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
	HAL062016	A. BUILDING: _____ B. WING _____	R 08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTGOMERY SENIOR LIVING	327 FREEMAN STREET STAR, NC 27356

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D 000	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on August 20, 2024 to August 21, 2024.	D 000	D 075 10A NCAC 13F.0306(a)(2) Housekeeping And Furnishings	
D 075	10A NCAC 13F .0306(a)(2) Housekeeping And Furnishing 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (2) have no chronic unpleasant odors; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the special care unit (SCU) hallways, common areas, and resident rooms were free from chronic odors. The findings are: Review of the facility census report dated 08/20/24 revealed there were 28 residents residing in the facility's special care unit (SCU). Observation of the SCU on 08/20/24 at 9:08am revealed: -There was a strong urine odor upon entering the SCU. -There was a strong urine odor on both hallways where resident rooms were located and the hallway leading to the residents' dining room. -There was a urine odor at the entrance to the residents' dining room. -There was a strong urine odor in resident rooms 205 and 207.	D 075	ODOR: Housekeeping staff wash the walls to the entrance of Memory Care daily Facility purchased Air Purifier plug-ins and placed them throughout memory care unit Maintenace will check deodorizers and batteries every 2 weeks to ensure they are properly working. Monitoring: 1. Calendar with date for next changes 2. Audited by the ED or designee On August 21, 2024, during the survey, Pride plumbing came to facility 8/21/2024 during the survey: 1.Flushed the sewer lines, 2.Two toilets were cleaned by a sewage snake and reset with a new flanges. 3. Pride plumbing has been to facility on 9/11/24 and 9/14/24 for additional plumbing issues to reduce odors.	8/22/24 and on-going 8/26/24 9/11/24

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Christy Deaton 10.03.24

RECEIVED AND ACKNOWLEDGED ON 10/03/24 BY NURSE CONSULTANT

Tina B Nielsen

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D 075	Continued From page 1 -There was a strong urine odor in the shared bathroom between rooms 205 and 207. Second observation of the SCU on 08/21/24 at 7:06am revealed: -There was a strong urine odor upon entering the SCU. -There was a strong urine odor on both hallways where resident rooms were located and the hallway leading to the residents' dining room. -There was a urine odor at the entrance to the residents' dining room. -There was a urine odor in the shared bathroom between rooms 201 and 203. -The toilet in the resident's bathroom had old dried feces and urine with toilet paper in the bowl. -The toilet would not flush. Interview with a personal care aide (PCA) on 08/21/24 at 7:08am revealed: -She had been employed at the facility for approximately one week. -She had noticed the urine odor every day. -She tried to find the source of the urine odor but had not been able to determine what was causing the odor. Interview with a medication aide (MA) on 08/21/24 at 7:52am revealed: -The urine odor had been present in the SCU for a while. -There was a male resident that used to urinate in the shower room. -The resident was now on more frequent checks and toileted more often. -She was not aware of the resident urinating outside of his bathroom recently. -She was unsure where the urine odor was coming from, unless it was because the staff were assisting residents with toileting.	D 075	Staff complete 1 hours checks on resident bathrooms to ensure cleanliness of the bathroom.	8/27/24 and on-going

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D 075	Continued From page 2 Interview with the Administrator on 08/21/24 at 7:30am revealed: -The toilet in the shared bathroom between rooms 201 and 203 would not flush as the water had to be turned off to keep it from backing up. -The SCU staff had to "snake" (a way to clear obstructions in pipes without damaging the plumbing) the toilet last night, which revealed leaves, twigs, and other yard debris. -She had contacted the facility contracted plumber to come today (08/21/24) and assess and treat the cause of the yard debris. -Housekeeping had not had a chance to clean the toilet yet. Second interview with the Administrator on 08/21/24 at 4:45pm revealed: -The urine odor had been present for a while and seemed to be worse when the temperature was warmer outside. -There were some male residents in the SCU who used to urinate near the SCU entrance, in the corners of the SCU, and along the walls of the SCU. -The staff in the SCU now checked on those male residents every 15-30 minutes and had the residents on a toileting schedule. -She was not aware of any residents urinating in areas outside of their bathrooms recently. -The facility had cleaned and painted the walls to attempt to remove the urine odor. -The facility had cleaned the floor and used various deodorizing products to remove the urine odor. -She had a professional cleaning service come to the facility to clean the floors in the SCU, but the urine odor persisted. -She thought the urine odor must be in the flooring or under the flooring since the odor	D 075		

