refusal should have been documented on the personal care log.
-No PCA reported any type of wound or darkened area on Resident #1's foot to her and Resident #1 never complained of pain in her foot to her.

Interview with the Staffing Coordinator on 01/07/22 at 10:43am revealed:
-She worked as a PCA providing resident care when needed.
-Resident #1 had refused showers for almost 3 weeks and told her she just did not want to take a

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shower.
-Resident #1 did not need assistance with her showers, but most of the time staff was present with her during showers.
-Resident #1 told her about having pain in her foot on the day she went to the ED on 12/30/21.
-She had not known about pain or an ulcer on Resident #1's foot prior to 12/30/21.

Interview with Resident #1's PCP on 01/07/22 at 11:48am revealed:
-She did not know about the diabetic ulcer on Resident #1's right heel.
-Resident #1 went around barefooted and she would have noticed the diabetic ulcer.
-She last saw Resident #1 in December 2021 and she did not have any skin issues.

A second interview with Resident #1's PCP on 01/07/22 at 12:12pm revealed:
-She assessed Resident #1's heel on 01/07/22 and there was an area on her heel.
-There were no signs of infection, so Resident #1 did not need a home health nurse for wound care.
-Resident #1 was alert enough to tell the staff if she had any skin issues.
-If Resident #1 did not tell staff about the area on her heel, staff would not know.

Interview with the RCC on 01/07/22 at 12:21pm revealed:
-Resident #1's shower days were on Mondays, Wednesdays, and Fridays.
-PCAs assisted Resident #1 with showers.
-Resident #1 refused her last three showers because she wanted a certain PCAs to assist her.
-Staff should have documented shower refusals on the personal care log and on the skin assessment sheets.
-The skin assessment sheets should have been

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completed with each shower attempt whether the resident received a shower or refused.
-Staff should have seen the ulcer on Resident #1's heel while assisting with showers and should have let her know.
-No staff had reported to her any issues with Resident #1's skin.

Interview with a nurse at Resident #1's podiatrist's office on 01/07/22 at 1:15pm revealed:
-Resident #1 was seen on 01/04/22 by the podiatrist due to an ulcer on her right heel.
-There was no infection, but the podiatrist wanted Resident #1's foot to be kept clean and dry for 7 days.
-The ulcer could have become limb threatening if not taken care of.

Interview with a MA on 01/07/22 at 3:46pm revealed:
-Resident #1 never complained to her about not receiving a shower.
-PCAs should have completed skin assessment sheets where they assisted residents with showers or not.
-No PCA had reported Resident #1 had any skin issues on her feet.
-When she found out about the area on Resident #1's right foot, she sent her out to the hospital.
-Resident #1 was more self-sufficient and usually let staff know when she had concerns.

Interview with a PCA on 01/07/22 at 5:22pm revealed:
-She assisted Resident #1 with showers.
-Resident #1 usually did not refuse showers, but sometimes she did not feel like taking one.
-Resident #1 was able to wash herself, but she stayed with her during showers and assisted with washing her back and feet.

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D 269	Continued From page 7 -She completed a skin assessment for residents when she assisted with showers. -Part of her skin assessment was looking at Resident #1's feet. -She had not seen any skin issues with Resident #1's feet until she showed it to her. -Resident #1 showed her a "tiny spot" on her foot on the day before she went out to have it evaluated at the hospital, 12/29/21. -She also showed the MA and other staff the spot on her foot. -She did not know if Resident #1's PCP was called on 12/29/21. -Resident #1 usually told staff when something was wrong. Interview with the Administrator on 01/07/22 at 1:15pm revealed: -Resident #1 should have received her showers based on her needs on her care plan. -If a resident refused a shower, it should have been documented on the bath assignment sheet and on the skin assessment sheet. -Any skin issues should have been documented on the skin assessment sheet and followed up on. -He did not know Resident #1 did not have skin assessment sheets available, and he did not know Resident #1 had a diabetic ulcer until informed by staff during the survey. Refer to interview with the Staffing Coordinator 01/07/22 at 10:43am. Refer to interview with a Personal Care Aide (PCA) on 01/07/22 at 5:22pm. Refer to interview with the Administrator on 01/07/22 at 1:15pm.	D 269		

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D 269	Continued From page 8 2. Review of Resident #4's current FL2 dated 07/21/21 revealed: -Diagnoses included Parkinson's disease, anxiety disorder,and chronic pain. -Resident #4 needed assistance with bathing. Review of Resident #4's care plan dated 12/17/21 revealed: -She needed extensive assistance with bathing and dressing. -She needed limited assistance with grooming/personal hygiene. Review of Resident #4's Activities of Daily Living (ADL) log for November 2021 revealed: -There was documentation Resident #4 required extensive assistance with bathing. -Resident #4 was to have a shower 3 times a week. -There was no documentation Resident #4 received 3 showers/baths from 11/01/21 to 11/20/21 and from 11/28/21 to 11/30/21. -There was no documentation of refusals. Review of Resident #4's Activities of Daily Living (ADL) log for December 2021 revealed: -There was documentation Resident #4 required extensive assistance with bathing. -Resident #4 was to have a shower 3 times a week. -There was no documentation Resident #4 received 3 showers/baths during the week of 12/12/21 through 12/18/21. -There was no documentation of refusals. Review of Resident #4's skin assessment sheets revealed there were no skin assessment sheets for November 2021, December 2021, or January 2022.	D 269		

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D 269	Continued From page 9 Interview with Resident #4 on 01/06/22 at 2:53pm revealed: -She had Parkinson's disease and needed assistance with getting in and out of bed, bathing, and getting dressed. -Her shower days were on Tuesdays, Thursdays, and Saturdays, but she did not always get a shower on her shower days. -Sometimes she went 2 to 3 weeks before she received assistance with a shower. -She asked for a shower a couple times a week and staff told her it was not her shower day, they did not have time, or there was not enough staff. -She last received a shower on 01/04/22 and prior to that, it had been a week since she last received a shower. -She refused showers once in a great while, but most of the time she was just so glad to get a shower. Interview with the RCC on 01/07/22 at 12:21pm revealed: -Resident #4's shower days were on Tuesdays, Thursdays, and Saturdays. -Resident #4 refused showers at times, but she did not know if there was documentation of the refusals. -The Staffing Coordinator was responsible for receiving and keeping up with bath assignment and skin assessment sheets. -Resident #4 had not told her she was not receiving assistance with a shower on her scheduled shower days. Interview with a medication aide (MA) on 01/07/22 at 3:18pm revealed: -Resident #4 needed assistance with showers. -Resident #4 usually received a shower, but she refused showers if they were not offered at the time she wanted them.	D 269		

