

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL009027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/07/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHLAND GARDENS ASSISTED LIVING OF C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 SOUTH SMITH STREET CLARKTON, NC 28433</b>
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D 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey and a follow-up survey on April 5, 6 and 7, 2015.	D 000		
D 131	<p>10A NCAC 13F .0406(a) Test For Tuberculosis</p> <p>10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with 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, NC 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 5 staff (Staff A) sampled had been tested for Tuberculosis (TB) disease in compliance with TB control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Staff A, Supervisor-in-Charge/Medication Aide employee record revealed: -Staff A was hired at the facility on 12/12/2013. -Documentation of TB skin test (tbst) on 11/05/2009, 09/23/2011, and 04/16/2015. -There was no documentation of a two-step TB skin testing for Staff A.</p> <p>Interview with the Administrator on 05/07/2015 at 2:45pm revealed:</p>	D 131		

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

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D 131	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-The Administrator had checked with Staff A's previous employer for tuberculosis skin testing and there was no documentation of a two-step tbst.</li> <li>-The Administrator was responsible to ensure TB skin testing was done.</li> <li>-The current Resident Care Coordinator reviewed personnel files a few months ago and realized Staff A did not have a two-step tbst.</li> <li>-Staff A will have to get another tbst when the facility nurse is in the facility next week.</li> </ul> <p>Interview with Staff A on 05/07/2015 at 6:15pm revealed:</p> <ul style="list-style-type: none"> <li>-Staff A had been employed at the facility since December 2013.</li> <li>-Staff A thought it was time for a second tbst.</li> <li>-Staff A had a TB skin test about 3 weeks ago.</li> <li>-Staff A had not had a TB skin test since being employed at the facility until the tbst about 3 weeks ago.</li> <li>-Staff A did not keep up with when she was due for tb skin testing.</li> </ul>	D 131		
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>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.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on interview and record review, the facility failed to assure follow-up to meet the health care needs of 2 of 5 sampled residents who had an</p>	D 273		

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D 273	<p>Continued From page 2</p> <p>order for stool specimen (Resident #3) and who had a positive tuberculin skin test (Resident #4). The findings are:</p> <p>1. Review of Resident #4's current FL-2 dated 4/15/15 revealed diagnoses which included chronic obstructive pulmonary disease (COPD), hypoglycemia, chronic hypertension, glaucoma and seizure disorder.</p> <p>Review of the resident's Resident Register revealed an admission date of 10/30/14.</p> <p>Review of the resident's "Record of Tuberculosis testing" document revealed:</p> <ul style="list-style-type: none"> <li>- The resident received a PPD (purified protein derivative), 0.1 ml, in his left forearm on 10/28/14.</li> <li>- The results were read as positive (10 mm) on 10/30/14 (refer to health department if positive).</li> <li>- "Date Referred" was blank.</li> </ul> <p>Review of "Record of Tuberculosis Screening" document dated 6/6/14 revealed:</p> <ul style="list-style-type: none"> <li>- Resident #4 had loss of appetite with unexplained weight loss.</li> <li>- The document was completed at a long term care nursing facility before the resident was admitted to the facility.</li> </ul> <p>Record review revealed Resident #4 had no other TB skin tests or no chest x-rays to rule out TB disease.</p> <p>Interview with the facility's Administrator on 5/06/15 at 3:50pm revealed:</p> <ul style="list-style-type: none"> <li>- Resident #4 was admitted to the facility on 10/30/14.</li> <li>- The resident had a TB skin test when admitted to the facility.</li> <li>- The positive results (10mm) did not "jump</li> </ul>	D 273		

