Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013048	A. BUILDING: _____ B. WING _____	11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRA BELLA HARRISBURG	6200 ROBERTA ROAD HARRISBURG, NC 28075

(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 and the Cabarrus County Department of Social Services conducted an annual survey and complaint investigation on November 15 - 16, 2022. The Cabarrus County Department of Social Services initiated the complaint investigation on September 23, 2022.	D 000		
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure foods were free from contamination related to a build-up substance in the ice machine and food items in the pantry not being sealed or dated when opened. The findings are: Review of the kitchen inspection report dated 09/09/22 revealed a passing code of 98.5 without violations. Observation of the kitchen ice machine on 11/16/22 at 7:40am revealed: -The ice bin was full of ice. -There was a heavy build-up of a black colored	D 283	D283 The ice machine was emptied and cleaned thoroughly immediately. New ice was purchased for ice machine. Staff will be retrained on cleaning schedule. Dietary and Maintenance staff has been in serviced and trained on proper cleaning of the ice machine and the cleaning schedule for the ice machine.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jennifer Kerr — TITLE: Executive Director — (X6) DATE: 12/15/22

STATE FORM 6899 LFUW11 If continuation sheet 1 of 12

Received via email
Reviewed and Acknowledged with addendum.
N. Lutz, RN 01/09/2023.

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D 283	Continued From page 1 substance on the white ice shield where it attached to the ice machine that extended across the left corner of the ice shield, that extended across where it attached to the left corner of the ice shield. -There was a heavier concentration of black colored substance in the left top front of the ice shield. -There were scattered black colored splotches on the blue left side of the ice machine. -The ice in the left-hand side of the ice machine was in contact with the black colored substance on the ice shield. -There was condensation dripping from the top of the ice shield over the black substance onto the ice. -There was a slimy yellowish residue on the blue wall of the ice machine behind the ice shield. Observation of the assisted living (AL) dining room 11/16/22 at 7:50am revealed: -There were numerous residents seated at the tables eating breakfast with beverages containing ice. -There were several empty seats with plates of eaten food and empty glasses which had contained beverages with ice. Interview with the cook at 7:30am revealed there was a paper log on the side of the ice machine that had each time the ice machine was cleaned. Observation of the kitchen ice machine on 11/16/22 at 7:41am revealed: -There was a document entitled "Ice Machine Cleaning Log" in a plastic sleeve that had hand-written dates and initials and/or names from January 27 through August 17, 2022. -There was no other documentation of cleaning noted since August 17, 2022.	D 283	The Dining Services Director/ Maintenance Director/staff designee will monitor the cleanliness of the ice machine at least weekly. Cleaning services will occur as necessary and document date completed. The Dining Services Director/Maintenance Director will audit the ice machine cleaning documentation weekly. 12/20/22	12/20/22

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D 283	Continued From page 2 Interview with the Dietary Manager (DM) on 11/16/22 at 8:30am revealed: -She, the kitchen staff, and maintenance director cleaned the ice machine. -It had been about 2 months since the facility had a maintenance director. -The ice machine was scheduled to be cleaned every month. -The ice machine cleaning was documented on a log each time it was performed. -The black residue would come off during past cleanings -She would remove the ice, disassemble the upper portion of the ice machine, and drain the ice machine. Interview with the Executive Director (ED) on 11/16/22 at 10:55am revealed: -She was the DMs supervisor. -The DM had come to her to request to be able to get ice for lunch. -She would be concerned for risk to the residents from ice contaminated from the black substance and condensation dripping on the ice. -The facility had not had a maintenance director for a few months, and the maintenance director was responsible for ice machine cleaning along with the kitchen staff. Observation of the walk-in pantry on 11/16/22 at 7:43am revealed: -On the left-hand side of the second shelf from the top was a bag of cocoa ¾ full opened and not sealed with a brown powdery substance along the sides of the package. -There was no opened date noted on the cocoa package. -On the middle shelf was a box of mashed potatoes ½ full opened and loosely covered with	D 283	Addendum per telephone conversation with Jeri Kerr, Executive Director on 01/09/2023 at 3:10pm: - The ice machine will be cleaned weekly and as necessary, by the dietary staff or the maintenance staff. - The above cleaning schedule was initiated on 12/20/22. - The date of completion/corrected was 12/20/22. - N. Hartis RN Licensure Surveyor	

