

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER WILLOW SPRINGS ASSISTED LIVING # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 HEBRON STREET HENDERSONVILLE, NC 28739
--	---

(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
C 000	Initial Comments The Adult Care Licensure Section and the Henderson County Department of Social Services conducted an annual survey on April 12, 2016.	C 000		
C 059	<p>10A NCAC 13G .0310 (b) Storage Areas</p> <p>10A NCAC 13G .0310 Storage Areas</p> <p>(b) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be supervised while in use.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to keep numerous cleaning chemicals found stored in a staff room, under the kitchen sink and under a bathroom sink locked and secured.</p> <p>The findings are:</p> <p>Observation of the Supervisor-in-Charge (SIC) staff room on 4/12/16 at 7:55AM revealed:</p> <ul style="list-style-type: none"> -The door to this room was opened all the way to the resident's hallway. -The knob on the door had a push-button lock on the room side that, when twisted and pushed in, locked the knob. -The room was unoccupied. -A sliding glass door leading to a back porch was open with the screen door in place. -Upon entering the room, various containers of cleaning chemicals were noted on a shelf in a closet with no doors. -One of the containers of cleaning chemicals was a green liquid in a clear quart size spray bottle 	C 059	<p>C059</p> <p>All chemicals were stored in locked cabinet above dryer during survey.</p> <p>Upon hiring new staff the administrator will inservice new staff to proper storage of chemicals. Documentation will be signed by staff and administrator to show understanding.</p> <p>Fluorescent signs have been placed under all sinks as a reminder to store chemicals in locked location.</p>	5/10/16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Laynette* TITLE: *Adm* (X6) DATE: *5/10/16*

Reviewed & approved this date.
[Signature]
Muse Consultant I
5/10/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER WILLOW SPRINGS ASSISTED LIVING # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 HEBRON STREET HENDERSONVILLE, NC 28739
--	---

(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
C 059	<p>Continued From page 1</p> <p>labeled disinfectant spray, approximately 1/5th full, with no warning label.</p> <p>-Another container was a spray can of oven cleaner with the warning label (in capital letters) "DANGER-CORROSIVE CAUSES EYE AND SKIN BURNS. HARMFUL IF SWALLOWED. CONTENTS UNDER PRESSURE."</p> <p>-The SIC, Staff A, entered the room and removed all of the cleaning chemicals.</p> <p>An interview with Staff A on 4/12/16 at 7:55AM revealed he was trying to get breakfast prepared for residents and he "overlooked" closing and locking the door to the staff room.</p> <p>An interview with a resident revealed: -The door to the staff room was sometimes "cracked open" about 6 or 8 inches and sometimes closed. -It was just "speculating," but when another resident would have their "fits" at night, staff would leave the door cracked open to hear for them.</p> <p>An interview with Staff A on 4/12/16 at 8:20AM revealed residents were not known to enter the staff room and were "really respectful" of this space.</p> <p>Observation of the washer/dryer area on 4/12/16 at 8:55 AM revealed a cabinet over the dryer with a hasp and lock and the cabinet was locked.</p> <p>Observation of an unlocked cabinet under a sink in a resident bathroom (the one closest to the washer and dryer) on 4/12/16 at 9:00AM revealed: -A 1.25 quart size clear bottle labeled as a multi-purpose cleaner, containing a green colored</p>	C 059	<p><i>Cosa</i> The Administrator will do a walk thru weekly checking all areas and document findings. Signs are placed as reminder.</p>	5/17/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER WILLOW SPRINGS ASSISTED LIVING # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 HEBRON STREET HENDERSONVILLE, NC 28739
--	---