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D 075	Continued From page 3 persisted.	D 075		
D 125	10A NCAC 13F .0403(a) Qualifications Of Medication Staff 10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on observations and record reviews, the facility failed to ensure 1 of 3 sampled medication aides (Staff F) administering medications to residents had a medication administration clinical skills checklist. The findings are: Review of Staff F's personnel file on revealed: -Staff F was hired as a personal care aide (PCA) and medication aide (MA) on 01/27/22. -Staff F passed the medication aide examination on 01/29/2009 -Staff F completed a 15-hour medication administration training course on 02/18/21. -There was no medication administration clinical skills checklist. Review of the facility's employee assignment sheets revealed Staff F was scheduled to work as	D 125	D125 10A NCAC 13F.0403 Qualifications of Medication Staff The employee was checked off by LHPS Nurse, RN on ED and/or designee will ensure that new hire check-list for all required components to be completed prior to Med. Aide being assigned to pass medications. Monitoring: Personnel files with be audited quarterly for compliance for regulatory requirements.	8/21/24

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D 125	Continued From page 4 a MA from 7:00pm-7:00am on 08/21/24. Interview with the Business Office Manager (BOM) on 08/21/24 at 10:43am revealed: -She had been employed at the facility for a while but had recently started as the BOM in July 2024. -She was responsible for auditing the staff's personnel files. -She was unsure why some of the information in the files was missing. -She had a checklist to audit the files but had not developed a schedule of when she was going to complete the audits of the personnel files. Interview with the Administrator on 08/21/24 at 4:32pm revealed: -Medication aides (MA) should have the medication administration clinical skills checklist completed by the RN consultant before working on the medication cart. -The BOM was responsible for auditing the staff's personnel files. -There was not a current schedule set for auditing the personnel files for medication administration checklists. -She was responsible for ensuring the BOM completed staff personnel file audits. -She was unsure why Staff F did not have a medication administration clinical skills checklist. -It was important for the medication administration clinical skills checklist to be completed so the facility could ensure the medication aides could administer medications to the residents safely.	D 125		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications	D 139		

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D 139	Continued From page 5 (a) Each staff person at an adult care home shall: (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 1 of 6 sampled employees (Staff E) had a criminal background check completed. The findings are: Review of Staff E's personnel record on 08/22/24 revealed: -Staff E was hired as a personal care aide (PCA) on 10/31/23. -There was no criminal background check. Interview with the Business Office Manager (BOM) on 08/22/24 at 10:43am revealed: -She had been employed at the facility for a while but had recently started as the BOM in July 2024. -She was responsible for completing criminal background checks on new employees. -She was unsure why there were items missing from the personnel files. -She had a checklist to audit the files but had not developed a schedule of when she was going to complete the audits of the personnel files. Interview with the Administrator on 08/22/24 at 4:32pm revealed: -Criminal background checks should be completed before employees were hired. -The BOM was responsible for completing criminal background checks for new employees. -The BOM was new in her position and just started as the BOM in July 2024. -The BOM, Administrator, and Regional Director	D 139	All employees are required to have a criminal background check completed prior to hire. 1. BOM will conduct background checks before an employee can be scheduled to work. 2. The ED and or designee will utilize a New Hire checklist to ensure all components are completed as required prior to being placed on the schedule. Monitoring: Personnel records will be audited for completeness on a quarterly basis as part of Quality Assurance program by the ROD.	

