STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026048	A. BUILDING: _____ B. WING _____	R 10/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE VALLEY ADULT CARE HOME	3522 CAMDEN ROAD FAYETTEVILLE, NC 28306

(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 annual and follow-up survey October 2-4, 2024.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 3 residents sampled (#2, #3) were tested upon admission for tuberculosis (TB) disease in compliance with the control measures for the Commission for Health Services. The findings are: 1. Review of Resident #2's current FL2 dated 12/05/23 revealed diagnosis included cerebral vascular accident. Review of Resident #2's Resident Register revealed an admission date of 01/17/23. Review of Resident #2's record revealed: -There was documentation of a tuberculosis (TB)	D 234		

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test administered 01/12/23 with the result documented as negative on 01/14/23.
-There was no documentation of a second TB test for Resident #2.

Refer to interview with the Resident Care Coordinator (RCC) on 10/02/24 at 2:38pm.

Refer to telephone interview with the Administrator on 10/04/24 at 9:51am.

Refer to interview with the Owner on 10/03/24 at 2:45pm.

Refer to telephone interview with the facility's contracted primary care provider (PCP) on 10/03/24 at 4:08pm.

2. Review of Resident #3's current FL2 dated 08/29/23 revealed diagnoses included dementia, brain tumor, blindness in both eyes, and type 2 diabetes mellitus.

Review of Resident #3's Resident Register revealed an admission date of 03/28/18.

Review of Resident #3's record revealed:
-There was documentation of a tuberculosis (TB) test administered 03/15/18 and documented as negative on 03/18/18.
-There was no documentation of a second TB test for Resident #3.

Refer to interview with the Resident Care Coordinator (RCC) on 10/02/24 at 2:38pm.

Refer to telephone interview with the Administrator on 10/04/24 at 9:51am.

Refer to interview with the Owner on 10/03/24 at

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D 234	Continued From page 2 2:45pm. Refer to telephone interview with the facility's contracted primary care provider (PCP) on 10/03/24 at 4:08pm. _____ Interview with the Resident Care Coordinator (RCC) on 10/02/24 at 2:38pm revealed: -She was responsible for filing the residents' tuberculosis (TB) tests in the resident records. -She was responsible for auditing the residents' records to ensure all documentation was in the record. -She did not have a specific schedule for conducting audits of the residents' files. -If a resident needed a TB test, she informed the owner of the facility, and the owner scheduled an appointment for the resident to have the TB test completed. -She was not sure why the documentation of Resident #2's and Resident #3's second step TB tests were not in their records. -If a resident did not have documentation of their second step TB test, it must have been an oversight. Telephone interview with the Administrator on 10/04/24 at 9:51am revealed: -The RCC was responsible for ensuring residents had documentation of 2-step TB testing. -The RCC was responsible for auditing the residents' files for all required documentation. -He was unsure how often or when the residents' files were audited. -He was not aware Resident #2 and Resident #3 did not have documentation of their second step TB tests. Interview with the Owner on 10/03/24 at 2:45pm revealed:	D 234		

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D 234	Continued From page 3 -All residents were required to have 2-step TB testing on admission. -All residents were required to have their first step TB completed before they were admitted to the facility. -The residents' second step TB testing was usually administered at the local health department or by their primary care provider (PCP). -She felt that Resident #2 and Resident #3 had their second step TB tests completed and the documentation was misplaced. -She was unsure where the documentation was for Resident #2's and Resident #3's second step TB tests. -The facility did not have a system to audit the resident records for TB tests; the TB testing documentation was placed in the records when the documentation was received. Telephone interview with the facility's contracted primary care provider (PCP) on 10/03/24 at 4:08pm revealed: -Resident #2 and Resident #3 did not have any respiratory symptoms. -The facility should ensure each residents' 2-step TB testing was completed and the documentation for TB testing was available for review.	D 234		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to meet the health care	D 273		

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needs for 1 out of 3 sampled residents (#3) by failing to send the resident to follow up appointments after she was diagnosed with an infected sacral decubitus ulcer which required surgery.