(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
C 059	<p>Continued From page 2</p> <p>liquid and approximately 3/4th full with the warning label (in capital letters) "CAUTION: EYE IRRITANT. KEEP OUT OF REACH OF CHILDREN."</p> <p>-A 1.75 quart size opaque bottle of chlorine bleach, containing a clear liquid and approximately 1/4th full with the warning label "WARNING- causes skin irritation " and "causes serious eye irritation."</p> <p>Observation of an unlocked cabinet under the sink in the kitchen on 4/12/16 at 12:00PM revealed:</p> <p>-A 24 ounce size opaque bottle labeled toilet bowl cleaner with an undetermined amount of liquid and the warning label (in capital letters) "KEEP OUT OF REACH OF CHILDREN" AND "DANGER: CORROSIVE."</p> <p>-A 40 ounce size opaque bottle labeled all-purpose cleaner, approximately 1/5th full with the warning label (in capital letters) "CAUTION: KEEP OUT OF REACH OF CHILDREN."</p> <p>-A 12.5 ounce size aerosol can labeled disinfectant spray with an undetermined amount of product with the warning label (in capital letters) "CAUTION: KEEP OUT OF REACH OF CHILDREN."</p> <p>-A 19 ounce size aerosol can labeled bathroom cleaner with an undetermined amount of product with the warning label (in capital letters) "DANGER" with a list of hazards.</p> <p>-A 40 ounce size clear spray bottle labeled degreaser, approximately 1/2 full with a clear liquid with the warning label (in capital letters) "KEEP OUT OF REACH OF CHILDREN" and "WARNING: EYE IRRITANT."</p> <p>-A quart size clear spray bottle labeled glass cleaner, approximately 1/2 full with a clear blue liquid with no warning label.</p>	C 059		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2016
NAME OF PROVIDER OR SUPPLIER WILLOW SPRINGS ASSISTED LIVING # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 1310 HEBRON STREET HENDERSONVILLE, NC 28739		
(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
C 059	Continued From page 3 An interview with Staff A on 4/12/16 at 1:50PM revealed: -Cleaning chemicals were present in the unlocked cabinet under the sink. -Another staff member sometimes forgot to return them to the locked space, located in the washer and dryer area, where they were stored. An interview with the Administrator on 4/12/16 at 4:15PM revealed she expected staff to lock cleaning chemicals in the cabinet above the dryer.	C 059		
C 353	10A NCAC 13G .1006(b) Medication Storage 10A NCAC 13G .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to lock up 21 containers of prescribed medications and supplements intended for return to the contracted pharmacy. The findings are: Observation of the Supervisor-in-Charge (SIC) staff room on 4/12/16 at 7:55AM revealed: -The door to this room was opened all the way and opened onto the resident's hallway. -The knob on the door had a push-button lock	C 353	<u>C353</u> The Administrator will monitor all new orders and in the event a change or discontinue order is obtained the Administrator will be notified and it will be the Administrator responsibility to write and return sheet to pharmacy with the medication.	state

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER WILLOW SPRINGS ASSISTED LIVING # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 HEBRON STREET HENDERSONVILLE, NC 28739
--	---

(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
C 353	<p>Continued From page 4</p> <p>that, when twisted and pushed in, locked the knob.</p> <ul style="list-style-type: none"> -The room was unoccupied. -A sliding glass door leading to a back porch was open with the screen door in place. -The room was located directly across from the closet where the medication cart was stored. -Upon entering the room, numerous medication containers were observed on a shelf in an unlocked closet with no doors. -The SIC, Staff A, entered the room during this observation. <p>Interview with Staff A on 4/12/16 at 7:55AM revealed:</p> <ul style="list-style-type: none"> -He was trying to get breakfast prepared for residents and he "overlooked" closing and locking the door to the staff room. -The observed medications were removed from a pharmacy tote box "yesterday" for inventory and return to the contract pharmacy. -All the medications had been discontinued or were left by a former resident who had purchased them over the counter. <p>Observation and inventory of the medications removed from the SIC staff room on 4/12/16 at 8:00AM revealed:</p> <ul style="list-style-type: none"> -A cassette of prescribed haloperidol (an antipsychotic medication), 5mg tablets, quantity 21 tablets. -A bottle of prescribed simvastatin (a cholesterol lowering drug) 80mg tablets, quantity 90 tablets. -A bottle of prescribed glipizide (a medication used to help control blood sugar levels) 100mg tablets, quantity too numerous to count. -A bottle of prescribed hydrochlorothiazide (a diuretic) 25mg tablets, quantity too numerous to count. -A bottle of prescribed lisinopril (an 	C 353	<p>C353</p> <p>The door knob has been changed and will remain locked when the SIC is out of the room. Reminders are placed on door to lock door. The Administrator will monitor on visits to facility to insure the door is locked. Documentation will show findings.</p> <p>A locked cabinet will be in SIC room for dried medication until pharmacy can pick up medication.</p>	<p>Staff A</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER WILLOW SPRINGS ASSISTED LIVING # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 HEBRON STREET HENDERSONVILLE, NC 28739
--	---

