

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ <i>/js</i>	(X3) DATE SURVEY COMPLETED 11/20/2014
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NAME OF PROVIDER OR SUPPLIER THE LAURELS IN THE VILLAGE AT CAROLINA PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 13180 DORMAN ROAD PINEVILLE, NC 28134 <i>County: Mecklenburg</i>
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(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 Mecklenburg County Department of Social Services conducted an annual survey on November 19-20, 2014.	D 000		
D 137	<p>10A NCAC 13F .0407(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interviews and record reviews, the facility failed to ensure 5 of 7 sampled staff (Staff A, D, E, F, and G) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR).</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel file revealed: -Hire date of 10/13/14 as a dietary server. -No documentation of a HCPR check. -A Perpetual Staff Log completed upon hire had "N/A" (nonapplicable) written in the section for documenting the date the HCPR check was completed.</p> <p>Review of a HCPR check completed on 11/20/14 revealed there were no substantiated findings.</p> <p>The Business Office Manager was unavailable for</p>	D 137	<i>See ATTACHED POC (3 pgs.)</i> <i>/js</i>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]
ADMINISTRATOR / EXECUTIVE DIRECTOR
TITLE (X6) DATE

*POC Approved with Addendum
per B. Moore
01-21-2015 /js*

Division of Health Service Regulation

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D 137	<p>Continued From page 1</p> <p>interview.</p> <p>Refer to interview on 11/20/14 at 10:00 am with the Administrator.</p> <p>B. Review of Staff D's personnel file revealed: -Hire date of 09/22/14 as the dining room supervisor. -No documentation of a HCPR check. -A Perpetual Staff Log completed upon hire had "N/A" (nonapplicable) written in the section for documenting the date the HCPR check was completed.</p> <p>Review of a HCPR check completed on 11/20/14 revealed there were no substantiated findings.</p> <p>The Business Office Manager was unavailable for interview.</p> <p>Refer to interview on 11/20/14 at 10:00 am with the Administrator.</p> <p>C. Review of Staff E's personnel file revealed: -Hire date of 07/09/14 as a dietary server. -No documentation of a HCPR check. -A Perpetual Staff Log completed upon hire had "N/A" (nonapplicable) written in the section for documenting the date the HCPR check was completed.</p> <p>Review of a HCPR check completed on 11/20/14 revealed there were no substantiated findings.</p> <p>The Business Office Manager was unavailable for interview.</p> <p>Refer to interview on 11/20/14 at 10:00 am with the Administrator.</p>	D 137		
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D 137	<p>Continued From page 2</p> <p>D. Review of Staff F's personnel file revealed: -Hire date of 05/21/14 as a dietary aide. -No documentation of a HCPR check. -A Perpetual Staff Log completed upon hire had "N/A" (nonapplicable) written in the section for documenting the date the HCPR check was completed.</p> <p>Review of a HCPR check completed on 11/20/14 revealed there were no substantiated findings.</p> <p>The Business Office Manager was unavailable for interview.</p> <p>Refer to interview on 11/20/14 at 10:00 am with the Administrator.</p> <p>E. Review of Staff G's personnel file revealed: -Hire date of 09/10/14 as a housekeeper. -No documentation of a HCPR check. -A Perpetual Staff Log completed upon hire had "N/A" (nonapplicable) written in the section for documenting the date the HCPR check was completed.</p> <p>Review of a HCPR check completed on 11/20/14 revealed there were no substantiated findings.</p> <p>The Business Office Manager was unavailable for interview.</p> <p>Refer to interview on 11/20/14 at 10:00 am with the Administrator.</p> <p>Interview on 11/20/14 at 10:00 am with the Administrator revealed: -The Business Office Manager (BOM) was responsible for completing the HCPR checks for new employees.</p>	D 137		



