

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL074038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/28/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTHERN LIVING ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2060 WEST FIFTH STREET GREENVILLE, NC 27835</b>
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D 000	Initial Comments	D 000		
D 319	<p>10A NCAC 13F .0905 (f) Activities Program</p> <p>10A NCAC 13F .0905 Activities Program</p> <p>(f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested in being involved in the community more frequently shall be encouraged to do so.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide wheelchair-bound residents with the opportunity to participate in at least one outing every other month. The findings are:</p> <p>Interview with five wheelchair residents revealed: -No outings away from the facility were offered. -"We do not get to go out on outings at all unless you count going outside as an outing." -Residents only go on an outing if their family members take them. -Some residents' families take them shopping and out to eat. -"It would be nice if they (referring to the facility) could take us." -Residents would like to go on community outings.</p> <p>Review of the April 2016 activities calendar revealed no planned/scheduled outings on the calendar.</p>	D 319		

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

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D 319	<p>Continued From page 1</p> <p>Interview with staff revealed:</p> <ul style="list-style-type: none"> <li>-Guardians of wheelchair residents had complained on several occasions about not being offered outings.</li> <li>-The wheelchair residents had frequently asked why they were not offered outings like the ambulatory residents.</li> <li>-The wheelchair lift on the van was removed 4 years ago "because it drained the battery on the van."</li> <li>-Wheelchair residents were offered in-house activities in lieu of outings.</li> <li>-Wheelchair residents had complained to the Administrator about the lack of outings with no results.</li> </ul> <p>Interview with the Activity Director on 4/27/16 at 1:00 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-She worked at the facility as the Activities Director since February 24, 2016.</li> <li>-Outings are not included on the activities calendar.</li> <li>-She did not know how wheelchair bound residents were able to go on outings as there is no wheelchair lift on the van.</li> <li>-She takes some of the residents in wheelchairs outside in the enclosed courtyard at times.</li> <li>-They have not had an outings in the community since she started working at the facility.</li> <li>-They do not have additional staff to help lift wheelchair residents on the activities van.</li> <li>-Residents have not complained to her about not going on outings.</li> <li>-Administrator was aware they were not offering outings.</li> <li>-Several residents in wheelschairs had previously complained that they were not offered to go on outings since the removal of the van's wheelchair lift 4 years ago.</li> <li>-Prior to her arrival, the lift on the van had been</li> </ul>	D 319		

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D 319	Continued From page 2  removed approximately 4 years ago.  Interview with the Administrator on 4/27/16 at 2:00 p.m. revealed: -She was unaware that the wheelchair residents were not offered outings. -Wheelchair residents had not complained to her regarding not being able to go on outings. -Wheelchair residents had participated in outings. -She could not recall the last outing.	D 319		
D 338	10A NCAC 13F .0909 Resident Rights  10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.  This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide call bells for 2 of 2 residents that had previously requested call bells for assistance. The findings are:  1, Review of Resident #5's current FL2 dated 11/2/15 revealed: -Resident #5's diagnoses included acute metabolic encephalopathy, urinary tract infection, left upper extremity weakness and ambulatory dysfunction. -Resident #5 was semi-ambulatory with a wheelchair.  Review of Resident #5's Resident Register revealed that Resident #5 was admitted to the facility on 11/20/2014.	D 338		

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D 338	<p>Continued From page 3</p> <p>Review of Resident #5's assessment and care plan dated 10/20/15 revealed: -Resident required assistance with eating, toileting, ambulation, bathing, dressing, grooming and transferring. -Resident required the use of a wheelchair for assistance.</p> <p>Observation of Resident #5's room on 4/27/16 at 10:00am revealed: -Resident's bed was arranged next to the wall. -There was no call bell or other signaling device in the resident's room.</p> <p>Interview with Resident #5 on 4/27/16 at 10:05am revealed: - "It's hard to call out every time I need assistance to the bathroom so I end up doing it myself. " -Staff have to help Resident with all transferring needs. -Resident calls out to staff when there is a need to go the bathroom. -The resident does not have a call bell to use. -The staff usually come to assist him but sometimes take too long or they are unable to hear him yelling. -He had asked the Administrator for a call bell 3 months ago but was told "it was too expensive." -The resident could evacuate the building by himself if he is in his wheelchair but needed assistance if he was in bed.</p> <p>Observation of Resident #5 on 4/27/16 at 2:15pm revealed: -Resident was laying down with the upper body on the foot of the bed and the lower body on the wheelchair.</p> <p>Interview with Resident #5 on 4/27/16 at 2:15pm</p>	D 338		

