Division of Health Service Regulation

Received via email 04/01/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	03/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	5416 HUNDLEY ROAD WINSTON-SALEM, NC 27106

(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 an initial survey on 03/01/22 and 03/02/22.	D 000		
D 113	10A NCAC 13F .0311(d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. 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 applies to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure hot water temperatures were maintained at 100° to 116° degrees Fahrenheit (F) for 4 of 4 fixtures (4 sinks) in residents' private bathrooms located on the first (locked unit dementia residents), second and third floors with temperatures ranging from 72°degrees F to 124° degrees F resulting in a delay in residents provided showers or refusing showers due to hot water temperatures too cold and hot water temperatures too hot in an area where residents with dementia resided. The findings are: Based on calibration of the surveyor's thermometer prior to the survey revealed the thermometer calibrated at 30 degrees F, requiring 2 points to be added to temperature to obtained 32 degrees F.	D 113	Point-of-use hot water recirculation system to be installed 4/25/2022-4/29/2022. The primer pumps will be set to 105 degrees and will run daily from 6am-8am, 12:00pm-1:00pm, and 5:00pm-7:00pm. Once the recirculation system and primer pumps are installed the Maintenance Director will check the water temperatures in 8 random, resident apartments on 100 hall, 200 hall, and 300 hall will be checked daily to ensure that water temperature stay between 100-116 degrees and recorded for 30 days. Once 30 days of water temps are completed, record will be sent to Survey Team Leader if needed for review.	04/29/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Emily Nelson, ED

TITLE: Executive Director

(X6) DATE: 4/1/2022

Acknowledged and Accepted 04/01/22 KHH

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D 113	Continued From page 1 1. Observations during the initial tour of the facility on 03/01/22 from 9:30am to 10:30am revealed: -Eleven residents with a diagnosis of Alzheimer's and/or dementia resided on the first floor locked unit. -Observation of resident room #141, there was an attached bathroom that was not shared. -At 9:33am, the hot water temperature at the bathroom sink was 120 degrees F. Based on observations, record reviews and interviews the resident that resided in room #141 was not interviewable. Observation of resident room #119 on 03/01/22 revealed: -There was an attached bathroom that was not shared. -At 9:43am, the hot water temperature at the bathroom sink was 124 degrees F. Based on observations, record reviews and interviews, it was determined the resident who resided in room #119 was not interviewable. Interview with the medication aide (MA) on 03/02/22 at 9:43am revealed: -Each resident in the locked unit had their own private bathroom. -Some of the residents in the locked unit were able to ambulate and they toileted themselves without staff assistance. -If the water was too hot, the residents had not complained to her. -She was not sure if residents in the locked unit would remember if they were burned by hot water temperatures. -When residents took showers most times staff assisted the residents with adjusting the hot water	D 113		

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D 113	Continued From page 2 temperatures. -She adjusted the hot water temperatures and had not noticed the water was too hot. Interview with the Maintenance Director on 03/01/22 at 12:43pm revealed: -The hot water at the facility had been an on-going issue. -He checked the hot water temperatures weekly and had never gotten a hot water temperature greater than 116 degrees F. -He would be able to adjust the hot water temperature down for the first floor, but the second and third floor's hot water temperatures was something that needed to be discussed with the Executive Director (ED). -He suggested waiting until the next morning to recheck the hot water temperatures on the first floor to allow the system to lower the hot water temperatures. Interview with the Executive Director (ED) on 03/01/22 at 10:50am revealed: -She was not aware the hot water temperature in the locked unit were too hot. -The hot water in the facility had been an on-going concern for several months. -Staff were made aware to assist residents in the locked unit when going to the bathroom. Recheck of the hot water temperatures in the locked unit on 03/02/22 from 8:45am to 8:50am revealed: -At 8:45am, the hot water temperature at the sink in room #141 was 112 degrees F. -At 8:50am, the hot water temperature at the sink in room #119 was 117 degrees F. Refer to interview with the Executive Director (ED) on 03/01/22 at 11:41am.	D 113		

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D 113	Continued From page 3 Refer to interview with the construction builder on 03/01/22 at 2:12pm. 2. Observations during the initial tour of the facility on 03/01/22 from 9:30am to 10:30am revealed there were 8 residents residing on the third floor. Observation of resident room #242 on 03/01/22 revealed: -There was an attached bathroom that was not shared. -At 9:53am, the hot water temperature at the bathroom sink was 72 degrees F after running the hot water for 2 minutes. Interview with the resident that resided in room #242 on 03/01/22 at 9:54am revealed: -The water did not get warm for a "long time." -She did not like to take showers because the water "never got hot." Observation of resident room #320 on 03/01/22 revealed: -There was an attached bathroom that was not shared. -At 10:01am, the hot water temperature at the bathroom sink was 82 degrees F after running the hot water for 5 minutes. Interview with the resident in room #320 on 03/01/22 at 10:09am revealed: -He had resided at the facility for three weeks. -There was no hot water at the sink. -If he let the shower run for 10 to 15 minutes then the shower eventually got comfortable. -He had mentioned the hot water temperature to staff, but nothing had been done to attempt to provide him with hot water.	D 113		