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D 273	<p>Continued From page 3</p> <p>out at me".</p> <ul style="list-style-type: none"> <li>- The facility has not followed-up with the resident's primary care provider or reported positive TB skin test to the local health department.</li> <li>- Per facility's policy, if any resident has a positive TB skin test, the facility is to obtain an order for a chest x-ray to rule out active TB disease immediately.</li> <li>- Residents who have a positive TB skin test before admission are not admitted until a negative chest x-ray which ruled out active TB disease was sent to the facility.</li> <li>- The Administrator stated she called a mobile x-ray provider used by the facility and was informed the resident did not have a chest x-ray in their system on or after 10/30/15.</li> <li>- The facility will follow-up today and obtain a chest x-ray to rule out active TB.</li> </ul> <p>Interview with Resident #4 on 5/07/15 at 5:15pm revealed:</p> <ul style="list-style-type: none"> <li>- He had 1 TB skin test when he came to the facility, but did not know if results were positive or negative.</li> <li>- The resident stated he had 2 TB skin tests 3 or 4 years ago and was told both were ok.</li> <li>- A chest x-ray was done last night at the facility but the resident did not know the results.</li> </ul> <p>Interview with the TB/infection control nurse at the local health department on 5/07/15 at 6:40pm revealed:</p> <ul style="list-style-type: none"> <li>- In 2002, Resident #4 had a positive TB skin test and completed 6 weeks of oral medication for prophylactic treatment (INH 300mg along with Vitamin B6, 50mg every day for 6 months).</li> <li>- The resident was also ordered a chest x-ray which was negative.</li> <li>- There was no record of the facility reporting a</li> </ul>	D 273		

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D 273	<p>Continued From page 4</p> <p>positive TB skin test on or after 10/30/15.</p> <ul style="list-style-type: none"> <li>- The TB nurse will follow-up with the resident.</li> </ul> <p>Review of the impression of Resident #4's chest x-ray radiology report dated 5/6/15 revealed:</p> <ul style="list-style-type: none"> <li>- "Suggestion of minimal infiltrate in the inferior right hilar [the root of the lungs] region".</li> <li>- "Active [TB] cannot definitely be excluded. A lateral view would be helpful for further evaluation along with comparison with prior films".</li> </ul> <p>2. Review of Resident #3's current FL-2 dated 01/13/2015 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included Hyperlipidemia, Hypothyroidism, Anemia, Esophageal Reflux, Regional Enteritis of small intestine, Diabetes without complication Type II, Renal Failure, Diverticulosis - small intestine, Vomiting, Diarrhea, and Intestinal Infections due to Clostridium Difficile.</li> <li>-Resident #3 was incontinent of bowel and bladder.</li> <li>-Resident #3 was intermittently disoriented.</li> <li>-The FL-2 was generated by a skilled nursing facility (SNF).</li> </ul> <p>Review of a Discharge Summary from the SNF revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 was being discharged from the facility on 01/15/2015 after completing therapy for weakness.</li> <li>-Resident #3 had a history of "c-dif" [Clostridium Difficile].</li> <li>-Resident #3 had no abdominal pain, nausea, vomiting, or change in bowel habits.</li> </ul>	D 273		

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D 273	<p>Continued From page 5</p> <p>Review of the Resident Register for Resident #3 revealed Resident #3 was admitted to the facility on 01/20/2015.</p> <p>Review of a physician progress note for Resident #3 dated 01/28/2015 revealed: -A handwritten note for "needs abt [antibiotic] for recurring cdiff". -A physician's order for stool for "C &amp; S" [culture and sensitivity]. -A physician's order for Flagyl (used to treat bacterial infections of the stomach like clostridium difficile) 250mg one tablet two times a day for 14 days.</p> <p>Review of Resident #3's record revealed no lab results for a stool specimen for culture and sensitivity.</p> <p>Review of a physician's order sheet for Resident #3 dated 04/02/2015 revealed: -The Administrator sent a communication to the physician documenting "Resident is having loose stool not sure if its recurring cdiff, please advise". -The physician handwritten response to the facility was to "start Flagyl 250mg one po [by mouth] tid [three times a day] x 7 days".</p> <p>Interview with a Medication Aide (MA) on 05/07/2015 at 12:10pm revealed: -The MA was not aware of an order for a stool specimen to be collected from Resident #3 for culture and sensitivity. -The facility normally received the order from the physician and was responsible to fax the order to the home health agency who collected the specimen. -The MA was not aware of Resident #3 having diarrhea. -Resident #3's stools have been "normal".</p>	D 273		