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D 338	<p>Continued From page 4</p> <p>revealed.</p> <ul style="list-style-type: none"> <li>-Resident stated "I always lay in this weird position; it's comfortable."</li> <li>-He did not call out for staff assistance when moving from his wheelchair to the bed.</li> <li>-He frequently transfers to his wheelchair and uses the bathroom without calling for staff assistance.</li> </ul> <p>Interviews with two staff revealed:</p> <ul style="list-style-type: none"> <li>-Resident #5 needs a 4 person assist (Lift Team) due to his size.</li> <li>-The facility has a Lift Team to assist on first shift when Resident #5 needs to use the restroom or get into the facility van.</li> <li>-Second and third shift do not have a Lift Team.</li> <li>-The facility does not have a Hoyer lift.</li> <li>-Staff worry about hurting their backs and had occasionally called 911 on second and third shift for assistance in transferring Resident #5 due to lack of staffing.</li> <li>-Resident #5 needs a higher level of care.</li> <li>-Resident #5's room never had a call bell.</li> <li>-Resident #5 yells out for assistance approximately once per day but tends to perform most of his ADLs himself.</li> <li>-Resident #5 had asked for a call bell "in the past" but did not receive one.</li> </ul> <p>Refer to interview with Administrator on 4/28/16 at 2:30pm.</p> <p>2. Review of the current FL-2 for Resident #3 dated 9/21/15 revealed:</p> <ul style="list-style-type: none"> <li>- Diagnoses of muscle weakness, osteoarthritis, chronic obstruction of the airway, diabetes mellitus type II and bipolar and schizoaffective disorders.</li> <li>- The resident was listed as ambulatory with a walker or wheelchair.</li> </ul>	D 338		

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D 338	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- The resident was admitted to the facility on 10/13/14.</li> </ul> <p>Review of the Assessment and Care Plan for Resident # 3 dated 11/19/15 revealed:</p> <ul style="list-style-type: none"> <li>- The resident required limited assistance with ambulation and could transfer on her own.</li> <li>- She required assistance with bathing, dressing grooming and supervision with eating.</li> </ul> <p>Interview with Resident # 3 on 4/27/16 at 10:40 a.m. revealed:</p> <ul style="list-style-type: none"> <li>- The resident had oxygen on because she had lung disease.</li> <li>- She would become short of breath (SOB).</li> <li>- She had a heart attack in the past and had medication for chest pain if needed.</li> <li>- Sometimes it was too difficult to self-propel the wheelchair and to use the walker for long periods of time because of SOB.</li> <li>- She could transfer herself.</li> <li>- The resident was very concerned that it took a while for staff to come to her room when she called out for help for any reason and was even more concerned they would not hear her if she had chest pain or trouble breathing.</li> <li>- She had asked for a hand bell some time back to use, but had not received one.</li> <li>- She would feel safer and more confident if she had a hand call bell to get help if needed.</li> </ul> <p>Interview with the Resident Care Coordinator (RCC) on 4/27/16 at 3:15pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #5 needs assistance with all activities of daily living (ADLs).</li> <li>-Resident #5 requires the facility's Lift Team comprised of 4 people to help when needed.</li> <li>-Resident #5 would benefit from the use of a call bell since he needed tranfer assistance.</li> <li>-Second and Third shifts had called 911 on</li> </ul>	D 338		

