

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/04/2016
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NAME OF PROVIDER OR SUPPLIER THE LIVING CENTER OF CONCORD	STREET ADDRESS, CITY, STATE, ZIP CODE 160 WARREN C. COLEMAN BLVD. CONCORD, NC 28027
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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 Cabarrus County Department of Social Services conducted an annual survey and complaint investigation on 12/29/15, 12/30/15, 12/31/15 and 01/04/16.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations and interview, the facility failed to assure walls, and ceilings were kept in good repair in regards to leaking water for 1 of 1 single public toilet room on the third floor and the corridor wall adjacent to the toilet room, ceiling tile over 1 of 3 medication aide stations (third floor), four residents' rooms (rooms #217, #309, #317, and #322), the snack store on the third floor, the ceiling outside the elevator on the second floor, and the commons area/television rooms on the second and third floor (with leaking windows). The findings are: Observations on 12/29/15 at various times throughout the day revealed the weather outside the facility was rainy. Observations on 12/30/15 at various times throughout the day revealed the weather outside the facility was heavy downpours of rain.	D 074	<i>See attached POC</i>	

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

Virginia Watson TITLE **RN ED**

2/9/16 (X6) DATE

Reviewed & Accepted 2-9-16 [Signature]

Regulatory Areas Cited:

10 NCAC 13F. 0306(a) 1 Housekeeping And Furnishings

(a) Adult Care Homes shall:

(1) have walls, ceilings, and floors or floor coverings kept in clean and in good repair.

Plan of Correction:

The roof was repaired to fix all leaks within the facility that caused the leak and damage to the ceiling and the walls.

1/6/2016-1/8/2016

The windows were repaired to fix all leaks that caused the Damage to the ceiling and the walls.

1/11/2016-1/22/2016

The ceiling and wall for 1 of 1 single public toilet room on the third floor and the corridor wall adjacent to the toilet room was repaired.

1/29/2016

The ceiling tile over 1 of three medication aide stations was repaired and replaced.

12/30/2016

Room #217, #309, #317 and #322 were repaired of all damages caused by the leaks.

1/21/2016 & 1/29/2016

The ceiling outside the elevator on the second floor was repaired.

1/27/2016

The common area/television room on the second floors windows were replaced.

1/11/2016-1/22/2016

The ceiling tiles in common area/television room on the second and third floors have been replaced.

1/27/2016

The walls in common area/television room on the second and third floor will be repaired and repainted. Facility is working with contractors on dates and responding to DHSR construction report. This should be completed within 45 days of this report.

The snack store damage caused by the leak has been repaired. 1/29/2016

Staff trained on reporting of environmental repairs and follow up procedures. 2/1/2016

Monitoring System

Maintenance repair notebook in place to assure all repairs are documented as reported and when fixed. ED will sign off on weekly. 2/8/16 & ongoing

Executive Director and maintenance director will make weekly random walk-thru's to assure that walls and ceilings are in in good repair. 2/1/2016 & ongoing

Identification of any areas that are not in good repair shall be documented and repaired accordingly. 2/1/2016 & ongoing

Staff trained on reporting of needed repairs and follow up of repairs. 2/1/2016

10 NCAC 13F. 0306(a) 5 Housekeeping And Furnishings

(a) Adult care homes shall:

(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;

Plan of Correction:

The facility has assured that the environment is free of hazards, as related to safe storage of oxygen cylinders. Oxygen Supply company was contacted and proper storage crates for oxygen was provide for Rooms #309, #124, #318, #313 and other rooms that have oxygen.