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D 269	Continued From page 10 -Resident #4 had complained to her in the past about not getting a shower. Interview with a second MA on 01/07/22 at 3:46pm revealed: -Resident #4 needed assistance with showers. -She did not know Resident #4 to refuse showers. -Resident #4 did not complain to her about not getting a shower. Interview with the Staffing Coordinator on 01/07/22 at 10:43am revealed: -She worked as a Personal Care Aide (PCA) providing resident care when needed. -Resident #4 was known for refusing showers, but lately she had been taking showers regularly. -She last had a shower this week, but she did not remember which day. Interview with a PCA on 01/07/22 at 5:22pm revealed: -She knew Resident #4 complained of not getting a shower. -"Sometimes she wants to get a shower when she wants to get a shower." -If she had time, she assisted Resident #4 with a shower when she wanted one. Interview with the Administrator on 01/07/22 at 1:15pm revealed he was not aware Resident #4 had concerns about not getting a shower. -He expected staff to offer Resident #4 a shower on shower days and document any refusals. Refer to interview with the Staffing Coordinator 01/07/22 at 10:43am. Refer to interview with a Personal Care Aide (PCA) on 01/07/22 at 5:22pm.	D 269		

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D 269	Continued From page 11 Refer to interview with the Administrator on 01/07/22 at 1:15pm. 3. Review of Resident #3's current FL2 dated 12/10/19 revealed: -Diagnoses included dementia, hemiplegia, ischemic heart disease, diabetes type 2 and neuropathy. -He was non-ambulatory and no information as to his orientation. -He was incontinent of bladder and bowel. -He required assistance with bathing. Review of Resident #3's care plan dated 07/09/21 revealed he required extensive assistance from staff for toileting, bathing, and personal hygiene. Review of Resident #3's Activities of Daily Living (ADL) log for November 2021 revealed: -There was documentation Resident #3 was totally dependent upon staff for bathing, personal hygiene and toileting. -There was a space to document assistance for ADLs on each shift for each day in November 2021. -There was no documentation staff assisted Resident #3 with bathing on 77 out of 90 shifts. -There was no documentation staff assisted Resident #3 with toileting on 43 out of 90 shifts. -There was no documentation staff assisted Resident #3 with oral care on 70 out of 90 shifts. -There was no documentation of refusals. Review of Resident #3's November 2021 Daily Shower Sheet revealed there was no documentation Resident #3 was assisted with a bath/shower on 11/01/21 and from 11/03/21 to 11/30/21. Review of Resident #3's November 2021 Skin	D 269		

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D 269	Continued From page 12 Assessment Sheets revealed there were no skin assessment sheets available for review. Review of Resident #3's ADL log for December 2021 revealed: -There was a space to document assistance for ADLs on each shift for each day in December 2021. -There was no documentation staff assisted Resident #3 with bathing on 84 out of 93 shifts. -There was no documentation staff assisted Resident #3 with toileting on 68 of 93 shifts. -There was no documentation staff assisted Resident #3 with oral care 82 of 93 shifts. -There was no documentation of refusals. Review of Resident #3's December 2021 Daily Shower Sheets and Skin Assessment Sheets revealed there were no daily shower or skin assessment sheets available for review. Review of Resident #3's ADL log for January 2022 revealed: -There was documentation Resident #3 was totally dependent upon staff for bathing, personal hygiene and toileting. -There was a space to document assistance for ADLs on each shift for each day in January 2022. -There was no documentation staff assisted Resident #3 with bathing on 14 of 16 shifts. -There was no documentation staff assisted Resident #3 with toileting on 11 of 16 shifts. -There was no documentation staff assisted Resident #3 with oral care on 12 of 16 shifts. -There was no documentation of refusals. Review of Resident #3's records revealed there were no January 2022 Daily Shower Sheets or Skin Assessment Sheets available for review.	D 269		

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	HAL034069	A. BUILDING: _____ B. WING _____	R 01/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BRADFORD VILLAGE OF KERNERSVILLE - WES	602 PINEY GROVE ROAD KERNERSVILLE, NC 27284

(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 269	Continued From page 13 Observation of Resident #3 on 01/05/22 at 1:15pm revealed: -He resided in the room with his spouse. -He was lying supine in the bed on incontinence pads and appeared clean and unsoiled. -He was unable to roll over on either side by himself. Interview with Resident #3's spouse on 01/05/22 at 1:15pm revealed: -She usually had to ask multiple times for staff to provide incontinence care for Resident #3. -It was normal for staff to take an hour or more to change Resident #3 and he did not always get his bath/shower, it depended on what staff were working. -Each time she requested staff to provide incontinence care to Resident #3, she saw the staff talking among themselves and playing on their cell phones in the hall and in the front office. -She had reported her concerns to the previous Administrator in the last two months and the Resident Care Coordinator (RCC) but the problem continued. Interview with a personal care aide (PCA) on 01/07/22 at 9:28am revealed: -Resident #3 was supposed to receive a bath on first shift. -It usually took 1 to 2 staff to assist with a bath and to provide incontinence care because he could not turn by himself. -Resident #3 had a rash on his buttock a couple months ago, but it had healed. -She was not aware of any resident waiting 1 or 2 hours for staff assistance. -She and other staff tried to respond to call lights and requests as soon as possible. -Residents may feel it took a while because staff may have been in another resident's room and	D 269		

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had to finish what they were doing.
-She had not had any complaints from residents or staff of not receiving assistance when needed.

Telephone interview with a second PCA on 01/07/22 at 10:46am revealed:
-Resident #3 was incontinent and needed complete assistance from staff to change and bathe.
-She tried to assist residents when needed after she finished the task she was doing.
-She had no reports from residents or staff that residents were not cared for in a timely manner.

