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
	FCL051069	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ENCLAVE AT SILKGRASS	118 SILKGRASS WAY CLAYTON, NC 27527

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 10/03/23.	C 000		
C 059	10A NCAC 13G .0310 (b) Storage Areas 10A NCAC 13G .0310 Storage Areas (b) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be supervised while in use. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to keep cleaning agents and personal care products that may be hazardous if ingested in locked storage areas to prevent access by residents who were diagnosed with dementia. Review of the facility's 2023 license revealed the facility was licensed or up to six non-ambulatory residents. Observations of the facility on 10/03/23 from 9:21am until 9:50am revealed: -There were 9 bottles of personal care products on the shelf and on the safety grab bars in the shower in the bathroom in resident room 4. -There were two bottles of shampoo plus conditioner, two bottles of body wash, two bottles of shampoo plus body wash, one bottle of no-rinse skin cleanser foam, one bottle of body lotion, and one bottle of color-enhancing shampoo. -There was one bottle of body lotion and one bottle of no-rinse skin cleansing spray on the shelf in the bathroom in resident room 1.	C 059	See Attached Plan of Correction.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE RC (X6) DATE 11/8/23

Reviewed and Acknowledged
WW 11/8/23

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	FCL051059	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ENCLAVE AT SILKGRASS	118 SILKGRASS WAY CLAYTON, NC 27527

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C 059	Continued From page 1 -There were two bottles of shampoo and one bottle of body wash on the shelf in the shower in the bathroom in resident room 1. -There was one can of spray air freshener and one canister of disinfecting wipes on a shelf in the staff bathroom. -The staff bathroom was unlocked and accessible to residents. -There was one bottle of shampoo, one bottle of body wash, one bottle of lotion, and deodorant on a shelf in the common hallway bathroom. -Warnings on the labels of the cleaning and personal care products included: keep out of reach of children; for external use only; avoid contact with eyes; in case of eye contact, flush eyes with water. If irritation persists contact your physician; in case of accidental ingestion, seek medication assistance or contact a Poison Control Center immediately. Interview with the Supervisor-in-Charge (SIC) on 10/03/23 at 11:20am revealed: -All six residents in the facility had a dementia diagnosis and were confused. -Two of the residents had wandering behaviors. -Three residents in the facility used the bathroom independently without toileting assistance by staff. -All six residents in the facility required assistance with bathing and the staff assisted them with the use of personal care products. -The resident's personal care products were usually left in the showers because staff assisted the residents with showering. -Cleaning products should have been stored out of residents' reach. -The staff bathroom was usually locked and should not have been left unlocked this morning. -She was not aware of any residents trying to ingest any cleaning products or personal care products.	C 059		

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C 059	Continued From page 2 Interview with a personal care aide (PCA) on 10/03/23 at 3:31pm revealed: -The residents' families were responsible for buying the personal care products for each resident. -The residents' personal care products were stored in the residents' rooms. -She usually stored personal care products out of reach in a cabinet in the residents' rooms. Interview with the Resident Coordinator (RC) on 10/03/23 at 2:26pm revealed: -All 6 residents residing in the facility had dementia. -The facility's policy was to store all cleaning agents in a locked cabinet in the laundry room. -The staff bathroom was usually locked. -She was not aware personal care products needed to be locked. -She had not thought about the need to lock the personal care products for safety with the residents having dementia.	C 059		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.	C 202	See Attached Plan of Correction	