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D 137	Continued From page 3 -He was not aware a HCPR check was needed for nonclinical staff, such as dietary and housekeeping staff. On 11/20/14, the Administrator submitted a Plan of Protection as follows: -All employee files would be audited and a HCPR check completed for all current employees. -A HCPR check would be completed for all new staff prior to hire. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 4, 2015.	D 137		
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 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 assure 3 of 7 sampled residents (Resident #3, #4 and #5) were administered the second step skin test for tuberculosis (TB) disease in compliance with the control measures adopted by the Commission for Health Services.	D 234	<i>See ATTACHED Doc</i>	

(Signature)
12/19/14

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D 234	<p>Continued From page 4</p> <p>The findings are:</p> <p>A. Review of Resident #3's current FL2 dated 9/3/14 revealed diagnoses that included hypertension, depression, urinary incontinence, macular degeneration and breast cancer.</p> <p>Review of Resident #3's record revealed: -Resident #3 was admitted to the facility on 12/31/11. -Resident #3 had a TB skin test placed on 12/20/11 and read as negative on 12/22/11. -There was no further documentation of any other TB skin test results available for review.</p> <p>Interview on 11/20/14 at 10:55 am with Resident #3 revealed: -She had a TB skin test administered on 11/19/14 in her right forearm by the facility nurse. -She could not recall a previous TB skin test prior to 11/19/14.</p> <p>Refer to the interview on 11/20/14 at 10:40 am with the LPN.</p> <p>Refer to the interview on 11/20/14 at 11:05 am with the Resident Care Director (RCD).</p> <p>Refer to the interview on 11/20/14 at 11:15 am with the Administrator.</p> <p>B. Review of Resident #4's current FL2 dated 9/24/14 revealed diagnoses that included chronic kidney disease, raynaud's disease, renal artery stenosis, neuropathy and ventricular tachycardic.</p> <p>Review of Resident #4's record revealed: -She was admitted to the facility on 8/10/11.</p>	D 234		



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12/19/14

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D 234	<p>Continued From page 5</p> <p>-She had a TB skin test administered on 8/3/11 and read on 8/6/11 as negative.</p> <p>-She had a TB skin test administered on 8/21/14 and read on 8/23/14 as negative.</p> <p>-There was no further documentaion of any other TB skin test results available for review.</p> <p>Resident #4 was not available for interview since she was currently in rehabilitation.</p> <p>Refer to the interview on 11/20/14 at 10:40 am with the LPN.</p> <p>Refer to the interview on 11/20/14 at 11:05 am with the Resident Care Director (RCD).</p> <p>Refer to the interview on 11/20/14 at 11:15 am with the Administrator.</p> <p>C. Review of Resident #5's current FL-2 dated 11/20/14 revealed diagnoses included altered mental status, dementia, hypertension, and osteoporosis.</p> <p>Review of Resident #5 ' s record revealed: -An admission date of 06/15/12 from an independent living facility. -Documentation of a negative TB skin test administered on 06/06/12. -No documentation of further TB skin testing. -No documentation of TB skin testing completed prior to 06/06/12.</p> <p>Based on record review and interviews with staff, it was determined Resident #5 was not interviewable.</p> <p>Observation on 11/20/14 the facility had a procedure book that was initiated in August, 2014, for documentation of TB skin testing to ensure TB</p>	D 234		
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(Signature)
12/19/14

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D 234	<p>Continued From page 6</p> <p>skin requirements were met for the Resident's. No further documentaion of TB skin test were charted for Resident #3,#4, or #5.</p> <p>Refer to the interview on 11/20/14 at 10:40 am with the LPN.</p> <p>Refer to the interview on 11/20/14 at 11:05 am with the Resident Care Director (RCD).</p> <p>Refer to the interview on 11/20/14 at 11:15 am with the Administrator.</p> <p>_____</p> <p>Interview on 11/20/14 at 10:40 am with the facility LPN revealed:</p> <ul style="list-style-type: none"> -She was employed at the facility for 11 years. -She said the facility policy was to administer a single TB test to each resident upon admission to the facility. -She was aware of the requirement a second step TB skin test be administered following the first TB skin test and that it was the facility policy. -She said it was the nurse's responsibility to review the new residents FL2 to determine if a second step TB skin test was needed. -She was unaware Resident #3, #4, and #5 did not have an additional second step TB skin test after admission to the facility. -She said the facility had multiple nursing staff in the last 3 years, and she guessed the second TB skin test for the residents were overlooked. -She initated a procedure book in August 2014, for the nurse to document TB skin test for all the residents. -She was unaware when nor how often the procedure book had been reviewed or updated. -She was aware a TB skin test was administered to Resident #3 and #5 on 11/19/14. 	D 234		
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12/19/14