Interview with a medication aide (MA) on 01/07/22 at 9:33am revealed:
-Resident #3 was dependent on staff to provide incontinence care.
-Staff responded to Resident #3 and all residents as soon as they were able.
-Some days were busier than other days and so the MAs, the Staffing Coordinator and Resident Care Coordinator (RCC) would help provide resident care.
-She was not aware of any complaints from residents that they were not getting help from staff when they needed it.

Interview with the RCC on 01/07/22 at 11:10am revealed:
-She had not received any reports by staff or Resident #3's spouse that staff were not providing incontinence care for him for 1 to 2 hours when he or his spouse requested assistance.
-Resident #3 required 2 person assistance to provide incontinence care, so staff may have waited for a second staff to help.
-If the floor was busy, she and the Staffing Coordinator would help the staff answer call bells and resident requests.

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-Residents or staff should report residents not receiving personal care to her or the Administrator.

Interview with the Staffing Coordinator on 01/07/22 at 2:30pm revealed:
-She scheduled resident appointments and transported them to attend the appointments.
-She and the RCC helped staff respond to resident care needs, especially on busy days.
-Resident #3 needed 2 person assistance from staff with turning and incontinence care.
-She had not had complaints from Resident #3 or his spouse about not receiving incontinence care when they requested help.
-Residents or staff should report not receiving personal care to the RCC or the Administrator.

Refer to interview with the Staffing Coordinator 01/07/22 at 10:43am.

Refer to interview with a Personal Care Aide (PCA) on 01/07/22 at 5:22pm.

Refer to interview with the Administrator on 01/07/22 at 1:15pm.

4. Review of Resident #7's current FL2 dated 08/06/21 revealed:
-Diagnoses included diastolic congestive heart disease, chronic obstructive pulmonary disease, major depressive disorder and anxiety.
-She was semi-ambulatory with a walker and was intermittently disoriented.
-He was incontinent of bladder and had a colostomy for bowel management.
-She required assistance with bathing.

Review of Resident #7's care plan dated 08/06/21 revealed he required supervision from staff for

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bathing, limited assistance for toileting and extensive assistance for bathing and personal hygiene.

Review of Resident #7's Activities of Daily Living (ADL) log for November 2021 revealed:
-There was documentation Resident #7 required extensive assistance from staff for personal hygiene and limited assistance for toileting.
-There was a space to document assistance for ADLs on each shift for each day in November 2021.
-There was no documentation staff assisted Resident #7 with bathing.
-There was no documentation staff assisted Resident #7 with toileting on 56 out of 90 shifts.
-There was no entry to document colostomy care was provided.
-There was no documentation staff assisted Resident #7 with oral care on 66 out of 90 shifts.
-There was no documentation of refusals.

Review of Resident #7's Daily Shower Sheets and Skin Assessment Sheets revealed there were no sheets for November 2021 available for review.

Review of Resident #7's ADL log for December 2021 revealed:
-There was a space to document assistance for ADLs on each shift for each day in December 2021.
-There was no documentation staff assisted Resident #7 with bathing.
-There was no documentation staff assisted Resident #7 with toileting on 80 of 93 shifts.
-There was no entry for documentation of colostomy care provided.
-There was no documentation staff assisted Resident #7 with oral care 91 of 93 shifts.

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D 269	Continued From page 17 -There was no documentation of refusals. Review of Resident #7's Daily Shower Sheets and Skin Assessment Sheets revealed there were no sheets for December 2021 available for review. Review of Resident #7's ADL log for January 2022 revealed: -There was documentation Resident #7 required extensive assistance with personal hygiene and limited assistance with toileting. -There was a space to document assistance for ADLs on each shift for each day in January 2022. -There was no documentation staff assisted Resident #7 with bathing. -There was no documentation staff assisted Resident #7 with toileting on 11 of 16 shifts. -There was no entry for documentation of colostomy care provided. -There was no documentation staff assisted Resident #7 with oral care on 12 of 16 shifts and no documentation of skin care on 15 of 16 shifts. -There was no documentation of refusals. Review of Resident #7's records revealed there were no Daily Shower Sheets or Skin Assessment Sheets available for January 2022 for review. Observation of Resident #7's on 01/06/22 at 1:35pm revealed: -She resided in the room with her roommate. -She was sitting in her chair by her bed. -She was wearing an incontinence brief and had an ostomy appliance in her lower left quadrant of her abdomen. -The colostomy bag was partially filled and was expanded with gas.	D 269		

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D 269	Continued From page 18 Interview with a housekeeper on 01/06/22 at 10:45am revealed: -She helped Resident #7 with incontinence care one day last week, she thought on Wednesday, because the resident asked for help. -She told 4 or 5 staff that Resident #7 asked for assistance, including PCAs, MAs and the RCC and the Staffing Coordinator. -All the staff were talking to each other around the front office at the time. -Over an hour went by and no staff went to help Resident #7 so she provided incontinence care for her Interview with Resident #7 on 01/06/22 at 1:35pm revealed: -She would ask staff for help with her colostomy when it was full or had air in it and staff would not help her. -She stated "They don't want to help me with anything." -Most of the time she would change her own incontinence brief, but she needed help emptying or changing the colostomy bag. -Sometimes the staff did not help her and most times it took them a long time to help her, she could not remember times and dates. -She felt staff just did not want to help her. -She had not reported her concerns to the Administrator or the Resident Care Coordinator (RCC). Interview with a personal care aide (PCA) on 01/07/22 at 9:28am revealed: -Resident #7 was supposed to receive a bath on first shift. -She needed help emptying her colostomy bag, but most times could change her own incontinence brief. -She had not known any resident waiting for	D 269		

