

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092124	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/10/2016
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NAME OF PROVIDER OR SUPPLIER ELMCROFT OF NORTH RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 NEWTON ROAD RALEIGH, NC 27609
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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 conducted a Follow-Up survey and Complaint Investigation on March 8-10, 2016.	D 000	See attachment	4/11/16
D 465	<p>10A NCAC 13F .1308(a) Special Care Unit Staff</p> <p>10A NCAC 13F .1308 Special Care Unit Staff (a) Staff shall be present in the unit at all times in sufficient number to meet the needs of the residents; but at no time shall there be less than one staff person, who meets the orientation and training requirements in Rule .1309 of this Section, for up to eight residents on first and second shifts and 1 hour of staff time for each additional resident; and one staff person for up to 10 residents on third shift and .8 hours of staff time for each additional resident.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure minimal staffing on the special care unit was provided from 1/8/2016 to 3/7/2016 on all shifts.</p> <p>The findings are:</p> <p>Interview with the Administrator on 3/8/16 at 9:45am revealed the census had a minimum of 52 residents on the special care unit during the months of January, February and March 2016.</p> <p>Review of staff hours on daily time records and the posted schedules for medication aides, resident care coordinators, and personal care aides between 12/8/15 to 3/7/16 for first, second and third shift on the special care unit revealed:</p> <p>-The daily staffing schedules for medication aides</p>	D 465		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Victoria Pado</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>4/11/16</i>
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*Reviewed & Accepted
4/11/16*

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D 465	<p>Continued From page 1</p> <p>(MA), personal care aides (PCA) and supervisors from 1/8/16 to 3/7/16 time sheets revealed a maximum of 6 staff on 1st and 2nd shifts and 5 staff on 3rd shift.</p> <ul style="list-style-type: none"> -Each staff had a maximum of 7.5 hours recorded per 8-hour shift which deducted a 30-minute meal break. -The maximum hours on each daily time record for 1st shift did not exceed 45 hours of the required 52 hour minimum. -The maximum hours on each daily time record for 2nd shift did not exceed 45 hours of the required 52 hour minimum. -The maximum hours on each daily time record for 3rd shift did not exceed 37.5 hours of the required 41.6-hour minimum. -There was no coverage for lunch. <p>Confidential interviews with 4 staff regarding special care unit staffing on 1st, 2nd and 3rd shift revealed:</p> <ul style="list-style-type: none"> -Third shift frequently was understaffed. -There were not enough staff to bathe all the residents on posted schedules. -Most of the residents required 2-person assist for bathing and transferring. -The residents need a lot of care on the special care unit. -If we had more staff, we could take better care of the residents. -There were not any extra staff members to work in place of those who called out of work. -There were 4 nurses that were hired since January 2016 and each had quit within two weeks citing the intense workload as their reason for quitting. -When there were staff call-outs, staff tried to look unsuccessfully for alternate staff to come in on several occasions. 	D 465		

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D 465	<p>Continued From page 2</p> <p>-Some resident family members had complained there were not sufficient staff to complete their regular bathing schedules.</p> <p>Confidential interviews with one resident and five residents' family members revealed: -The facility was frequently understaffed on all shifts. -There was insufficient staffing on the third shift more often than other shifts. -Residents were not getting bathed due to low staffing. -Residents on the special care unit were huddled into one lounge for monitoring due to having only one staff member on several occasions. -The residents on the Special Care Unit did not get checked on during the night. -The administrator has been told about the need for more staffing.</p> <p>Observation of the special care unit (SCU) on 3/8/16 at 11:15am revealed: -There were 5 residents in wheelchairs sitting in the hallway unsupervised. -There were 15 of the unit's 52 residents in the lounge adjacent to the elevator being monitored by 3 of the 5 available staff. -There were no staff present in the office nor in the hallways. -There were 4 personal care aides and 1 LPN on the unit.</p> <p>Interview with the Administrator on 3/9/16 at 2:15pm revealed: -Each 8-hour shift had 7.5 hours of work time for each staff as they deducted 30 minutes for meal breaks. -There was no coverage when a staff member had left for their 30-minute meal break.</p>	D 465		

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D 465	<p>Continued From page 3</p> <ul style="list-style-type: none"> -She was aware of the policy of staffing to resident ratios on the special care unit. -She was not aware of any residents' needs not being met. -There had been some family members of residents who had stated that the special care unit needed more assistance. -They were currently understaffed. -She could not explain why the special care unit was understaffed. -Currently there were 52 residents on the unit for which she scheduled 6 staff for 1st shift, 6 staff for 2nd shift and 5 staff for 3rd shift. -The needed ratio for 1st, 2nd and 3rd shift would be 8, 8 and 6 staff for the current census which would accommodate coverage for lunch breaks and resident needs. -She had initiated a memo on 3/7/16 to corporate for approval for 8 staff on 1st shift, 8 staff on 2nd shift and 6 staff on 3rd shift due to increased staffing need. -There was an active employment opportunity advertisement for the facility. -The facility would increase efforts to hire more staff to meet the residents' needs in a timely manner. 	D 465		

POC Elmcroft of Northridge

The following is a Plan of Correction for Elmcroft of Northridge. This Plan of Correction is in regards to the Statement of Deficiency from March 8th to 10th. This Plan of Correction is not to be construed as an admission of our agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to each identified issue. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

10A NCAC 13F .1308(a) Special Care Unit Staff

Staff shall be present in the unit at all times to meet the resident needs but at no times shall there be less than one associate to eight residents on first and second shifts and one hour of staff time for each additional resident; and one staff associate for up to 10 residents on third shift with one hour for each additional resident. Random weekly audits will be performed on an on-going basis by Business Office Manager/Designee. Executive Director will review audits completed by Business Office Manager/Designee.

Current staff will not leave their shift until their on-coming shift relief is present in the community. If relief is not in the community at designated shift time, current associate will notify the Supervisor in Charge. SIC will notify Staffing Development Coordinator for staffing concerns and Staffing Development Coordinator will notify Executive Director/Resident Services Director/Heartland Village Coordinator/Staff Development Coordinator/Designee as needed.