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C 202	Continued From page 3 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#1) was tested for tuberculosis (TB) disease upon admission in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Resident #1's current FL-2 dated 08/15/23 revealed diagnoses included Alzheimer's disease, hypertension, chronic kidney disease, Type II diabetes mellitus, and hypothyroidism. Review of Resident #1's Resident Register revealed there was no admission date documented. Review of Resident #1's admission contract revealed an admission date of 06/30/22. Review of Resident #1's record on 10/03/23 revealed there was no documentation of any tuberculosis (TB) skin testing available for review. Interview with the Resident Coordinator (RC) on 10/03/23 at 3:18pm revealed: -She was responsible for ensuring all residents had required TB testing upon admission. -As of 08/29/23, the Resident Coordinator Assistant (RCA) assisted her with ensuring that all residents had documentation of first and second step TB skin tests. -Resident#1 was admitted from another facility but the resident's family did not disclose which facility. -She thought Resident #1 may have had a blood	C 202		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 202	Continued From page 4 test for TB prior to admission. -She thought there was an electronic copy of Resident #1's TB testing that she could print for the record but she was unable to locate any documentation of Resident #1's TB testing. A second interview with the RC on 10/03/23 at 3:58pm revealed: -She had spoken with Resident #1's family member today on 10/03/23 and they did not have documentation of a TB skin test or blood test for TB. -The facility planned to complete a two-step TB test for Resident #1. Based on observations, interviews, and record reviews, it was determined Resident #1 was not interviewable.	C 202		

The Enclave

Initial Survey completed October 03, 2023
Facility: The Enclave at Silkgrass
Licensure Number: FCL-051-069
County: Johnston

The Enclave Plan of Correction

Adult Care Home Rule (10A NCAC 13G .0310)

10A NCAC 13G .0310 Storage Areas (b) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be supervised while in use

This Rule is not met as evidenced by:

Based on observations, interviews, and record review, the facility failed to keep cleaning agents and personal care products that may be hazardous if ingested in locked storage areas to prevent access by residents who were diagnosed with dementia. Review of the facility's 2023 license revealed the facility was licensed or up to six non-ambulatory residents. -There were two bottles of shampoo and one bottle of body wash on the shelf in the shower in the bathroom in resident room 1. -There was one can of spray air freshener and one canister of disinfecting wipes on a shelf in the staff bathroom. - The staff bathroom was unlocked and accessible to residents. -There was one bottle of shampoo, one bottle of body wash, one bottle of lotion, and deodorant on a shelf in the common hallway bathroom. -Warnings on the labels of the cleaning and personal care products included: keep out of reach of children; for external use only; avoid contact with eyes; in case of eye contact, flush eyes with water, if irritation persists contact your physician; in case of accidental ingestion, seek medication assistance or contact a Poison Control Center immediately. Interview with the Supervisor-in-Charge (SIC) on 10/03/23 at 11:20am revealed: - All six residents in the facility had a dementia diagnosis and were confused. -Two of the residents had wandering behaviors. -Three residents in the facility used the bathroom independently without toileting assistance from staff. -All six residents in the facility required assistance with bathing and the staff assisted them with the use of personal care products. -The resident's personal care products were usually left in the showers because staff assisted the residents with showering. -Cleaning products should have been stored out of residents' reach. - The staff bathroom was usually locked and should not have been left unlocked this morning. - She was not aware of any residents trying to ingest any cleaning products or personal care products. Interview with a personal care aide (PCA) on 10/03/23 at 3:31pm revealed: -The residents' families were responsible for buying the personal care products for each resident. - The residents' personal care products were stored in the residents' rooms. -She usually stored personal care products out of reach in a cabinet in the residents' rooms. Interview with the Resident Coordinator (RC) on 10/03/23 at 2:26pm revealed: -All 6 residents residing in the facility had dementia. -The facility's policy was to store all cleaning agents in a locked cabinet in the laundry room. -The staff bathroom was usually locked. -She was not aware personal care products needed to be locked. -She had not thought about the need to lock the personal care products for safety with the residents having dementia.

11/8/23 Reviewed and Acknowledged WW 11/8/23

Plan of Correction:

- The Enclave will ensure that all cleaning supplies, bleach, hazardous agents, pesticides and other substances will be placed in a locked storage box free from resident access at all times.
- The Enclave will also be sure to educate staff on hazardous materials and its relation to the safety of our dementia residents and be sure to keep all personal care products in a locked area in the community free from resident access at all times.
- The Enclave will be sure to put any of these hazardous products away after each use so as to keep our residents safe in the community.
- The Enclave will add additional locks in the bathroom cabinet that houses any hazardous solutions.