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D 338	<p>Continued From page 6</p> <p>occasion when Resident #5 needed assistance in transferring due to his size as the lift team only worked during first shift</p> <ul style="list-style-type: none"> <li>-The facility has enough staff but on a few occasions Resident #5 took several staff to assist with transfer.</li> <li>-Resident #5 is a large man and some of the staff are unable to lift him even with two male staff members.</li> <li>-Resident #5 will often transfer himself without staff assistance.</li> <li>-The facility does not have a Hoyer lift.</li> <li>-The staff are required to check on Resident #5 throughout the day.</li> <li>-The facility had 10 call bells in the supply closet that had been utilized by hospice patients in the past.</li> </ul> <p>Interview with a day shift staff member on 4/28/16 at 3:10 p.m. revealed:</p> <ul style="list-style-type: none"> <li>- Resident #3 could transfer herself and self-propel the wheelchair she had been using recently.</li> <li>- She had oxygen due to a respiratory problem and SOB.</li> <li>- Staff sometimes helped to her with pushing the wheelchair if she was too tired or had SOB.</li> <li>- The resident was able to call for help if needed.</li> <li>- The facility policy was one staff member on each shift was to sit between the two halls to listen for residents who needed help.</li> <li>- There had not been a call bell in Resident #3's room.</li> <li>- The resident might feel safer if she had a hand call bell for times when she had chest pain or SOB and needed help.</li> </ul> <p>Refer to interview with Administrator on 4/28/16 at 2:30pm.</p>	D 338		

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D 338	Continued From page 7  Interview on 4/28/16 at 2:30 p.m. with the Administrator revealed: -She did not know that Resident #3 or #5 had previously requested a hand call bell. -The Resident Care Coordinator had gone out and purchased more hand call bells and had distributed them to residents today. -Resident #5 could benefit from having a call bell due to his need for transfer assistance. -She was unaware that there were 10 call bells in the supply closet. - Residents with the ability to transfer and ambulate on their own generally did not have a hand call bell. - Any resident could request a hand call bell if needed.	D 338		
D932	G.S. 131D-4.4A (b) ACH Infection Prevention Requirements  G.S. 131D-4.4A Adult Care Home Infection Prevention Requirements  (b) In order to prevent transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens, each adult care home shall do all of the following, beginning January 1, 2012: (1) Implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines on infection control that addresses at least all of the following: a. Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents. b. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules.	D932		

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D932	<p>Continued From page 8</p> <p>c. Accessibility of infection control devices and supplies.</p> <p>d. Blood and bodily fluid precautions.</p> <p>e. Procedures to be followed when adult care home staff is exposed to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV, hepatitis B, hepatitis C, or other bloodborne pathogens.</p> <p>f. Procedures to prohibit adult care home staff with exudative lesions or weeping dermatitis from engaging in direct resident care that involves the potential for contact between the resident, equipment, or devices and the lesion or dermatitis until the condition resolves.</p> <p>(2) Require and monitor compliance with the facility's infection control policy.</p> <p>(3) Update the infection control policy as necessary to prevent the transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens.</p> <p>This Rule is not met as evidenced by: Based on interviews, employee record reviews, the facility failed to assure 2 of 2 sampled medication aides (A and D) had completed the annual state mandated infection control course.</p> <p>The findings are:</p> <p>1. Review of Staff A's personnel records revealed: -A hire date of 05/20/15. -Job title was Medication Aide -No documentation of the state-mandated annual infection control course had been completed.</p> <p>Interview with Staff A on 4/27/16 at 2:00pm revealed:</p>	D932		

