

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/06/2016
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NAME OF PROVIDER OR SUPPLIER: HAYWARD HEIGHTS FAMILY CARE HOME
STREET ADDRESS, CITY, STATE, ZIP CODE: 17 EUCLID BOULEVARD ASHEVILLE, NC 28806

(X4) 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 00	Initial Comments The Adult Care Licensure Section conducted an annual survey on January 6, 2016.	C 000		
C 76	10A NCAC 13G .0315(a)(3) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the facility's living room furniture and dining room chairs were kept clean. The findings are: Observation of the dining room on 1/6/16 at 9:00am revealed: -There were 6 wooden framed chairs with fabric covered seats and back rests. -The fabric on the chairs was heavily soiled with spills and food debris. -A heavy dust accumulation was visible on the fabric on the back of the seat cushions and back rests of the chairs. Observation of the living room on 1/6/16 at 9:47am revealed: -There was one large couch, a love seat, and one large stuffed chair. -The couch and love seat were covered in a light blue suede material. -The light blue suede material on both the couch and loveseat were heavily soiled on the seats, on the back of the couches, and on the arm rests.	C 076		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lina Muehlvere, Administrator TITLE: Administrator (X5) DATE: 1-29-16
STATE: NC FORM: 0000 0ENV11 If continuation sheet 1 of 11

Received and Accepted OS 2/8/16

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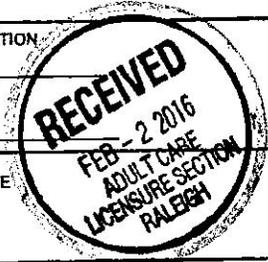
NAME OF PROVIDER OR SUPPLIER
HAYWOOD HEIGHTS FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**17 EUCLID BOULEVARD
ASHEVILLE, NC 28806**

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C 076	Continued From page 1 -The large stuffed chair was covered in a cream floral print cotton fabric and was heavily soiled on the seat cushion, on the back of the chair, and on the arm rests. Face cloths had been placed over the most heavily soiled areas of the chair. Confidential interviews with six residents on 1/6/16 revealed none of the residents had concerns about the condition of the furniture in the facility. Interview with the Relief Supervisor on 1/6/16 at 10:05am revealed: -"We cleaned the furniture in the dining room by hand 2 months ago." -"We vacuum the couches and stuff real good" in the living room. Interview with the Supervisor on 1/6/16 at 3:05pm revealed: -"I don't like the cloth covering on the dining room chairs." -"I can't clean the cloth like I would like to be able to clean it." -She could not remember when the furniture in the living had last been cleaned other than being vacuumed as needed by herself or the Relief Supervisor.	C 076		
078	10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing homes.	C 078		

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C 8	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain the environment in a clean manner throughout the facility.</p> <p>The findings are:</p> <p>Observations during the initial tour of the facility on 1/6/16 from 8:45am to 10:00am revealed:</p> <ul style="list-style-type: none"> -The common resident bathroom across from room #4 had a heavy accumulation of soap scum coating the shower walls and black mildewed soap scum around the built in grab bar. -The common resident bathroom across from the laundry room had a heavy accumulation of soap scum coating the shower walls and black mildewed soap scum around the built in grab bar and drain release hardware of the bathtub. -The common resident bathroom across from resident room #2 had a heavy accumulation of soap scum coating the shower walls and black mildewed soap scum around the built in grab bar, water adjustment hardware, and drain release hardware. -There was a heavy accumulation of dust on the sink vanity in common bathroom across from resident room #2. -The floors in all of the common bathrooms needed sweeping and mopping and removal of heavy dust accumulation and splatters from the baseboards. -The exit door past resident room #5 had a 1 foot long by 3 inch wide area of brown colored soiling around the door knob. -The door at the front entrance had a 2 foot long by 3 inch wide area of black colored soiling around the door knob with some patches of 	C 078		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/06/2016
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C 18	<p>Continued From page 3</p> <p>chipped paint.</p> <ul style="list-style-type: none"> -The edges of the floors of the main hallway had loose debris and needed to be swept and mopped. -The carafe of the coffee pot in the kitchen was heavily coated on the outside with a sticky yellow residue. -The towel under the dish drainer beside the kitchen sink was heavily soiled with spills and loose food particles. -The bottom of the inside of the oven had a large spill of dried brown substance. <p>Confidential interviews with six residents on 1/6/16 revealed:</p> <ul style="list-style-type: none"> -Residents cleaned thier own rooms. -6 of 6 residents had no complaints about the cleanliness of the facility. -"[Supervisor's name] mops the floors in the hallways and the bathrooms all the time." -"The bathrooms are cleaned everyday." -The Supervisor cleaned the toilets, showers, and sinks everyday. -The Supervisor swept and mopped the hallways everyday. <p>Interview with the Supervisor on 1/6/16 at 3:05pm revealed:</p> <ul style="list-style-type: none"> -She swept and mopped the facility common areas everyday. -The baseboards were cleaned monthly. -The tub and shower walls were wiped down daily with a heavy duty all purpose cleaner. -"The cleaner I use just doesn't get the soap scum off." -She was aware the coffee pot carafe was dirty, but she had not yet cleaned it. -She was aware the towel beneath the dish drainer was dirty, but had not washed it. -She was not aware the bottom of the oven 	C 078		