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D 269	Continued From page 19 assistance. -She and other staff tried to respond to call lights and requests as soon as possible. -Residents may feel it took a while because staff may have been in another resident's room and had to finish what they were doing. -She was not aware of any complaints from residents or staff of residents not receiving assistance when needed. Telephone interview with a second PCA on 01/07/22 at 10:46am revealed: -Resident #7 was incontinent and needed assistance emptying her colostomy bag but changed her own incontinence brief. -She tried to assist residents when they needed assistance as soon as she finished the task she was doing. -She had no reports from residents or staff that residents were not cared for in a timely manner. Interview with a medication aide (MA) on 01/07/22 at 9:33am revealed: -Resident #7 needed help with her colostomy bag but otherwise needed limited assistance. -She usually just wanted to sponge off and not shower. -She did not always read the resident care plans and so did not know Resident #7's care plan was for extensive assistance for bathing and personal hygiene. -Staff responded to Resident #7 and all residents as soon as they were able to. -Some days were busier than other days so the MAs, the Staffing Coordinator and RCC would help with resident care on those days. -She had not had any complaints from residents that they were not getting help from staff when they needed it.	D 269		

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D 269	Continued From page 20 Interview with the RCC on 01/07/22 at 11:10am revealed: -She had not had any reports by staff or Resident #7 that staff were not responding to her requests and not helping with her colostomy. -Resident #7 was not fully comfortable with her colostomy care and some PCAs were still nervous themselves and would come to her to help, but she would have to finish her task before helping. -If staff were busy providing resident care, she and the Staffing Coordinator would help the staff answer call bells and resident requests. -Residents or staff should report not receiving personal care to her or the Administrator. Interview with the Staffing Coordinator on 01/07/22 at 2:30pm revealed: -She scheduled resident appointments and transported them to attend the appointments. -She and the RCC helped the floor staff respond to resident care needs, especially on busy days. -Resident #7 needed limited assistance from staff with incontinence care and had a colostomy bag that needed to be emptied and changed. -She had not had complaints from Resident #7 about not receiving incontinence care or help with her colostomy when she requested help. -Residents or staff should report not receiving personal care to the RCC or the Administrator. Refer to interview with the Staffing Coordinator 01/07/22 at 10:43am. Refer to interview with a Personal Care Aide (PCA) on 01/07/22 at 5:22pm. Refer to interview with the Administrator on 01/07/22 at 1:15pm.	D 269		

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D 269	Continued From page 21 5. Review of Resident #8's current FL-2 dated 07/09/21 revealed: -Diagnoses included dementia, bipolar disorder, depression, and chronic kidney disease. -Resident #8 used a walker for ambulation. Review of Resident #8's Care Plan dated 07/09/21 revealed the resident was totally dependent on staff assistance for showering. Review of Resident #8's shower schedule revealed: -Resident #8 was on the shower schedule for Mondays, Wednesdays, and Fridays during first shift. -There was no date listed on the shower sheet. Review of Resident #8's November 2021 Daily Shower Sheet revealed there was no documentation Resident #8 was assisted with a bath or shower from 11/02/21 to 11/30/21. Review of Resident #8's November 2021 Skin Assessment Sheets revealed there were no skin assessment sheets available for review from 11/02/21 to 11/30/21. Review of Resident #8's December 2021 Daily Shower Sheets and Skin Assessment Sheets revealed there were no daily shower or skin assessment sheets available for review. Review of Resident #8's January 2022 Daily Shower Sheets and Skin Assessment Sheets revealed there were no daily shower or skin assessment sheets available for review. Interview with Resident #8 on 01/07/22 at 2:35pm revealed: -She needed help from facility staff to take a	D 269		

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shower.
-She had a shower "a few days ago" and had to bathe herself with no assistance from staff.
-The last time she had a shower before "a few days ago" was one week prior to her last shower.
-She was scheduled for a shower three times per week, but she was not sure which days.
-If she asked for help with a shower and it was not her scheduled shower day, she was not able to get one.
-She had not refused help with a shower.

Refer to interview with the Staffing Coordinator 01/07/22 at 10:43am.

Refer to interview with a Personal Care Aide (PCA) on 01/07/22 at 5:22pm.

Refer to interview with the Administrator on 01/07/22 at 1:15pm.

_____

Interview with the Staffing Coordinator on 01/07/22 at 10:43am revealed:
-Her responsibilities included collecting bath assignment sheets and skin assessment sheets once they were completed.
-Personal Care Aides (PCA) were responsible for completing and signing off on the bath assignment sheets and skin assessment sheets, and putting the sheets in the box on her door.
-She reviewed the bath assignment sheets and skin assessment sheets and filed them in a notebook.
-She did not know where the bath assignment and skin assessment sheets were for November 2021, December 2021, and January 2022.

Interview with a PCA on 01/07/22 at 5:22pm revealed:
-Sometimes the facility was short staffed and the

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D 269	Continued From page 23 PCAs could not assist everyone with a shower on their scheduled shower days. -She told the Administrator and the RCC when she was not able to assist residents with showers on their scheduled shower days and she was told to try to do the best she could. Interview with the Administrator on 01/07/22 at 1:15pm revealed he expected staff to offer residents a shower on shower days and document any refusals. _____ The facility failed to ensure assistance with personal care was provided for residents who required assistance resulting in staff not knowing about a skin ulcer which had developed on Resident #1's right heel and could have become limb threatening if left untreated. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/07/22 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, February 21, 2022.	D 269		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .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	D 367		

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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 interviews and record reviews the facility failed to ensure medication administration records were complete and accurate for 1 of 1 sampled resident (#1) with an order for sliding scale insulin.

The findings are:

Review of Resident #1's current FL2 dated 08/27/21 revealed:
-Diagnoses included diabetes mellitus.
-There was an order for fingerstick blood sugars (FSBS) 3 times daily.
-There was an order for Humalog 100units/ML inject 25 units three times daily; if FSBS is greater than 300, give an extra 5 units for a total of 30 units (a fast-acting insulin used to lower elevated blood sugar levels).