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D 283	Continued From page 3 plastic wrap and no opened date noted on the package. -On the right-hand side of the middle shelf was a bag of egg noodles ½ full opened and sealed with a knot in the plastic package but no opened date noted on the package. -On the right-hand side of the middle shelf was a bag of lasagna noodles unopened. -One corner of the right-hand end of the box of lasagna was torn exposing the contents to possible contamination. Interview with the DM on 11/16/22 at 8:30am revealed: -She and the kitchen staff were responsible for sealing, labeling, and dating all food in the pantry, walk-in cooler, and freezer. -She and the kitchen staff were responsible for putting away the food in the walk-in cooler and freezer. -She would check the pantry, walk-in cooler, and freezer usually once a week. -She was not sure how she missed those items, but they were being thrown away to prevent them from being served.	D 283		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on interviews with residents, the facility failed to treat residents with respect and dignity regarding the manner in which staff responded to residents.	D 338	D338 Staff will be retrained on treating residents with dignity and respect at all times.	

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D 338	Continued From page 4 The findings are: Interview with a resident on 11/15/22 at 9:45am revealed: -The resident's family was moving her to another facility. -She had staff who had been rude to her. -She liked the facility but did not like the way some staff treated her, so she was moving out. Interview with a second resident on 11/15/22 at 9:50am revealed: -Some facility staff had an "attitude issue". -It was obvious staff would get "ticked off" if the resident repeated a request. -If the resident forgot and asked staff again for a request, some staff used a disrespectful tone of voice or either walked away and did not respond. -Some staff serving meals had an attitude and would be "throwing something (referring to food/plates) on the table". -If you question staff about the food, they got "in a huff". Interview with a third resident on 11/15/22 at 9:59am revealed: -The resident felt "sad". -A staff member "told me off" when the resident asked the staff to perform a task. -The staff member "made me cry". -The resident did not remember the staff member's name. -It was wonderful at the facility when people were good to you. Interview with a fourth resident on 11/15/22 at 10:25am revealed: -Staff members were often not very nice when they talked to the resident.	D 338	All managers will interact with the residents and address any concerns/complaints regarding disrespect from team members. Staff will be held accountable for any inappropriate interactions with residents. Daily monitoring will take place as the managers complete their routine rounds. The Executive Director and Director of Health and Wellness have an open-door policy and encourage residents to report concerns immediately. The monitoring will occur daily as all managers interact with the residents in their daily responsibilities.	12/20/22

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D 338	Continued From page 5 -Staff could be "short and hateful". -Staff often did not want to help the resident when needed. Interview with a fifth resident on 11/16/22 at 5:20pm revealed: -Staff were not helpful when the resident needed help. -Staff believed the resident could do more on their own, so the staff would not help. -Staff could be "hateful" and "disrespectful" at times. -Staff had an attitude if the resident asked for help. Interview with the Director of Health and Wellness (DHW) on 11/16/22 at 5:26pm revealed: -She had not observed staff being disrespectful to residents, but residents had reported staff were "mean". -A resident had reported to her that staff were being "mean" to the resident verbally. -The resident had reported several different staff on different occasions, but the DHW could not recall the dates. -A second resident reported staff were "mean" but the resident could not give any specific information. -Some third shift staff were terminated last month because of the way they talked to residents in a disrespectful manner. -A staff member was terminated about 2 to 3 months ago because other staff reported the staff member was cursing at one of the residents in the special care unit (SCU). -She had in-services with staff about residents' rights during monthly meetings. Interview with the Administrator on 11/16/22 at 3:58pm revealed:	D 338	Addendum per telephone Conversation with Teri Kaye, Executive Director on 01/09/2023 at 3:10pm: - The facility Health and Wellness Director and Divisional Nurse Conducting a training for facility staff on resident rights on 11/17/22 focusing on dignity and respect. - All facility staff acknowledged receipt of the resident rights training by signing the training attendance roster. - The date of correction was/is 12/20/22. - H. Lata, RN Licensure Surveyor	

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D 338	Continued From page 6 -There was one specific staff member she had received a complaint about from a resident recently. -There was a previous incident with a different staff whose employment was terminated. -The staff member was "kind of short". -The staff member was "not rude". -She expected staff to "give 100% customer service". -She expected staff to help the residents with whatever the resident needed without making the resident feel like they were bothering the staff. -She expected staff to not be rude to the residents.	D 338		
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 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	D 367		