Monitoring:

- After any hazardous material has been used. The staff members on shift are to lock-up all materials.
- Daily at the end of a staff member's shift, during the shift rounds, staff are to ensure that chemicals and all hazardous agents are locked away.
- The staff member responsible for ensuring that all bleach, hazardous agents, pesticides and other substances will be placed in a locked storage box free from resident access at all times is our Shift Lead #3. The Shift Lead #3 will audit the physical plant monthly (the home) to ensure this rule is followed.

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Timeline –

Date Implemented/ Corrected - 10/04/2023

Revised Plan – 11/08/23

11/8/23

The Enclave

Initial Survey completed October 03, 2023 (RWM111)
Facility: The Enclave at Silkgrass
Licensure Number: FCL-051-069
County: Johnston

Adult Care Home Rule (10A NCAC 13G .072(a)) Tuberculosis Test and Medical Examination

10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.

This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#1) was tested for tuberculosis (TB) disease upon admission in compliance with control measures adopted by the Commission for Health Services.

Findings:

Review of Resident #1's current FL-2 dated 08/15/23 revealed diagnoses including Alzheimer's disease, hypertension, chronic kidney disease, Type II diabetes mellitus, and hypothyroidism. Review of Resident #1's Resident Register revealed there was no admission date documented. Review of Resident #1's admission contract revealed an admission date of 06/30/22. Review of Resident #1's record on 10/03/23 revealed there was no documentation of any tuberculosis (TB) skin testing available for review. Interview with the Resident Coordinator (RC) on 10/03/23 at 3:18pm revealed: -She was responsible for ensuring all residents had required TB testing upon admission. -As of 08/29/23, the Resident Coordinator Assistant (RCA) assisted her with ensuring that all residents had documentation of first and second step TB skin tests. -Resident#1 was admitted from another facility but the resident's family did not disclose which facility. -She thought Resident #1 may have had a blood test for TB prior to admission. -She

11/8/23

thought there was an electronic copy of Resident #1's TB testing that she could print for the record, but she was unable to locate any documentation of Resident #1's TB testing. A second interview with the RC on 10/03/23 at 3:58pm revealed: -She had spoken with Resident #1's family member today on 10/03/23 and they did not have documentation of a TB skin test or blood test for TB. -The facility planned to complete a two-step TB test for Resident #1. Based on observations, interviews, and recorded reviews, it was determined that Resident #1 was not interview able.

Plan of Correction:

To ensure the proper Tuberculosis requirement is satisfied, The Enclave will develop a new monitoring protocol to ensure that all residents have met the 2 - step TB skin test requirement Before admission to the Community all residents are required to have at least 1 negative TB skin test. The Enclave has since hired a Resident Coordinator Assistant that will help to ensure all residents have satisfied the TB skin test requirement within 10 days of admission. The Enclave will accept residents that present the proper Tuberculosis testing paperwork, 1-step. The Administrator and Resident Coordinator will request a 2 -step TB skin test from the potential resident on the date of the assessment of the potential resident. If the potential resident has not met the TB test requirement, The Enclave will accept the TB skin test at move-in. Upon admission, The Enclave will ensure that the resident either has a 2-step TB skin test on file or will have ten days after the move-in date to receive their 2nd step TB skin test . All resident documents including all tuberculosis tests will be scanned and uploaded onto The Enclave's online folder. This will aid the Administrator with the monthly chart audits and act as an added safeguard against lost physical paper documents.

Monitoring:

It is now the responsibility of the Resident Coordinator Assistant to ensure all residents have satisfied the 2- step TB skin requirement within 10 days of admission. Monthly a cart/ file audit will be performed by the Administrator to ensure all necessary documentation/ test are completed.

Timeline

Date to Implement System/ Corrected: 10/12/2023

Date Revised- 11/08/23

Resident #1 was tested negative for TB on October 12th 2023, at the resident's primary care visit.

Signature _____ Date 11/8/2023