Review of Resident #1's physician's order dated 12/17/21 revealed an order for Humalog 100units/mL inject 20 units 3 times daily; give an extra 5 units three times a day of FSBS is greater

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D 367	Continued From page 25 than 300. Review Resident #1's electronic medication administration record (eMAR) for November 2021 revealed: -There was an entry for Humalog 100 units/ML inject 25 units 3 times daily; give an extra 5 units if FSBS is greater than 300 scheduled for administration at 6:30am, 11:30am, and 4:30pm with a discontinued date of 11/12/21. -There was an entry for Humalog 100 units/ML inject 20 units 3 times daily scheduled for administration at 6:30am, 11:30am, and 4:30pm. -There was documentation Humalog was not administered 2 of 54 opportunities between 11/12/21 and 11/30/21 when the FSBS was 220. -There was an entry for Humalog 100 units/ML give an extra 5 units three times daily if FSBS is greater than 300 scheduled for administration at 6:30am, 11:30am, and 4:30pm. -There was no documentation on the eMAR for the extra 5 units of Humalog and no FSBS readings for 12 of 36 opportunities between 11/01/21 at 6:30 and 11/12/21 at 4:30pm and 2 of 54 opportunities between 11/13/21 and 11/30/21. -FSBS values ranged from 116 to 317. Review Resident #1's eMAR for December 2021 revealed: -There was an entry for Humalog 100 units/ML inject 20 units 3 times daily scheduled for administration at 6:30am, 11:30am, and 4:30pm. -There was documentation 20 units of Humalog were not administered for 13 of 87 opportunities when Resident #1's FSBS was less than 300 and the reason documented was "Withheld per doctor's orders." -There was an entry for Humalog 100 units/ML give an extra 5 units three times daily if FSBS is greater than 300 scheduled for administration at	D 367		

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6:30am, 11:30am, and 4:30pm.
-There was documentation 5 units of Humalog were administered 9 times when it should not have been due to Resident #1's FSBS being less than 300.
-FSBS values ranged from 122 to 331.

Review Resident #1's eMAR for January 2022 revealed:
-There was an entry for Humalog 100 units/ML inject 20 units 3 times daily scheduled for administration at 6:30am, 11:30am, and 4:30pm.
-There was documentation 20 units of Humalog were not administered for 3 of 13 opportunities between 01/01/22 and 01/05/22 when Resident #1's FSBS was less than 300 and the reason documented was "Withheld per doctor's orders."
-There was an entry for Humalog 100 units/ML give an extra 5 units three times daily if FSBS is greater than 300 scheduled for administration at 6:30am, 11:30am, and 4:30pm.
-There was documentation 5 units of Humalog were administered 2 times when it should not have been due to Resident #1's FSBS being less than 300.
-FSBS values ranged from 140 to 241.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/07/22 revealed:
-There was a current order for Humalog 20 units/ml 3 times daily and an extra 5 units 3 times daily if FSBS is greater than 300.
-The order was entered as two separate entries on 11/12/21 (20 units and 5 units for FSBS greater than 300).
-The previous Humalog order was 25 unit/ml 3 times daily and an extra 5 units 3 times daily if FSBS is greater than 300, but this order was written as one entry.

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D 367	Continued From page 27 -The pharmacy entered medication orders on the eMARs for the facility. Interview with Resident #1 on 01/06/22 at 3:22pm revealed: -She was diabetic and was administered 2 insulins including Humalog. -Her order for Humalog was 20 units 3 times daily before breakfast, lunch, and dinner and if her FSBS was over 300 then she received an additional 5 units of Humalog. -When the Medication Aides (MA) checked her FSBS, she asked for the readings. -She received 20 units of Humalog 3 times a day and the MA's only gave her the extra 5 units when her FSBS was over 300. -She would have said something to the MAs if they tried to give her 25 units when her FSBS was under 300. Interview with the Resident Care Coordinator (RCC) on 11/07/22 at 12:21pm revealed: -The pharmacy was responsible for entering orders into the eMAR system. -She was responsible for conducting eMAR audits, but she had not conducted any since becoming the RCC at the facility in November 2021. -Insulin orders for Resident #1 were difficult to document in the eMAR system. -MAs did not know which Humalog entry was 20 units or 5 units until they documented because both entries looked the same when the MA looked at it. -There were times when MAs could not enter the medication was administered. -She had talked to the pharmacy about documentation of insulin orders on the eMAR, but she would follow up with them again.	D 367		

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D 367	Continued From page 28 Interview with a MA on 01/07/22 at 3:18pm revealed: -Resident #1 had an order for Humalog 20 units 3 times daily and 5 additional units if her FSBS was greater than 300. -She did not administer an additional 5 units of Humalog to Resident #1 if her FSBS was less than 300. -There was an issue with documenting Humalog for Resident #1 on the eMAR. -She told the previous Administrator about the issues she had with documenting Humalog for Resident #1, but she had not talked to the current Administrator or the RCC about documentation issues. -She knew how to skip around a pop up message that prevented staff from documenting Humalog administration, but she did not think all of the other MAs knew how to do that. Interview with another MA on 01/07/22 at 3:46pm revealed: -Resident #1 had an order for Humalog 20 units scheduled 3 times daily plus an extra 5 units if her FSBS was over 300. -She sometimes had trouble documenting Humalog administration for both the 20 units and the 5 units. -Sometimes the eMAR system would not let her document administration of Humalog at all. -She talked to the RCC about the issues she had with documenting Resident #1's Humalog. Interview with Resident #1's PCP on 01/07/22 at 11:32am revealed: -She did not review Resident #1's FSBS on the eMAR because Resident #1 was seen by an endocrinologist. -If Resident #1 was administered the extra 5 units of insulin when she should not, it could cause	D 367		

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D 367	Continued From page 29 hyperglycemia. -If Resident #1 was not administered her scheduled dose of Humalog and/or the extra 5 units, it could cause hypoglycemia. -Staff had not reported Resident #1 having any issues with hyperglycemia or hypoglycemia nor any errors with Humalog administration documentation. Interview with the Administrator on 01/07/22 at 2:36pm revealed: -He did not know about any errors with eMAR documentation. -The RCC should have been reviewing the eMARs quarterly.	D 367		
D 392	10A NCAC 13F .1008(a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure a readily retrievable record that accurately reconciled the receipt, administration, and disposition of controlled substances for 1 of 3 residents sampled (#1) who received a narcotic sleep aid and a narcotic pain reliever. The findings are:	D 392		

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Review of Resident #1's current FL2 dated 08/27/21 revealed diagnoses included chronic obstructive pulmonary disease, asthma, fibromyalgia, arthritis, and anxiety.

a. Further review of Resident #1's current FL2 dated 08/27/21 revealed there was an order for Ambien 10mg 1 tablet at bedtime as needed for sleep.