The findings are:

Review of Resident #1's current FL-2 dated 02/21/24 revealed:
-Diagnoses included unspecified dementia without behaviors, epilepsy, encephalitis and metal retardation.
-She was non-ambulatory.

Review of Resident #1's hospital medical records dated 07/26/24 revealed:
-She had an infected sacral decubitus ulcer.
-The sacral decubitus ulcer required debridement. (Debridement is a surgical procedure that removes dead, damaged, or infected tissue from a wound to help it heal).
-She should follow-up with infectious disease within 2 weeks for antibiotic management.
-She should follow-up with general surgery within 2 weeks for sacral wound post debridement.

Interview with the Owner on 10/03/24 at 2:20pm revealed:
-She did not complete follow- up appointments for infectious disease or general surgery because Resident #1 was going to be placed on hospice.
-The medication aides (MA) were responsible to ensure follow- up appointments were made.

Interview with the Resident Care Coordinator on 10/04/24 at 10:16am revealed:
-She and the Owner were responsible to ensure follow- up appointments were made for the residents.

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D 273	Continued From page 5 -She did not know why the follow-up appointments for infectious disease and general surgery were not made for Resident #1. Interview with the Administrator on 10/04/24 at 9:52am revealed: -He was not aware Resident #1 had referrals for infectious disease and general surgery. -He expected the RCC to ensure resident's follow-up appointments were made. Attempted telephone interview with the Primary Care Provider (PCP) on 10/02/24 at 2:30pm was unsuccessful.	D 273		
D 371	10A NCAC 13F .1004(n) Medication Administration 10A NCAC 13F .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure implementation of infection control measures during the medication pass as evidenced by a medication aide who handled two residents' oral medications with ungloved hands while preparing residents' medications for administration. The findings are: Review of the facility's undated medication administration policy revealed when administering	D 371		

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oral medications, the unit dose should be emptied directly into the souffle cup, do not touch the medication itself.

Observation of the facility's 8:00am medication pass on 10/03/24 from 7:35am to 7:51am revealed:
-The Resident Care Coordinator (RCC) was working as a medication aide (MA).
-At 7:35am, the RCC began preparing a resident's medications.
-The resident received 13 oral medications and the RCC pushed the medication out of each of the 13 unit dose cards into her bare hand and then placed the medications into a paper souffle cup.
-At 7:42am, the RCC administered the resident's medications.
-At 7:44am, the RCC applied alcohol-based hand sanitizer to her hands.
-At 7:45am, the RCC began preparing a second resident's medications.
-The second resident received 8 oral medications and the RCC pushed the medication out of each of the 8 unit dose cards into her bare hand, then placed the medications into a paper souffle cup.
-At 7:48am, the RCC administered the second resident's medications.

Interview with the RCC on 10/03/24 at 11:05am revealed:
-She had received training on how to prepare residents' medications.
-She usually wore gloves when she prepared the residents' medications to avoid touching the medications.
-She changed her normal routine today, 10/03/24, and did not wear gloves while she prepared the residents' medications.
-She was aware that she was not supposed to

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touch the medications while she was preparing the medications.
-She was unsure why she touched the medications during the medication pass this morning, 10/03/24, because she normally did not touch the medication with bare hands.

Telephone interview with the Administrator on 10/04/24 at 9:51am revealed:
-MAs should not touch medications when preparing medications for administration.
-All medications should go from the unit dose card and into the souffle cup and not be touched.
-If medications needed to be touched, the MA should wear gloves.

Interview with the Owner on 10/03/24 at 2:49pm revealed:
-Medications should be removed from the unit dose card by pressing the bubble and putting the medication directly into the souffle cup.
-MAs have been trained to put medications in the souffle cup without touching the medications.
-MAs should wear gloves if needed to avoid touching the medications with bare hands.

Telephone interview with the facility's contracted primary care provider (PCP) on 10/03/24 at 4:08pm revealed:
-Residents' medications should not be handled with the facility staff's bare hands.
-If medications needed to be touched, the staff should wear gloves.
-There was a concern for contamination if the medications were handled with bare hands.