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C 8	Continued From page 4 needed cleaning.	C 078		
C 53	<p>10A NCAC 13G .0501 (a) Personal Care Training And Competency</p> <p>10A NCAC 13G .0501 Personal Care Training And Competency</p> <p>(a) The facility shall assure that personal care staff and those who directly supervise them in facilities without heavy care residents successfully complete a 25-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section. For the purposes of this Subchapter, heavy care residents are those for whom the facility is providing personal care tasks listed in Paragraph (i) of this Rule. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 2 staff (Staff B) had completed the 25 hour personal care training.</p> <p>The findings are:</p> <p>Review of the personnel record for Staff B, Relief Supervisor / Medication Aide, on 1/6/16 revealed: -Staff B was hired as a Supervisor / Medication Aide on 6/10/10. -There was no documentation of completion of the 25 hour personal care training. -Staff B completed Medication Aide testing on 3/9/10.</p>	C 153		

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C 13	Continued From page 5 -Staff B's most recent Medication Clinical Skills Validation had been completed on 8/7/15. -There was no documentation of a Licensed Health Professional Support evaluation for Staff B. Review of the resident's records who resided in the facility revealed none of the residents required extensive assistance with Activity of Daily Living tasks. Interview with Staff B, Relief Supervisor, on 1/6/16 at 3:55pm revealed: -He could not remember ever having had the required 25 hour personal care training when he had started to work at the facility in June of 2010. -He had never been certified as a nursing assistant. Administrator was unavailable for interview during the survey on 1/6/16.	C 153			
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to administer Haldol Decanoate via intramuscular (IM) injection to 1 of	C 330			

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C 330	<p>Continued From page 6</p> <p>2 sampled residents (Resident #1) with physician orders for IM injections.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 11/9/15 revealed: -Diagnoses included: Residual schizophrenia, nicotine dependence, long term use of meds, and cocaine abuse. -A physician's order for Haldol Decanoate (used to treat schizophrenia) 100mg/ml 2.5ml IM injection every month. -A physician's order for Risperdal (used to treat schizophrenia) 3mg 1 tab every morning. -A physician's order for Risperdal 3mg 2 tab daily at bedtime. -A physician's order for Cogentin (used to control tremors and stiffness of the muscles due to certain antipsychotic medicines) 1 mg 1 tab twice daily.</p> <p>Review of Resident #1's Physician Order Sheet dated 1/5/16 revealed: -A physician's order for Haldol Decanoate (used to treat schizophrenia) 100mg/ml 2.5ml IM injection every month. -A physician's order for Risperdal (used to treat schizophrenia) 3mg 1 tab every morning. -A physician's order for Risperdal 3mg 2 tab daily at bedtime. -A physician's order for Cogentin (used to control tremors and stiffness of the muscles due to certain antipsychotic medicines) 1 mg 1 tab twice daily.</p> <p>Review of Resident #1's Medication Administration Records (MARs) for November and December 2015 and January 2016 revealed: -A computer generated entry for Haldol</p>	C 330		

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C 330	<p>Continued From page 7</p> <p>Decanoate 100 vial inject 2.5ml (250mg) IM every month.</p> <ul style="list-style-type: none"> -No documented administrations of the medications for November and December 2015. -No documented administration for January 2016 from 1/1/16 to 1/6/16. <p>Observation of Resident #1's medications on hand in the facility on 1/6/16 at 10:50am revealed there were no doses of Haldol Decanoate available for Resident #1.</p> <p>Review of Resident #1's Report of Consultation dated 12/28/15 at 3:00pm revealed:</p> <ul style="list-style-type: none"> -"[Patient] missed his Haldol Decanoate injection last month, but he denies hearing voices." -"Attending group at [local mental health clinic name]." <p>Interview with the Supervisor on 1/6/16 at 11:00am revealed:</p> <ul style="list-style-type: none"> -The local mental health clinic routinely administered Resident #1's Haldol Decanoate injections. -She was responsible for ordering the Haldol Decanoate dose for Resident #1. -When the injection was due to be given, she would take Resident #1 to the local mental health clinic and the staff at the clinic would administer the injection. -The Haldol Decanoate injections administrations were not documented on the resident's MARs, because he received those injections at the local mental health clinic. -Resident #1 had missed his Haldol Decanoate injection for November 2015, because she had forgotten to order the injection. -Resident #1 had not displayed any abnormal behaviors during the month of November 2015. -Resident #1 had not reported experiencing 	C 330		