Review of Resident #1's physician's orders dated 12/17/21 revealed an order for Ambien 10mg 1 tablet at bedtime as needed for sleep.

Review of Resident #1's electronic medication administration record (eMAR) for 12/26/21 through 12/31/21 revealed:
-There was an entry for Ambien 10mg 1 tablet at bedtime as needed for sleep.
-There was documentation Ambien was administered as needed on 12/26/21, 12/28/21, 12/29/21.

Review of Resident #1's Controlled Substance Count Sheets (CSCS) received from the contracted pharmacy provider revealed there was a CSCS dated 11/30/21 for Ambien 10mg 1 tablet at bedtime as needed for sleep with a quantity of 30 tablets dispensed by the pharmacy on 11/30/21 and received by the facility on 11/30/21.

Review of Resident #1's CSCS dated 11/30/21 for Ambien 10mg 1 tablet at bedtime as needed for sleep compared to Resident #1's eMAR for 12/26/21 through 12/31/21 revealed:
-On 12/27/21 at 7:15pm, 1 tablet was signed out on the CSCS with no documentation of as needed administration on the eMAR.
-On 12/30/21 at 7:15pm, 1 tablet was signed out

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on the CSCS with no documentation of as needed administration on the eMAR.

Review of Resident #1's eMAR for 01/01/22 through 01/04/22 revealed:
-There was an entry for Ambien 10mg 1 tablet at bedtime as needed for sleep.
-There was documentation Ambien was administered as needed on 01/01/22, 01/03/22, and 01/04/22.

Review of Resident #1's Controlled Substance Count Sheets (CSCS) received from the contracted pharmacy provider revealed there was a CSCS dated 11/30/21 for Ambien 10mg 1 tablet at bedtime as needed for sleep with a quantity of 30 tablets dispensed by the pharmacy on 11/30/21 and received by the facility on 11/30/21.

Review of Resident #1's CSCS dated 11/30/21 for Ambien 10mg 1 tablet at bedtime as needed for sleep compared to Resident #1's January 2022 eMAR revealed:
-On 01/01/22 at 12:26am, 1 tablet was signed out on the CSCS; at 7:30pm, 1 tablet was signed out on the CSCS sheet and there was no documentation 1 tablet was administered at 7:30pm on the eMAR.
-On 01/02/22 at 7:00pm, 1 tablet was signed out on the CSCS; there was documentation 1 tablet was withheld per doctor's orders on the eMAR.

Observation of Resident #1's Ambien 10mg on hand for administration on 01/05/22 at 3:53pm revealed the remaining quantity of 8 tablets matched the number of doses remaining on the CSCS for the 30 doses dispensed on 11/30/21.

Telephone interview with a pharmacist from the facility's contracted pharmacy on 01/07/22 at

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D 392	Continued From page 32 9:46am revealed: -Ambien 10mg 1 tablet at bedtime as needed was dispensed to the facility on 11/30/21 with a quantity of 30 tablets. -A CSCS for Ambien was sent to the facility with the medication for the facility to account for administration of the controlled substance. Interview with Resident #1 on 01/06/22 at 3:22pm revealed: -She was prescribed Ambien for sleep. -She requested Ambien a few times a week to help her sleep at night. -She was administered Ambien when she asked for it. Refer to interview with a Medication Aide (MA) on 01/07/22 at 3:18pm. Refer to interview with a second MA on 01/07/22 at 3:46pm. Refer to interview with the Resident Care Coordinator (RCC) on 01/07/22 at 12:21pm. Refer to interview with the Administrator on 01/07/22 at 1:15pm. b. Review of Resident #1's current FL2 dated 08/27/21 revealed there was an order for Norco 10/325mg 1 tablet every 8 hours as needed for pain. Review of Resident #1's physician's orders dated 12/17/21 revealed there was an order for Norco 10/325mg 1 tablet three times daily as needed. Review of Resident #1's electronic Medication Administration Record (eMAR) for 12/26/21 through 12/31/21 revealed	D 392		

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-There was an entry for Norco 10/325mg 1 tablet 3 times daily as needed.
-There was documentation Norco was administered as needed on 12/26/21 and 12/28/21 through 12/31/21.

Review of Resident #1's Controlled Substance Count Sheets (CSCS) received from the contracted pharmacy provider revealed there was a CSCS dated 11/17/21 for Norco 10/325mg 1 tablet three times daily as needed with a quantity of 90 tablets dispensed by the pharmacy on 11/17/21; there was no documentation of the date Norco 10/325mg was received by the facility.

Review of Resident #1's CSCS, dated 11/17/21 for Norco 10/325mg 1 tablet three times daily as needed compared to Resident #1's eMAR for 12/26/21 through 12/31/21 revealed:
-On 12/27/21 at 7:15pm, 1 tablet was signed out on the CSCS with no documentation of as needed administration on the eMAR.
-On 12/30/21 at 8:00am, 1 tablet was signed out on the CSCS; at 7:15pm 1 tablet was signed out on the CSCS; there was no documentation 1 tablet was administered at 7:15pm on the eMAR.

Review of Resident #1's eMAR for 01/01/22 through 01/05/22 revealed:
-There was an entry for Norco 10/325mg 1 tablet 3 times daily as needed.
-There was documentation Norco was administered as needed on 01/01/22 and 01/03/22 through 01/05/22.