1/06/2016

Monitoring System

Executive Director and maintenance director will make weekly random walk-thru's to assure the facility is maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards. 2/1/2016 & ongoing

Identification of any areas that are not maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards will immediately be addressed and corrected. 2/1/2016 & ongoing

Staff trained on proper storage of oxygen and steps to take to assure oxygen is stored safely. 2/1/2016 & ongoing

10 NCAC 13F .0902 (b) Health Care

(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents

Plan of Correction

Staff retrained on the identification and reporting of residents' needs to assure the appropriate referral and follow. 1/4/2016 & 1/05/2016

Blood Sugar Finger Sticks are now done by the Medication Aides to assure they are immediately aware of readings to provide follow up with the physician if readings warrant follow up. 1/4/2016 & ongoing

Resident #4 FSBS times were adjusted so that her insulin is administered at meal times. 1/5/2016

Resident #6 location of weights were changed to accommodate residents preferences. 2/08/2016

Monitoring System

Random chart audit monthly by the ED/ Quality Assurance/Designee to assure referral and follow up is done in a timely and accurate manner. 1/04/2016 & ongoing

Any staff identified as not following procedures for referral an follow up will receive disciplinary action to include, retraining, write up, suspension up to termination. 1/04/2016 & ongoing

10A NCAC 13F .0904 (c) (7) Nutrition and Food Service

(c) Menus in Adult Care Homes:

(7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff.

Plan of Correction

- Residents #4 and #24 diet orders were changed in accordance with posted Therapeutic diets available. 1/12/2016
- Dietary Policy and Procedures updated to include a diet order sheet for Physician to use that includes diets provided at the facility. 1/12/16 & ongoing
- Dietary Policy and Procedures updated to include a diet communication form that is used between the dietary department and the facility to assure that residents are receiving the diet ordered by their physician. 1/12/16 & ongoing

Monitoring System

- Executive Director/ Quality Assurance/ Designee will randomly audit preparation of meals to assure residents are served diets as ordered. 2/8/16 & ongoing
- Executive Director/Quality Assurance/Designee will randomly audit resident records to assure residents diets are updated and ordered per the diets that are offered at the facility. 2/8/16 & ongoing
- Executive Director will meet with the Dietary Manager twice a month to assure that procedures are followed and to discuss results of audits. 2/8/16 & ongoing

10 NCAC 13F .1004 (a) Medication Administration

- (a) An adult 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 facilities policies and procedures

Plan of Correction

- Resident #6 Blood pressure is now obtained by the Medication aide versus the personal care aide to assure that medication is given according to the order for Blood pressure parameters. 1/04/2016

Medication Aides responsibilities were revised to include checking vitals- signs that are part of parameters for medication administration. 1/04/2106 & ongoing

Resident # 6 Albuterol Inhaler is administered as ordered. 1/04/2016 & ongoing

Staff retrained on proper medication administration per physician orders and Procedure to follow when residents refuse medications/orders. 1/04/2016

Monitoring System

Executive Director/Quality Assurance Staff will randomly audit Medication administration records monthly to assure that medications are Given per physician orders. 1/04/2016 & ongoing

Executive Director/ Quality Assurance Staff will randomly follow med passes to assure that all staff are following the procedures for FSBS & Vitals. 1/04/2016 & ongoing

Any staff found not following procedures will receive disciplinary action to include retraining, write up, and/or termination. 1/04/2016 & ongoing

G.S. 131D-21(2) 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.

See POC for Medication Administration & Health Care Referral and follow up. In addition the following monitoring will be in place:

Executive Director/Designee will randomly interview residents monthly to assure that their resident right is not violated in regards to receiving care and services which are adequate, appropriate in compliance with relevant federal and state laws and rules and regulations. 2/8/2016 & ongoing

Staff re-trained on residents rights and violations of residents. 2/8/2016 & ongoing

Infection Control

Plan of Correction

- All residents' glucometer- machine were immediately replaced and labeled with their name. Individual storage bags and containers were put in place to prevent cross contamination. 12/30/2015
- Policies and procedures were updated to address not sharing of glucometer- machines and assigning a new glucometer machine to residents when their machine is broken/ not available, etc. 12/30/2015
- Staff trained on infection control measures for the use of glucometer machines to prevent cross contamination of infections. 12/30/2015
- Staff trained on the updated polices and procedure of using a glucometer machine. 12/30/2015 & ongoing
- Revision of medication aides responsibilities to include accu-checks. Personal Care Aides will not perform accu-checks. 12/30/2015 & ongoing