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D 234	<p>Continued From page 7</p> <p>Interview on 11/20/14 at 11:05 am with the Resident Care Director (RCD) revealed: -She was employed at the facility for 1 year. -She was aware on 11/19/14 the second step TB skin test was not administered for Residents #3, #4 and #5. -It was her expectation the nursing staff would monitor the TB skin test for all the residents. -She was aware TB skin test were administered on 11/19/14 to Resident #3 and #5.</p> <p>Interview on 11/20/14 at 11:15 am with the Administrator revealed: -He was employed at the facility for 2 years. -He was unaware Resident #3, #4 and #5 were not administered the second step TB skin test after admission to the facility. -He relied on the nurse to monitor the TB skin test for all the residents. -He said the nurse had a procedure book as well as a dry erase board in the medication room for following up on TB skin test for all the residents. -He was unsure why the second step TB skin test was not completed on Resident #3, #4 and #5. -He said the facility had a lot of turnover in nursing since 2011. -He was aware Resident #3 and #5 were administered TB skin test on 11/19/14.</p>	D 234		
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p>	D912	<i>See ATTACHED POC</i>	

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12/19/14

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D912	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations regarding Health Care Personnel Registry (HCPR) checks for new employees.</p> <p>The findings are:</p> <p>Based on interviews and record reviews, the facility failed to ensure 5 of 7 sampled staff (Staff A, D, E, F, and G) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR). [Refer to Tag 137, 10A NCAC 13F .0407(a)(5) (Type B Violation).]</p>	D912			

[Handwritten Signature]
12/19/14

Facility: The Laurels at Carolina Place
License Number: HAL-060-104
Survey Conducted: November 19-20, 2014
Adult Care Home Corrective Action Report dated 12/1/14
Plan of Correction

ID PREFIX TAG D 137

10A NCAC 13F .0407 OTHER STAFF QUALIFICATIONS

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.

- A. With Respect to the Specific Residents Cited:**
No residents were affected by this deficiency. Upon this deficiency being brought to our attention, the community immediately conducted and completed an HCPR (Health Care Personnel Registry) check for 100% of its employees on November 20th. All HCPR checks came back with zero (0) substantiated findings.
- B. With Respect to How the Facility will Identify Residents with the Potential for the Identified Concern and Take Corrective Action:**
No residents were affected by this deficiency. All HCPR checks are current, per the regulation. This has thoroughly been reviewed with the Business Office Manager. The Business Office Manager/Designee will maintain this going forward for compliance, effective immediately and ongoing.
- C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:**
The Business Office Manager/Designee has revised the new hire checklist. It now reads, "HCPR checks – *REQUIRED* for all staff, regardless of position or department". This will be used for all new hires going forward, effective immediately and ongoing.
- D. With Respect to How the Plan of Corrective Measures will be Monitored:**
The Business Office Manager/Designee will audit all new hire files, as applicable, each week, for the next six (6) weeks, starting the week of December 22nd. Thereafter, audits will then be conducted once per month, for the next three (3) months. A minimum of at least ten (10) different samples will be used at each audit. The duration of this plan is approximately five months, with a completion date by 5/31/15.



12/12/14

Facility: The Laurels at Carolina Place
License Number: HAL-060-104
Survey Conducted: November 19-20, 2014
Adult Care Home Corrective Action Report dated 12/1/14
Plan of Correction

ID PREFIX TAG D 234

10A NCAC 13F .0703 TUBERCULOSIS TEST, MEDICAL EXAMINATION AND IMMUNIZATIONS

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.