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D 113	Continued From page 4 Interview with a resident in room #307 on 03/01/22 at 10:10am revealed that it took at least 3 minutes for the water to get warm. Interview with a resident in room #321 on 03/01/22 at 10:20am revealed: -The hot water coming from her sink took 15 minutes to get warm. -She had told several staff about the water from the sink not being hot, but nothing had been done. -The water had been cold since she moved into the facility three months ago. Interview with a resident in room #342 on 03/01/22 at 10:16am revealed that the water had to run for 5 to 10 minutes to get warm. Interview with the medication aide (MA) on 03/01/22 at 10:38am revealed: -She worked the second and third floors because there were not many residents on each floor. -The residents on both floors had complained to her about the hot water being cold for a couple of months. -She had told the maintenance staff about the cold water. -She was told when residents complained the hot water was cold to turn on the hot water in the resident's bathroom and let the water run. -When giving showers, she let the hot water run for 15 to 20 minutes to warm up before the residents attempted to shower. -She was not aware if residents let the hot water run when they used the sinks. Refer to interview with the Executive Director (ED) on 03/01/22 at 11:41am. Refer to interview with the construction builder on	D 113		

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D 113	Continued From page 5 03/01/22 at 2:12pm. _____ Interview with the ED on 03/01/22 at 11:41am revealed: -The fluctuating water temperatures had been a problem for several months. -There was an issue previously when something had burst and caused a flood in the facility. -The plumbers and engineers had been continually working on the system. -She had been trying to get them to move faster to get the system repaired. Telephone interview with the construction building company on 03/01/22 at 2:12pm revealed: -In September or October 2021, the water heater at the facility blew apart and it was unknown what caused the system to blow apart. -Once the system got fixed, little by little other areas of the system needed to be replaced and/or fixed because the initiation of the cause of the malfunction was unknown. -It appeared the issue with the hot water being too hot on the first floor and not cold enough on the second and third floors had nothing to do with the hot water heater blowing up. -The problem in the system was that there was nothing that moved the hot water up if the building was not fully occupied or the water was not used heavily. -Admitting more residents to the facility to full capacity would help to solve the problem, however, if the residents were complaining now then another alternative needed to be done.	D 113		
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of	D 164		

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D 164	Continued From page 6 Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 2 sampled medication aides (Staff B and C), who obtained fingerstick blood sugars (FSBS) and administered insulin to residents, completed training on the care of diabetic residents. The findings are: 1. Review of Staff B's, medication aide (MA) personnel record revealed:	D 164	State approved diabetic training classes have been scheduled twice per month for the next 60 days by RN consulting company. All current clinical staff will complete the state approved diabetic training by 5/31/2022. Diabetic training will be inlcuded as part of new-hire orientation effective immediately. RN consulting company will give the Executive Director all diabetic training rosters after classes are held. Executive Director to ensure that all clinical staff have completed diabetic training by 5/31/2022. An employee training roster has been implemented and will be monitored monthly by the Business Office Manager to ensure that Diabetic Training is completed during orienation before the clinical staff member works independently as well as annually for all clinical staff. Diabetic training rosters will be provided to Survey Team Leader if needed.	05/31/22

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D 164	Continued From page 7 -Staff B was hired on 08/03/21. -There was no documentation Staff B had completed training on the care of diabetic residents. Review of 2 diabetic residents' January 2022 electronic medication administration records (eMARs) revealed Staff B documented she checked FSBS and/or administered insulin on 6 days from 01/01/22 to 01/31/22. Review of 2 diabetic residents' February 2022 eMARs revealed Staff B documented she checked FSBS and/or administered insulin on 19 days from 02/01/22 to 02/28/22. Interview with Staff B on 03/02/22 at 1:52pm revealed: -She was hired at the facility in August 2021 (unable to recall the exact date of hire). -She worked as a MA and administered insulin and checked residents' FSBS. -She had not received separate diabetic training since she started working at the facility. Refer to interview with the Executive Director (ED) on 03/02/22 at 1:21pm. 2. Review of Staff C's, medication aide (MA) personnel record revealed: -Staff C was hired on 09/21/21. -There was no documentation she had completed training on the care of diabetic residents. Review of 2 diabetic residents' December 2021 eMAR revealed Staff C documented she checked FSBS and/or administered insulin on 3 days from 12/01/21 to 12/31/21. Review of 2 diabetic residents' January 2022	D 164		