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D 367	Continued From page 7 administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medication administration records were accurate for 1 of 5 sampled residents (#1) including inaccurate documentation for a controlled substance used to treat anxiety and a medication used to lower blood pressure and heart rate. The findings are: Review of Resident #1's current FL-2 dated 07/07/22 revealed diagnoses included orthostatic hypotension, history of falling, depression, dizziness and giddiness, and atrial fibrillation. a. Review of Resident #1's physician's order dated 08/03/22 revealed an order for Metoprolol 25mg ½ tablet every 12 hours, hold if systolic blood pressure (SBP) less than (<) 110. (Metoprolol is used to lower blood pressure and heart rate.) Observation of Resident #1's medications on hand on 11/16/22 at 2:39pm revealed: -There was a supply of Metoprolol 25mg tablets dispensed on 09/29/22. -The instructions were to take ½ tablet twice a day for heart, hold for SBP < 110. Review of Resident #1's September 2022 electronic medication administration record (eMAR) revealed: -There was an entry for Metoprolol 25mg take ½ tablet (12.5mg) every 12 hours, hold if SBP < 110. -Metoprolol was scheduled for administration at 8:00am and 8:00pm. -Metoprolol was documented as administered on	D 367	D367 Education completed with the medication technicians in group setting and one on one. Training included reading MAR for directions and documenting accurately. The controlled medications and the MAR will be reviewed to ensure medications are transcribed as directed, the narcotic count is correct and documentation is completed. The Director of Health and Wellness/Resident Care Coordinator and/or designee will be reviewing the controlled medications and MAR weekly. The controlled medications, MAR and cart audits will be reviewed weekly to ensure accuracy.	12/14/22

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D 367	Continued From page 8 10 of 24 occasions when the resident's SBP was documented as < 110. -The resident's SBP ranged from 87 - 108 on those 10 occasions but the medication aides (MAs) documented their initials with no indication the Metoprolol was held. Review of Resident #1's October 2022 eMAR revealed: -There was an entry for Metoprolol 25mg take ½ tablet (12.5mg) every 12 hours, hold if SBP < 110. -Metoprolol was scheduled for administration at 8:00am and 8:00pm. -Metoprolol was documented as administered on 3 of 10 occasions when the resident's SBP was documented as < 110. -The resident's SBP ranged from 103 - 109 on those 3 occasions but the MAs documented their initials with no indication the Metoprolol was held. Review of Resident #1's November 2022 eMAR on 11/15/22 revealed: -There was an entry for Metoprolol 25mg take ½ tablet (12.5mg) every 12 hours, hold if SBP < 110. -Metoprolol was scheduled for administration at 8:00am and 8:00pm. -Metoprolol was documented as administered on 2 of 4 occasions when the resident's SBP was documented as < 110. -The resident's SBP was 100 on those 2 occasions but the MAs documented their initials with no indication the Metoprolol was held. Interview with a MA on 11/16/22 at 2:52pm revealed: -Resident #1's Metoprolol was held when his SBP was < 110. -Metoprolol should have been documented as held on the eMARs when the resident's SBP was < 110.	D 367	Addendum per telephone Conversation with Teri Karr, Executive Director on 01/09/2023 at 3:10pm. - The Health and Wellness Director completed medication aide retraining for all medication aides by 12/14/22. - The retraining included reading the medication administration records for directions and accurately documenting narcotic medications. - The date of correction was/is 12/14/2022. - H. Facts Re Licensure Surveys	

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D 367	Continued From page 9 -She initialed the eMAR in error when Resident #1's SBP was < 110 because she held the medication and did not administer it. -She should have documented the Metoprolol was held on the eMAR when the SBP was < 110. Interview with a second MA on 11/16/22 at 3:09pm revealed: -Resident #1's Metoprolol should not be administered when his SBP was < 110. -The MAs should document in the notes that the medication was held instead of initialing the eMAR. Interview with Resident #1 on 11/16/22 at 3:11pm revealed: -He took Metoprolol for his blood pressure. -The MAs took his blood pressure before they administered Metoprolol. -The MAs did not administer the Metoprolol if his SBP was < 110. Interview with the Director of Health and Wellness (DHW) on 11/16/22 at 4:08pm revealed: -Resident #1's Metoprolol should be documented as held when the resident's SBP was < 110. -There was a symbol of a zero with a line through it on the eMAR system that indicated a medication was not administered and referred to the notes. -The MAs should document using that symbol and then document in the notes that the Metoprolol was held. -She had not noticed the documentation for holding Resident #1's Metoprolol was not accurate. -There was no system to check or review the eMARs for accuracy. b. Review of Resident #1's emergency	D 367		

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D 367	Continued From page 10	D 367		

department (ED) after visit summary dated 09/28/22 revealed the resident was seen for shortness of breath and anxiety reaction.