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D 273	<p>Continued From page 6</p> <p>Interview with the Resident Care Coordinator/Office Manager (RCC/OM) on 05/07/2015 at 12:20pm revealed:</p> <ul style="list-style-type: none"> <li>-The RCC/OM was not sure about the 01/28/2015 physician's order for a stool specimen from Resident #3 for culture and sensitivity.</li> <li>-The RCC/OM had not collected a stool specimen from Resident #3.</li> <li>-The MAs normally collected the stool specimens.</li> </ul> <p>Interview with the Administrator on 05/07/2015 at 12:25pm revealed:</p> <ul style="list-style-type: none"> <li>-The local Home Health Agency Nurse (HHN) would either collect the stool specimen or leave a specimen cup for the facility staff to obtain the stool specimen. The facility staff would then contact the HHN letting them know the specimen had been collected.</li> <li>-The Administrator was aware of the order for the stool specimen for culture and sensitivity to be collected from Resident #3.</li> <li>-The Administrator did not know if the HHN or facility staff had been able to collect the stool specimen from Resident #3 because Resident #3 kept having diarrhea.</li> <li>-The lab results would be in Resident #3's record if the facility had received a copy of any lab results for a stool specimen from Resident #3 for culture and sensitivity.</li> <li>-The HHN did not always provide a copy of lab results to the facility for resident records.</li> <li>-The Administrator remembered speaking to the physician about the stool specimen and that was how the facility got an order for antibiotics for Resident #3.</li> <li>-The Administrator thought the physician said "don't worry because she [Resident #3] was on antibiotics".</li> </ul>	D 273		

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D 273	<p>Continued From page 7</p> <p>Telephone interview with the HHA Patient Care Coordinator (PCC) on 05/07/2015 at 12:35pm and 1:07pm revealed:</p> <ul style="list-style-type: none"> <li>-The HHN was responsible for collecting specimens at the facility "with the help of facility staff."</li> <li>-The PCC was not sure if Resident #3 was able to give a stool specimen.</li> <li>-The HHA had received the 01/28/2015 order for the stool specimen but the order had been missed.</li> </ul> <p>Based on record review and observation of Resident #3, she was determined not to be interviewable regarding the collection of stool specimen.</p> <hr/> <p>According to the facility's Plan of Protection dated 5/07/15, the facility has contacted the resident's physician and received an order for a chest x-ray. The Chest x-ray was completed on 5/06/15. The Administrator or Resident Care Coordinator will review all resident files to ensure that all residents have a 2 step PPD in their files. If any sin tests are abnormal, the facility will follow the TB protocol. Upon admission, the resident's PPD record will be reviewed within 24 hours.</p> <p>THE CORRECTION DATE FOR TYPE A2 VIOLATION SHALL NOT EXCEED JUNE 6, 2015.</p>	D 273		
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:</p> <p>2. To receive care and services which are adequate, appropriate, and in compliance with</p>	D912		

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D912	<p>Continued From page 8</p> <p>relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and staff and resident interviews, the facility failed to assure every resident had the right to receive care and services which were adequate, appropriate and in compliance with rules and regulations as related to healthcare.</p> <p>The findings are:</p> <p>Based on interview and record review, the facility failed to assure follow-up to meet the health care needs of 2 of 5 sampled residents who had an order for stool specimen (Resident #3) and who had a positive tuberculin skin test (Resident #4). [Refer to Tag 0273, 10A NCAC 13F .0902(b) (Type A2 Violation)].</p>	D912		
D935	<p>G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p>	D935		

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D935	<p>Continued From page 9</p> <p>a. The key principles of medication administration.</p> <p>b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</p> <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <p>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> <li>1. The key principles of medication administration.</li> <li>2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</li> </ol> <p>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 1 staff (Staff A) who began performing medication aide duties after October 1, 2013 met the requirements to administer medications.</p> <p>The findings are:</p> <p>Review of Staff A, Supervisor-in-Charge/Medication Aide's</p>	D935		