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D 164	Continued From page 8 eMARs revealed Staff C documented she checked FSBS and/or administered insulin on 11 days from 01/01/22 to 01/31/22. Review of 2 diabetic residents' February 2022 eMARs revealed Staff C documented she checked FSBS and/or administered insulin on 18 days from 02/01/22 to 02/28/22. Interview with Staff C on 03/02/22 at 1:52pm revealed: -She was hired at the facility in September 2021 (unable to recall the exact date of hire). -She remembered that she had completed trainings and she thought the training included care of diabetic residents but was unable to recall specifics about the training. -When she worked as a MA, she administered insulin to residents and obtained FSBS. Refer to interview with the Executive Director (ED) on 03/02/22 at 1:21pm. Interview with the ED on 03/02/22 at 1:21pm revealed: -The facility offered diabetic training with the Licensed Health Professional Support (LHPS) training and in the medication aide training. -The facility did not do a separate diabetic training because she thought everything was covered in the trainings they offered.	D 164		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an	D 612		

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D 612	Continued From page 9 emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NCDHHS) were implemented and maintained to provide protection to residents during the global coronavirus (COVID-19) pandemic as related to wearing face masks (source control) and the proper use of source control. The findings are: Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the COVID-19 Pandemic dated 02/02/22 revealed: -Source control measures were to be implemented for HCP. -Source control referred to the use of a well-fitting face mask to cover a person's mouth and nose to prevent the spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. -Cloth face masks were not PPE appropriate for	D 612	All department heads are to check their departments daily to ensure staff are properly wearing their face masks. The Executive Director will ensure that all department heads wear their masks appropriately on a daily basis as well. Any staff who are seen not wearing their face mask appropriately will be counseled and will attend the next scheduled Infection Control Class. Department heads and the Executive Director will record daily observations and turn records into the Executive Director weekly for 30 days. If the Executive Director finds deficiencies in the records, the Executive Director will ensure that counseling and education have been provided.	03/03/22

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D 612	Continued From page 10 use by HCP. -Fully vaccinated HCP should wear source control (face mask) when they were in areas of the facility where they could encounter residents. -The face mask should cover the nose and mouth. Review of the North Carolina Department of Health and Human Services (NCDHHS) COVID-19 Infection Prevention for Long-Term Care Facilities dated 11/19/21 revealed: -Source control referred to the use of well-fitting face masks to cover a person's mouth and nose. a. Observation of facility staff on 03/01/22 between 11:53am and 3:00pm revealed: -At 11:53am, a personal care aide (PCA) working in the locked unit with the Alzheimer's and dementia residents, walked toward the main entrance door without her face mask on, and her mouth and nose were uncovered. -The PCA had the face mask looped over her right ear. -The face mask was hanging down on the side of the PCA's face. -The PCA pulled the face mask over her mouth and looped it over her left ear. -The PCA did not cover her nose with the face mask. Observation of the lunch meal on 03/01/22 at 12:40pm revealed: -The same PCA was in the dining room and was serving plates to the residents and assisting residents with the meals. -The PCA's face mask was below her nose while serving the meal and assisting residents. -The PCA's nose stayed uncovered during the entire time she was serving the residents.	D 612		

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D 612	Continued From page 11 Observation of the PCA in the locked unit on 03/01/22 at 2:55pm revealed the PCA's nose was still uncovered. Interview with the PCA on 03/01/22 at 2:55pm revealed: -She was aware that her face mask should be on at all times when working in the locked unit with Alzheimer's and dementia residents. -Earlier, she took her face mask off to take a drink of water. -When walking down the hallway she did not have the opportunity to put the face mask back on. -The face mask was too big for her face and slid down her face past her nose. -She had not told management the face mask was too big and slid down past her nose. -She did not pull the face mask up because she did not want to touch her face. Refer to interview with the Executive Director (ED) on 03/01/22 at 3:23pm. b. Observation of an activity in the locked unit on 03/01/22 from 2:30pm to 3:00pm revealed: -The Assistant Life Enrichment Coordinator (ALEC) was conducting the activities. -The ALEC was not wearing a face mask. -There was a face mask was laying on an ottoman beside the ALEC. -There were 7 residents present in the room participating in the activity. -After the ALEC completed the activity she picked up the face mask that was laying on the ottoman and put it on. Interview with the ALEC on 03/01/22 at 3:02pm revealed: -She did not wear a face mask when doing activities in the locked unit because the residents	D 612		

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D 612	Continued From page 12 in the locked unit were hard of hearing. -She thought the residents would participate more if they were able to see her lips move. -Each time she conducted an activity in the locked unit she did not wear a face mask. Interview with the Life Enrichment Coordinator (LEC) on 03/01/22 at 3:10pm revealed: -She was aware staff in long-term facilities were always required to wear their face masks. -When doing activities in the locked unit, she also did not wear a face mask because residents were hard of hearing and they read her lips. -When not wearing her face mask she tried to stay at least eight feet from the residents. -No one had ever said anything to her about not wearing a face mask when doing activities in the locked unit. Refer to interview with the Executive Director (ED) on 03/01/22 at 3:23pm. Interview with the ED on 03/01/22 at 3:23pm revealed: -She was not aware staff did not wear face masks when interacting with residents. -Facility staff should always be wearing their face masks. -No instructions had been giving that allowed staff to perform activities without a face masks.	D 612		