A. With Respect to the Specific Residents Cited:

No residents were affected by this deficiency. Upon this deficiency being brought to our attention, the community immediately administered new tuberculosis test to the residents cited. Second step test have also been completed alike. They are now in compliance.

B. With Respect to How the Facility will Identify Residents with the Potential for the Identified Concern and Take Corrective Action:

No residents were affected by this deficiency. The Resident Service Director/Designee will have an audit completed for every current resident for compliance. If any records reveal any discrepancies, the community will administer an initial and second step tuberculosis test accordingly. This will be completed by January 31, 2015.

C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:

The Resident Service Director/Designee will add the second step testing to the nurse's to-do board for follow up action required on new residents. This will be completed by January 31, 2015.

D. With Respect to How the Plan of Corrective Measures will be Monitored:

The Resident Service Director/Designee will audit all new resident files, as applicable, each week, for the next six (6) weeks, starting the week of December 22nd. Thereafter, audits will then be conducted once per month, for the next three (3) months. A minimum of at least ten (10) different samples will be used at each audit. The duration of this plan is approximately five months, with a completion date by 5/31/15.


12/19/14

Facility: The Laurels at Carolina Place
License Number: HAL-060-104
Survey Conducted: November 19-20, 2014
Adult Care Home Corrective Action Report dated 12/1/14
Plan of Correction

ID PREFIX TAG D 912**G.S. 131D-21(2) DECLARATION OF RESIDENT'S RIGHT**

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.

- A. Refer to Plan of Correction for ID PREFIX TAG D 137 10A NCAC 13F 0407 OTHER STAFF QUALIFICATIONS

Addendum

Per telephone conversation on 1/21/15 with the Executive Director, the facility will be in compliance with all rules and regulations by January 4, 2015, which is the 45th day from the exit date of 11/20/14.

—Bmoore

[Signature]
1/21/15

THE LAURELS
VILLAGE AT CAROLINA PLACE

FIVE STAR SENIOR LIVING™

DEC 22 2014

December 19, 2014

Bonnie Moore, RN
Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation
12 Barbetta Drive
Asheville, NC 28806

VIA U.S. MAIL, Facsimile and Email (Bonnie.Moore@DHHS.nc.gov)

RE: Plan of Correction for Statement of Deficiencies from Survey of November 19-20, 2014
Facility: The Laurels at Carolina Place
Licensure Number: HAL-060-104
County: Mecklenburg

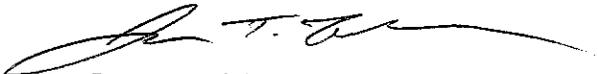
Dear Ms. Moore:

Enclosed, as per your request, is our completed plan of correction for our survey conducted November 19-20, 2014. This plan of correction meets the criteria as specified by DHSR, for each deficiency noted on the statement of deficiencies.

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.

The Laurels at Carolina Place values our reputation and relationship with your agency. We appreciate any assistance you provide to us, as it relates to licensure rules and regulations.

Sincerely,



Jason T. Fisher
Executive Director

Enclosures: Statement of Deficiencies and Plan of Correction, 12 Pages

Shook, Linda

From: Moore, Bonnie
Sent: Wednesday, January 21, 2015 12:25 PM
To: nina.anderson@mecklenburgcountync.gov
Cc: Shook, Linda
Subject: Plan of Correction for The Laurels in the Village at Carolina Place
Attachments: The Laurels in the Village at Carolina Place 2014-11-20 POCA BY5011.pdf

Please find attached to this email the approved Plan of Correction for The Laurels in the Village at Carolina Place, Mecklenburg County.

Thank you,

Bonnie Moore, RN
N.C. Department of Health and Human Services
Facility Survey Consultant - Division of Health Service Regulation
Adult Care Licensure Section
12 Barbetta Drive
Asheville, NC 28806
Phone: 336-341-8130
Fax: 828-260-5040
Bonnie.moore@dhhs.nc.gov
www.ncdhhs.gov/dhsr

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