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C 330	Continued From page 8 anything abnormal to her during November 2015. -Resident #1 attended group therapy routinely once a week at the local mental health clinic that routinely administered his IM injection. Interview with Resident #1 on 1/6/16 at 9:03am and at 3:45pm revealed: -Resident #1 denied having any problems with his medications being administered as ordered. -Resident #1 denied having ever run out of any of his medications. -Resident #1 was unaware he had missed his monthly dose of Haldol Decanoate in November 2015. -Resident #1 was unable to remember having any increase in his symptoms during the month of November 2015. Attempted telephone interview with Resident #1's local mental health clinic on 1/6/16 at 2:00pm was unsuccessful by exit.	C 330			
C 934	G.S. 131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care	C 934			

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C 934	<p>Continued From page 9</p> <p>home medication aides established by the Commission pursuant to G.S. 131D-4.5</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 2 staff (Staff B) attended the mandatory annual inservice training program on infection control.</p> <p>The findings are:</p> <p>Review of the personnel record for Staff B, Relief Supervisor / Medication Aide, on 1/6/16 revealed: -Staff B was hired as a Supervisor / Medication Aide on 6/10/10. -Staff B completed Medication Aide testing on 3/9/10. -Staff B's most recent Medication Clinical Skills Validation had been completed on 8/7/15. -Staff B had last completed the mandatory 3 hour infection control course on 11/5/14. -There was no documentation of Staff B having completed the mandatory 3 hour infection control course for 2015.</p> <p>Interview with Staff A, Supervisor, on 1/6/16 at 2:50pm revealed "[Staff B's name] didn't go when we had the infection control course in December [2015]."</p> <p>Interview with Staff B, Relief Supervisor / Medication Aide, on 1/6/16 at 3:55pm revealed: -He had not had the mandatory infection control course for 2015.</p> <p>Administrator was unavailable for interview during</p>	C 934		

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C 934	Continued From page 10 the survey on 1/6/16.	C 934		

In response to rule 10A NCAC 13G .0315(a) (1)
(Housekeeping and Furnishings), in non-compliance:
Staff followed through with the daily cleaning that is
To be done throughout the facility. Staff contacted
Administrator about a better cleaning agent to use
To get the buildup cleaner in the bathrooms. Staff
Also informed administrator about needing to get
Livingroom, dining room furnishings deep cleaned.
This will be completed by 2/11/16. Administrator
Provided staff with a housekeeping schedule to use
For the continued up keep of the facility. Admin.
Will do weekly documented checks to ensure facility
Remains in compliance.



In response to rule 10 NCAC 13G .0501 (a) (personal
Care training and competency), in non-compliance
Administrator was not aware that staff B had not
Taken the 25hr training when hired in 2010. Admin.
Has scheduled staff B for the 80hr PCS training that
Will be given by the nurse from the pharmacy. This
Will begin on 2/2/16 and finishing on 4/5/16.

In response to rule 10 NCAC 13G .1004 (a) (medication
Administration), in non-compliance staff as stated in

Report failed to order Haldol Decanoate injection for Resident #1 to be administered in 11/2015. Admin. Faxed documentation from the physician stating No adverse reaction occurred from missing the dose. Administrator consulted with staff about the importance Of documentation required for all orders given for all Residents by health care providers. Admin. Stressed that Even if we as staff do not administer any meds that are not Under our med tech qualifications we still must have it Documented who does the administration of such. Admin. Will check on a weekly basis with documentation, that staff Completes documentation needed on all orders any resident Receives from care providers. Staff will also have a document- ation training through the GAST team or CEU committee by 3/6/16. This is to maintain compliance in rule area. In response to rule 10 NCAC 131-D-4.5B (a) ACH (infection Prevention requirements), in non-compliance, facility admin. Missed staff B attending infection control training for 2015. Administrator has staff scheduled to attend a training on 2/26/16. Admin. Will have trainings pre scheduled with Pharmacy nurse or CEU committee for all staff to ensure Compliance.

Lisa Muehlwee
Administrator
1-29-16