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D935	<p>Continued From page 10</p> <p>personnel file revealed:</p> <ul style="list-style-type: none"> <li>-Staff A was hired on 12/12/2013 as a Supervisor-in-Charge/Medication Aide.</li> <li>-Staff A passed the medication aide test on 12/12/2008.</li> <li>-Staff A completed the Medication Clinical Skills Checklist on 02/10/2015.</li> <li>-Documentation of a Certificate of Completion on 07/24/2014 which included medication administration 3 hours, HIPAA 1 hour, bloodborne pathogens 1 hour, PPE .25 hour, and infection control 1 hour, totaling 6.25 hours.</li> <li>-There was no documentation of employment verification as a medication aide.</li> <li>-There was no documentation of completing the 10 hour medication training within 60 days of the 5 hour training, or completion of a 15 hour medication training.</li> </ul> <p>Observation of Staff A on 05/05/2015 and 05/06/2015 at intervals revealed Staff A administered medications to nine residents in the facility which included oral medications, injectables, and obtaining finger stick blood sugar samples.</p> <p>Interview with Staff A on 05/05/2015 at 11:20am revealed:</p> <ul style="list-style-type: none"> <li>-Staff A worked at the facility as a Medication Aide.</li> <li>-Staff A usually worked five days each week and also worked when needed.</li> <li>-Staff A had been employed at the facility since 2013.</li> <li>-Staff A had been a medication aide for two years.</li> <li>-Staff A was previously employed at a "group home".</li> </ul> <p>Interview with the Administrator on 05/07/2015 at 12:50pm revealed:</p>	D935		

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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
D935	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>-The Administrator thought the additional 10 hour medication training was not required for medication aides who had taken the 5 hour medication training course.</li> <li>-The Administrator did not receive documentation of verification of previous medication aide employment for Staff A until 05/7/2015.</li> <li>-The Administrator tried to get employment verification from Staff A's prior employer but had not received any employment verification.</li> <li>-The facility nurse would be responsible to provide medication aide training.</li> </ul> <p>Review of the Facility Medication Aide Verification dated 05/07/2015 for Staff A revealed:</p> <ul style="list-style-type: none"> <li>-Staff A had previously worked at a mental health (MH) facility.</li> <li>-Staff A's most recent date of work as a medication aide at the MH facility was 01/15/2015.</li> </ul> <p>Interview with the facility nurse on 05/07/2015 at 3:55pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility nurse had done a 5 hour medication training course at the facility.</li> <li>-The facility nurse did not remember who had attended the 5 hour medication training course she had done at the facility.</li> <li>-The facility nurse was not aware of any medication aides employed by the facility needing the 10 hour medication training.</li> </ul> <p>Interview with Staff A on 05/07/2015 at 6:15pm revealed:</p> <ul style="list-style-type: none"> <li>-Staff A completed the medication training course at a community college.</li> <li>-Staff A only had the medication clinical skills competency evaluation performed at the facility by the facility nurse.</li> <li>-Staff A used to work on the night shift at the</li> </ul>	D935		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL009027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/07/2015</b>
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D935	Continued From page 12  facility and was unable to come to the facility for additional training. -Staff A relied on the facility to keep up with documentation and requirements to work at the facility.	D935		
D992	G.S.§ 131D-45 Examination and screening  G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.  (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult	D992		

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D992	<p>Continued From page 13</p> <p>care home may require a second examination and screening to verify the results of the prior examination and screening.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure examination and screening for the presence of controlled substances was performed for 1 of 5 staff (Staff A) hired after 10/01/2013.</p> <p>The findings are: Review of the personnel file for Staff A on 05/06/2015 revealed: -Staff A was hired to work at the facility on 12/12/2013. -Staff A's position title was Supervisor-in-Charge/Personal Care Aide Supervisor. -There was no documentation of completion of controlled substance examination and screening.</p> <p>Interview with the Administrator on 05/07/2015 at 12:30pm revealed: -The Administrator had not been able to locate a copy of the controlled substance examination and screening for Staff A. -The Administrator had called the lab where controlled substance examination and screenings were done and was told the lab only kept a copy of the report for one year. -Staff A's controlled substance examination and screening was done in 2013. -It was worrying her that she could not locate a copy of the drug screen report for Staff A.</p> <p>Interview with the Staff A on 05/07/2015 at 6:15pm revealed:</p>	D992		

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D992	Continued From page 14  -Staff A could not provide an exact date of hire but stated had been working at facility a good while. -Staff A had just had a drug screening at another agency where she worked just before beginning employment at the facility. -Staff A had contacted the previous employer this week and requested they send any information requested by the current employer to the facility. -Staff A had not been requested by the facility to have an examination for screening of controlled substances since employment at the facility.	D992		