Monitoring System

- Executive Director/ Quality Assurance/ Designee will perform weekly audits of random FSBS documentation and machine use to assure machines are not being shared. 12/30/2015 & ongoing
- Any staff found that are not following infection control measures for FSBS will be immediately removed from their responsibilities as a medication, retrained and/or terminated for their position. 12/30/2015 & ongoing

G.S. 131D-4.5B (a) Infection Prevention Requirements

(a) By January 1, 2012 the DHSR 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 shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5

Plan of Correction

All medication aides took the state mandated infection control training. 1/04/2016

The state mandated infection control training will be added to biannual training and part of medication aide's requirements to continue in the position of medication aide. 1/04/2016 & ongoing

Implementation of a training binder to assure that all training requirements for medication aides is tracked for compliance. 2/09/2016 & ongoing

Monitoring System

Executive Director/Designee will randomly audit HR files monthly to assure that medication aides have taken the state infection control training. 1/04/2016 & ongoing

Virginia Watson RN ED
Signature / Executive Director

2/9/16
Date

Bingham, Heather D

From: Stacy Massey <StacyM@myschome.com>
Sent: Tuesday, February 09, 2016 10:18 AM
To: Bingham, Heather D
Cc: vwatson@thelivingcenterofconcord.com
Subject: RE: The Living Center of Concord 2016-01-04 SOD S53H11
Attachments: Concord POC 22016 Signed Copy For DHSR.pdf

Dear Ms. Bingham,
Please find the Plan of Correction and the signed SOD for the Annual Survey on January 4, 2016 attached to this email. If you need additional information please let me know.

May you have a blessed day,

Stacy Massey
Victorian Senior Care
Vice President Residential Communities
Phone: 336-626-1780

"Our mission is to provide home-like communities, to deliver superior care & service and to surround each resident & family with love and support"

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From: Bingham, Heather D [mailto:Heather.Bingham@dhhs.nc.gov]
Sent: Tuesday, January 19, 2016 10:18 AM
To: Stacy Massey; DHHS.DHSR.AdultCare.Star
Cc: Harrison, Carolyn; Burns, Pam S; Blalock, Linda; Brown, Danyelle A DHHS; TABare@cabarruscounty.us
Subject: The Living Center of Concord 2016-01-04 SOD S53H11

Dear Mr. McManus:

Please find the Statement of Deficiencies and accompanying letter for the Annual Survey on January 4, 2016 attached to this e-mail. If the Statement of Deficiencies includes citations or violations for which a plan of correction is required, please read the attached letter carefully for instruction on completing the plan of correction. **PLEASE NOTE: WE WILL NOT ACCEPT A FAXED PLAN OF CORRECTION! We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted.** A response to the plan of correction will be sent ONLY if the plan of correction is not approved. Please retain a copy for your files.

The attached letter also contains information regarding your right to request an Informal Dispute Resolution (IDR) of any cited deficiencies or violations. For more information about the IDR process please visit our website at <http://www.ncdhhs.gov/dhsr/acls/idr.html>.

If you have any questions regarding the information provided in or attached to this email, please call (Your work cell #). Please be aware that information sent via electronic mail is immediately available for release to the public. Therefore, the information contained in and attached to this e-mail is now public information.

STAR RATING

If the Statement of Deficiencies attached to this email is a result of an annual, follow-up or complaint inspection a star rating certificate and worksheet will be issued within 45 days of the date of this email. If you would like to know more information about the NC Star Rated Certificate Program or view facility ratings, please visit the star rating website at <http://www.ncdhhs.gov/dhsr/acls/star/index.html>. If you have questions about this facility's star rating or the rating program in general, please send an email with your questions to the star rating customer service email address at DHSR.AdultCare.Star@lists.ncmail.net.

Sincerely,

Heather Bingham RN, BSN

Nurse Consultant
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North Carolina Department of Health and Human Services

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