Review of Resident #1's Controlled Substance Count Sheets (CSCS) received from the contracted pharmacy provider revealed there was a CSCS dated 11/17/21 for Norco 10/325mg 1 tablet three times daily as needed with a quantity

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D 392	Continued From page 34 of 90 tablets dispensed by the pharmacy on 11/17/21; there was no documentation of the date Norco 10/325mg was received by the facility. Review of Resident #1's CSCS dated 11/17/21 for Norco 10/325mg 1 tablet three times daily as needed compared to Resident #1's eMAR for 01/01/22 through 01/05/22 revealed: -On 01/01/22 at 12:25pm, 1 tablet was signed out on the CSCS; at 7:30pm, 1 tablet was signed out on the CSCS and there was no documentation 1 tablet was administered at 7:30pm on the eMAR. -On 01/02/22 at 7:00pm, 1 tablet was signed out on the CSCS; at 7:15pm 1 tablet was signed out on the CSCS with no documentation of as needed administration on the eMAR. Observation of Resident #1's Norco 10/325mg on hand for administration on 01/05/22 at 3:53pm revealed the remaining quantity of 24 tablets matched the number of doses remaining on the CSCS for the 90 doses dispensed on 11/17/21. Telephone interview with a pharmacist from the facility's contracted pharmacy on 01/07/22 at 9:46am revealed: -Norco 10/325mg 1 tablets 3 times daily as needed was dispensed to the facility on 11/17/21 with a quantity of 90 tablets. -A CSCS for Norco was sent to the facility with the medication for the facility to account for administration of the controlled substance. Interview with Resident #1 on 01/06/22 at 3:22pm revealed: -She was prescribed Norco for pain. -She requested Norco almost daily. -She was administered Norco when she asked for it.	D 392		

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D 392	Continued From page 35 Refer to interview with a Medication Aide (MA) on 01/07/22 at 3:18pm. Refer to interview with a second MA on 01/07/22 at 3:46pm. Refer to interview with the Resident Care Coordinator (RCC) on 01/07/22 at 12:21pm. Refer to interview with the Administrator on 01/07/22 at 1:15pm. _____ Interview with a MA on 01/07/22 at 3:18pm revealed: -When she administered controlled substances, she wrote the dose down on the CSCS and documented the medication on the eMAR. -She did not know if anyone reviewed the CSCS and compared the sheets to the eMAR. -She had not noticed any errors with documentation of controlled substances, and no one had ever told her she had made any errors on the eMAR or the CSCS. Interview with a second MA on 01/07/22 at 3:46pm revealed: -When she administered a controlled substance, she signed the medication off on the eMAR and on the CSCS. -She had not noticed any errors with documentation of controlled substances. -The RCC checked the notebooks on the medication cart to make sure the CSCS were correct, but she did not know how often. -She had not been told she had made any errors with documentation of controlled substances on the eMAR or the CSCS Interview with the RCC on 01/07/22 at 12:21pm revealed:	D 392		

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D 392	Continued From page 36 -She was responsible for reviewing the eMARs and the CSCS, but she had not reviewed any eMARs since she started as RCC in November 2021. -The CSCS were completed and faxed to the pharmacy. -She reviewed the CSCS prior to them being faxed to the pharmacy and she was not aware of any errors with documentation of administration of controlled substances. Interview with the Administrator on 01/07/22 at 1:15pm revealed: -He did not know there were errors with documentation of controlled substances. -He expected the documentation on the eMAR and the CSCS to match.	D 392		
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to submit a report of allegations of verbal abuse by 2 staff (Staff B, Staffing Coordinator and Staff C, personal care aide(PCA)) to the Health Care Personnel Registry (HCPR) within 24 hours of becoming aware of allegations that staff cursed and yelled at residents and were physically rough with a resident when providing incontinence care.	D 438		

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D 438	Continued From page 37 The findings are: Telephone interview with Staff C, PCA, on 01/07/22 at 10:46am revealed: -She had never yelled at residents and had not witnessed any other staff yelling at residents. -She may have said to "give us a minute" when she asked for assistance, and residents may have felt that was hateful or yelling. -She had never handled a resident roughly while providing personal care, but residents may have felt staff were rough when they were in a hurry. -She had told a resident they were rude at times but would walk away from residents to avoid a verbal confrontation with him. -The previous Administrator had been present when residents would yell at staff and had talked to them about their behavior. Interview with the Staff B, Staffing Coordinator on 01/07/11 at 2:30pm revealed: -She helped floor staff with resident care on busy days. -She did not recall yelling at or being rough with any resident. -Residents may feel staff were yelling or rough when they were in a hurry at busy times. -She had not seen any staff yelling at residents or treating them roughly. Interview with the Administrator on 01/07/22 at 3:15pm revealed: -He began his Administrator position at this facility 01/03/22. -He had not received any reports from staff or residents about staff yelling or mistreating residents. -He could not say what complaints the previous Administrator might have received. -He had no knowledge of the previous	D 438		

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	HAL034069	A. BUILDING: _____ B. WING _____	R 01/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BRADFORD VILLAGE OF KERNERSVILLE - WES	602 PINEY GROVE ROAD KERNERSVILLE, NC 27284

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D 438	Continued From page 38 Administrator reporting allegations concerning Staff B and Staff C to the Health Care Personnel Registry. -If there was a complaint regarding staff mistreating residents, he would expect staff or residents to report their concerns to the RCC. -If there was a complaint regarding the quality of life of the residents, he would expect staff or residents to report their concerns to him. [Refer to Tag 911 G.S 131D-21(1) Declaration of Resident Rights]	D 438		
D911	G.S. 131D-21(1) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 1. To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure all residents were treated with respect and dignity related to a staff (Staff B, Staff Coordinator and Staffing C, personal care aide (PCA)) being verbally disrespectful towards residents and a staff (Staff B) failed to provide incontinence care to 1 resident in an unhurried and respectful manner. The findings are: Interview with a resident on 01/05/22 at 9:35am revealed: -Sometimes the medication aide (MA) made him walk into the hallway in only his incontinence brief and a shirt to take his medications, he could not	D911		

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D911	Continued From page 39	D911		

name the MA or dates/times this occurred.
-The MA told him she would leave the medicine on his dresser if he did not go in the hallway to take it and he knew she was not supposed to leave medicine in his room so he would go into the hallway to take his medicine.
-He felt he should not have to go into the hallway in his incontinence brief and no pants to take his medicine.
-Staff C, PCA yelled at him and started arguments with him most of the time when he needed help to bathe and dress.
-On 01/03/22 or 01/04/22, Staff C yelled at him in the hall and told him she "didn't have time to fool with him" when he was getting ready for his shower and so he called her a [expletive]. The Staffing Coordinator and another staff in the beauty shop were present.
-Staff C, PCA, came back to his room later and demanded he apologize for calling her a [expletive] in front of other PCAs and the Staffing Coordinator because he embarrassed her.
-He talked to the previous Administrator and the Resident Care Coordinator (RCC) about Staff C but nothing changed.