Review of Resident #1's physician's order dated 09/28/22 revealed an order for Diazepam 5mg take 1 tablet every 12 hours as needed for anxiety for up to 3 days. (Diazepam is a controlled substance used to treat anxiety.)

Review of Resident #1's September 2022 - November 2022 electronic medication administration records (eMARs) revealed:
-There was no entry for Diazepam on the September, October, or November 2022 eMARs.
-The order dated 09/28/22 for Diazepam was not transcribed onto the eMARs.

Review of Resident #1's controlled substance (CS) count sheet for Diazepam revealed:
-There was no medication receipt date documented on the CS count sheet.
-The quantity checked in was 6 tablets of Diazepam 5mg.
-There was 1 Diazepam 5mg tablet documented as administered on 11/03/22 at 4:35pm, leaving a balance of 5 tablets.

Observation of Resident #1's medications on hand on 11/16/22 at 4:31pm revealed:
-There was a supply of Diazepam 5mg tablets dispensed by an outside pharmacy on 09/28/22.
-There were 5 of 6 Diazepam 5mg tablets remaining.

Interview with Resident #1 on 11/16/22 at 3:11pm revealed:
-He recalled going to the hospital for a panic attack but could not recall the date.
-He did not recall taking any Diazepam because

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D 367	Continued From page 11 he did not want to take it if he did not need it. Interview with the Director of Health and Wellness (DHW) on 11/16/22 at 4:30pm revealed: -She was not aware Resident #1's order for Diazepam was never transcribed onto the eMAR. -There was no system to check or review the eMARs for accuracy. -The order for Diazepam should have been transcribed onto the eMAR. -The MAs were responsible for sending Resident #1's orders to the contracted pharmacy for profiling and getting the orders entered onto the eMARs. -The MAs could also enter orders into the eMAR system if needed. -She thought the order for Diazepam may not have been transcribed onto the eMARs since the resident did not get his medications from the facility's contracted pharmacy. -The MA who documented the dose of Diazepam administered on 11/03/22 on the CS count sheet should have also documented Diazepam as administered on eMAR. -The MA who documented administration of Diazepam on 11/03/22 was part-time staff and unavailable for interview.	D 367		

Forte, Hope

From: TERESA KARR <tkarr@terrabellaharrisburg.com>
Sent: Thursday, December 15, 2022 11:04 AM
To: Forte, Hope; DHSR.AdultCare.Star
Cc: Hawkins, Tomesia S; dhsr.adultcare.email2; Kirby, Linda H; Bingham, Heather D; Beth Mize; Julie Jarvis
Subject: [External] RE: Terra Bella Harrisburg 2022-12-06 SODL LFUW11; Terra Bella Harrisburg 2022-11-16 SOD LFUW11
Attachments: POC for 2022 Annual Survey Dec 2022.pdf

Attached please find our Plan of correction for the survey conducted on November 16, 2022.

Thank you,

Teri Karr
Executive Director
Terrabella Harrisburg
6200 Roberta Road
Harrisburg, NC 28075
Direct: 704-455-6226
Fax: 704-455-4080
tkarr@terrabellaharrisburg.com

TerraBella HARRISBURG

Great Place To Work Certified APR 2022-APR 2023

From: Forte, Hope <hope.forte@dhhs.nc.gov>
Sent: Tuesday, December 6, 2022 5:45 PM
To: DHSR.AdultCare.Star <DHSR.AdultCare.Star@dhhs.nc.gov>; TERESA KARR <tkarr@terrabellaharrisburg.com>
Cc: Hawkins, Tomesia S <tshawkins@cabarruscounty.us>; dhsr.adultcare.email2 <dhsr.adultcare.email2@dhhs.nc.gov>; Kirby, Linda H <linda.kirby@dhhs.nc.gov>; Bingham, Heather D <Heather.Bingham@dhhs.nc.gov>
Subject: [EXTERNAL] Terra Bella Harrisburg 2022-12-06 SODL LFUW11; Terra Bella Harrisburg 2022-11-16 SOD LFUW11