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D932	<p>Continued From page 9</p> <p>-She had infection control training last 12/02/14. -She could not remember when the most recent infection control training was provided.</p> <p>Refer to interview with the Resident Care Coordinator on 4/28/16 at 2:50pm.</p> <p>Refer to interview with the Administrator on 4/28/16 at 3:00pm.</p> <p>2. Review of Staff D's personnel records revealed: -A hire date of 3/17/14. -Job title was Medication Aide --No documentation of the state-mandated annual infection control course had been completed.</p> <p>Staff D was unavailable for interview.</p> <p>Refer to interview with the Resident Care Coordinator on 4/28/16 at 2:50pm.</p> <p>Refer to interview with the Administrator on 4/28/16 at 3:00pm</p> <p>Interview with the Resident Care Coordinator (RCC) on 4/28/16 at 2:50pm revealed: -The RCC was unaware of the specific state mandated course and certificate. -The RCC did not know how the certificates were obtained. -The RCC was responsible for employee training and maintaining records. -The RCC were not aware that the infection control course required an appropriate licensed health professional to teach the course. -The RCC was not aware that the infection</p>	D932		

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D932	Continued From page 10  control training was supposed to be done annually. -The RCC would ensure all staff get the mandated infection control training as required per state rules.  Interview with Administrator on 4/28/16 at 3:00pm revealed: -All employee training and requirements are the RCC's responsibility. -She handled the "business side" of the facility and the RCC handled the resident and staff charts.	D932		
D935	G.S. § 131D-4.5B(b) ACH Medication Aides; Training and Competency  G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.  (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: a. The key principles of medication administration. 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.	D935		

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D935	<p>Continued From page 11</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 observation, interview and record review, the facility failed to assure 2 of 2 sampled Staff (Staff A and Staff D), who were hired after 10/1/13 as Medication Aides (MA), had successfully completed the 15 hour medication administration training prior to administering medications.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel and training record revealed:</p> <ul style="list-style-type: none"> <li>-She was hired 5/20/15 as a Medication Aide (MA).</li> <li>-Staff A had previously worked as a MA within the last 24-months.</li> <li>-Staff A had successfully passed the Medication</li> </ul>	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL074038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/28/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTHERN LIVING ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2060 WEST FIFTH STREET</b> <b>GREENVILLE, NC 27835</b>
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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 12</p> <p>Aide Test on 4/22/09.</p> <p>-There was no documentation Staff A completed a 5, 10 or 15 hour medication administration program.</p> <p>Interview with Staff A, MA, on 4/27/16 at 2:00 pm revealed:</p> <p>-She worked as a MA on first shift in the Adult Care Unit.</p> <p>-She had previously worked at another assisted living facility as a medication aide before coming to this facility.</p> <p>-She did not recall having a 5, 10 or 15 training prior to administration medications.</p> <p>Refer to interview with Resident Care Coordinator on 4/28/16 at 3:40pm.</p> <p>B. Review of Staff D's personnel and training record revealed:</p> <p>-She was hired 3/17/14 as a Medication Aide (MA).</p> <p>-Staff D had previously worked as a MA within the last 24-months.</p> <p>-Staff D had successfully passed the Medication Aide Test on 11/15/07.</p> <p>-There was no documentation Staff D completed a 5, 10 or 15 hour medication administration program.</p> <p>Interview with Staff D, MA, on 4/28/16 at 3:45 pm revealed:</p> <p>-She worked as a MA on first/second shift in the Adult Care Unit.</p> <p>-She had previously worked at another assisted living facility as a medication aide before coming to this facility.</p> <p>-She did not recall having a 5, 10 or 15 training prior to administration medications.</p>	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL074038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/28/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTHERN LIVING ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2060 WEST FIFTH STREET GREENVILLE, NC 27835</b>
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D935	<p>Continued From page 13</p> <p>Refer to interview with Resident Care Coordinator on 4/28/16 at 3:40pm.</p> <p>Interview with the Resident Care Coordinator (RCC) on 4/28/16 at 3:40 pm revealed:</p> <ul style="list-style-type: none"> <li>-The RCC was responsible for scheduling required training at the facility.</li> <li>-The RCC could not locate the required training.</li> <li>-They were aware of missing training requirements as a result of a recent personnel records audit.</li> <li>-She would ensure the 5, 10, 15 hour trainings were brought up to date.</li> </ul>	D935		