Interview with a second resident on 01/05/22 at 1:20pm revealed:
-He was very weak and needed staff to provide incontinence care for him.
-PCAs yelled at him frequently to turn and were rough when they pushed him over to change his incontinence pad.
-Staff B, Staffing Coordinator also yelled and were rough with him, so he did not feel it would do any good to tell them about the PCAs.
-He had not reported staff being rough or yelling to the Administrator because he relied on his spouse, who resided in the room with him, to help with his care since he did not usually go out of his

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D911	Continued From page 40 room. Interview with a resident's spouse on 01/07/22 at 1:15pm revealed: -The PCAs were always rough with him when providing incontinence care. -Staff B also yelled and was rough with him, she had reported this to the previous Administrator around 2 months ago. -On 01/04/22, Staff B came to provide incontinence care to her spouse after several requests for assistance by her, and yelled at her spouse to "turn over" and roughly pushed him over to his right side, causing him to almost hit his head on the wall, to provide incontinence care. -Staff (unnamed) told her spouse, in front of her, that "when she dies, you can have fun then". -She felt Staff B should provide incontinence care to her spouse without yelling at him and being rough and staff should not make comments about her dying because she received hospice services. Interview with a third resident on 01/05/22 at 9:45am revealed: -Staff were always loud and unprofessional, yelling and cursing in the hall. -The previous Administrator always yelled and he felt staff followed what she did. -Two PCAs were always "hateful" with him and so he preferred to not go out of his room or go to the dining room for meals, he could not name staff who cursed and were disrespectful to him. -The last time a staff was "hateful" with him was a week ago, he could not give a date. Interview with a fourth resident on 01/06/22 at 3:30pm revealed: -There was another resident that made fun of her, because she sometimes had a speech impediment, and PCAs and MAs "fed off" the	D911		

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D911	Continued From page 41 other resident and continued to harass her and caused her to cry. -She had seizures that could be triggered by stress, so she stayed in her room or went outside to smoke area. -The Staff B was always hateful with her, threatening once to throw out all her cigarettes and she did not know why. -She reported Staff B, to the previous Administrator, but could not remember the date. -She did not report the harassment to the current Administrator or to the RCC. Interview with a fifth resident on 01/06/22 at 1:35pm revealed: -Staff were hateful with her all the time, she could not give names or dates. -Both PCAs and MAs yelled at her when she needed assistance and said they did not have time for her. -She did not ask for assistance every time she needed it because she was afraid of being yelled at. -She could not name staff that yelled at her. -She had not reported staff's behavior to anyone. _____ Telephone interview with Staff C, PCA on 01/07/22 at 10:46am revealed: -Residents had been aggressive towards staff, some had swung at her, and she had reported them to the previous Administrator. -Residents were most aggressive when they would need a shower. -She had not had a confrontation with or harassed residents, nor had she witnessed any other staff verbally or physically abusing any resident. -She may have told residents to "give us a minute" when she asked for assistance, and the resident may have felt that was hateful or yelling.	D911		

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D911	Continued From page 42 Interview with a medication aide (MA) on 01/07/22 at 9:33am revealed: -She worked first shift but also worked on second and third shifts to help out. -She had not witnessed or heard of residents made to walk in the hall in his incontinence brief and no pants. -She had not yelled at or mistreated any resident and she did not mistreat any resident. -Mistreatment of residents would be reported to the RCC or the Administrator. Interview with the Staff B, Staff Coordinator on 01/07/22 at 2:30pm revealed: -She helped floor staff with resident care on busy days. -She did not recall any PCA having a verbal confrontation with a resident on 1/3/22 or 1/4/22. -Residents could be difficult on shower days and had been aggressive towards staff. -The previous Administrator would have to" coax" residents to shower. -She had never told resident she would take their personal belongings. -She had not seen any staff verbally abuse or had any report of any staff treating residents disrespectfully or harassing them. Interview with the RCC on 01/07/22 at 11:10am revealed: -She had not had any complaints from residents that staff were yelling at them or mistreating them. -She was not aware of a confrontation between residents and a PCA or staff harassing residents. -She had not witnessed or was told residents had to go in the hallway wearing only his incontinence brief and a shirt. -Verbally abusing residents and treating them with	D911		

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D911	Continued From page 43	D911		

disrespect was not acceptable and she would expect residents or staff to report incidents to her, the MA or the Administrator.
-Residents may perceive the staff as rude when they are busy and in a hurry to provide care.

Interview with a second PCA on 01/07/22 at 9:24am revealed:
-A resident complained to her this morning that another PCA was mean to her at breakfast this morning when she tossed her plate on the table.
-She saw the other PCA rushing to put residents' trays on the dining tables and felt she was rushing to deliver breakfast trays to all the residents and so did not report it.
-She had not participated in or witnessed staff verbal confrontations with residents.
-She would report any inappropriate staff behavior to the RCC or the Administrator.

Interview with a MA on 01/07/22 at 9:33am revealed:
-She had not yelled at or mistreated any resident.
-When the floor was busy, it could be loud, and residents may feel that staff yelled at them because they would speak louder.
-She had not received complaints from any resident that they had been yelled at or treated badly by staff.

Interview with the Administrator on 01/07/22 at 3:15pm revealed:
-He began his Administrator position at this facility 01/03/22.
-He had not received any reports from staff or residents about staff yelling or mistreating residents.
-If there was a complaint regarding personal care, he would expect staff or residents to report their concerns to the RCC.

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D911	Continued From page 44 -If there was a complaint regarding the quality of life of the residents, he would expect staff or residents to report their concerns to him.	D911		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to personal care and supervision. The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure personal care was provided for 5 of 8 residents (#1, #3, #4, #7 and #8) who needed assistance with bathing (#1, #4, and #8) and incontinence care (#3 and #7). [Refer to Tag D0269, 10A NCAC 13F .0901(a) Personal Care and Supervision (Type B Violation).].	D912		