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D 139	Continued From page 6 of Operations were responsible for auditing personnel files. -Personnel files audits were completed every 6 months. -She was unsure why Staff E did not have a criminal background check completed before today, 08/21/24. -It was important for the facility to complete criminal background checks on new employees for the residents' safety.	D 139		
D 150	10A NCAC 13F .0501 (a & b) Personal Care Training And Competency 10A NCAC 13F .0501 Personal Care Training And Competency (a) The facility shall assure that staff who provide or directly supervise staff who provide personal care to residents complete an 80-hour personal care training and competency evaluation program established by the Department. For the purpose of this Rule, "directly supervise" means being on duty in the facility to oversee or direct the performance of staff duties. A copy of the 80-hour training and competency evaluation program is available online at https://info.ncdhhs.gov/dhsr/acls/training/index.html#80hr, at no cost. The 80-hour personal care training and competency evaluation program curriculum shall include: (1) observation and documentation skills; (2) basic nursing skills, including special health-related tasks; (3) activities of daily living and personal care skills; (4) cognitive, behavioral, and social care; (5) basic restorative services; and (6) residents' rights as established by G.S. 131D-21.	D 150	Direct Care staff that do not have a PCA certificate will be scheduled in a class within 6 months of hire date. 1. BOM has new check off list for new employees 2. Employee tracker was developed to keep up with dates of training requirement for compliance with training. 3. 80-hour PCA class was started on September 17 and completed 10/30/24. Monitoring: Personnel records will be monitored quarterly to ensure compliance of beginning PCA training prior to 6-month time frame.	10/30/24

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D 150	Continued From page 7 (b) The facility shall assure that training specified in Paragraph (a) of this Rule is completed within six months after hiring for staff hired after September 30, 2022. Documentation of the successful completion of the 80-hour training and competency evaluation program shall be maintained in the facility and available for review by the Division of Health Service Regulation and the county department of social services. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 3 sampled staff members (Staff D) who provide personal care to residents completed an 80-hour personal care aide training and competency evaluation program. The findings are: Review of Staff D's personnel file on 08/21/24 revealed: -Staff D was hired as a personal care aide (PCA) on 12/01/23. -There was no record of Staff D completing an 80-hour PCA training and competency evaluation program. Observation of a resident's room on 08/21/24 at 7:58am revealed Staff D was sitting at a resident's bedside feeding the resident breakfast. Interview with Staff D on 08/21/24 at 10:35am	D 150		

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D 150	Continued From page 8 revealed: -She had been employed at the facility as a PCA for several months. -She assisted residents with personal care duties such as bathing, dressing, toileting, and feeding. -She had not completed an 80-hour PCA training and competency evaluation program. -The facility recently had an 80-hour PCA training course, but she was not informed of the class. Interview with the Business Office Manager (BOM) on 08/21/24 at 10:43am revealed: -She had started as the BOM in July 2024. -She was unsure why there were some items missing from the personnel files. -She was auditing the files using a checklist but all of the files had not been audited. Interview with the Administrator on 08/21/24 at 4:32pm revealed: -PCAs should have the 80-hour training course within 6 months of hire. -The facility's registered nurse (RN) consultant was responsible for completing the 80-hour PCA training courses. -The 80-hour training courses were completed onsite at the facility. -The BOM was responsible for auditing the staff's personnel files and informing the RN consultant of which employees needed the 80-hour PCA training. -She was responsible for ensuring the BOM completed the personnel file audits. -She was employed at the facility when Staff D was hired but was working in another role. -She was unsure why Staff D had not completed the 80-hour PCA training course. -She was not concerned about Staff D being competent to provide personal care to residents because the PCA had trained with another PCA	D 150		

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D 150	Continued From page 9 5-7 days before she worked on her own.	D 150		