(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
C 353	<p>Continued From page 5</p> <p>antihypertensive) 40mg tablets, quantity too numerous to count.</p> <p>-A bottle of prescribed donepezil (used in the treatment of dementia) 10mg tablets, quantity too numerous to count.</p> <p>-A bottle of prescribed metformin (a medication used to help control blood sugar levels), 100mg tablets, quantity too numerous to count.</p> <p>-A bottle of prescribed bisacodyl (a stool softener) enteric coated, 5 mg tablets, quantity 2 tablets.</p> <p>-The cassette of prescribed pioglitazone (a medication used to help control blood sugar levels), 15mg tablets, quantity 14 tablets.</p> <p>-A bottle of prescribed polyethylene glycol (a laxative), 527g bottle, approximately 3/4ths full.</p> <p>-A bottle of veterinarian-prescribed Vetmedin (a medication used to treat dogs with congestive heart disease), 1.25mg tablets, 120 tablets printed on the label and with an actual quantity too numerous to count (the name of a dog and name of the owner, a current resident, were printed on the label).</p> <p>-A sealed bottle of an over-the-counter (OTC) multivitamin supplement, 300 capsules printed on the label with no resident information.</p> <p>-Two sealed bottles of OTC mixed tocopherols supplement, 1,000 international units, 120 soft gel capsules printed on the label with no resident information.</p> <p>-Four sealed bottles of OTC vitamin B12, 1,000mcg tables, 60 tablets printed on the label with no resident information.</p> <p>-One sealed bottle and one opened bottle of OTC loratadine (an allergy medication), 10mg tablets, with the opened bottle with tablets too numerous to count and both bottles with no resident information.</p> <p>-A sealed bottle of OTC aspirin, 81mg, with no resident information.</p>	C 353	<p>C 353</p> <p>The Administrator will monitor the locked cabinet and insure all medications are returned in a timely manner this will be weekly with documentation to show findings.</p>	SH/114

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER WILLOW SPRINGS ASSISTED LIVING # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 HEBRON STREET HENDERSONVILLE, NC 28739
--	---

(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
C 353	<p>Continued From page 6</p> <p>An interview with a resident revealed the name of his dog noted on the bottle of veterinarian-prescribed Vetmedin.</p> <p>An interview with another resident revealed: -The door to the staff room was sometimes "cracked open" about 6 or 8 inches and sometimes closed. -He was just "speculating," but when another resident would have their "fits" at night, staff would leave the door cracked open to hear for them. -When they used the bathroom at night and had to walk past the staff room they would tip toe so as not to wake anyone.</p> <p>An interview with Staff A on 4/12/16 at 8:20AM revealed: -He had removed the medications from the pharmacy tote to list them for return to the contract pharmacy but the list was not done. -Residents were not known to enter the staff room and were "really respectful" of this space. -Normally it would be expected of SICs to keep medications locked up until the delivery person for the pharmacy could take them from the facility.</p> <p>An interview with the Administrator on 4/12/16 at 8:35AM revealed the door to the staff room should have been shut or locked.</p> <p>An interview with Staff A on 4/12/16 at 9:15AM revealed the door knob to the staff room would lock but when the door was closed and unoccupied, there was no way to unlock the knob to reenter the room as there was no key hole.</p> <p>Observation on 4/12/16 at 9:15AM revealed Staff A using a knife between the door frame and door</p>	C 353		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER WILLOW SPRINGS ASSISTED LIVING # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 HEBRON STREET HENDERSONVILLE, NC 28739
--	---

(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
--------------------	--	---------------	---	--------------------

C 353	<p>Continued From page 7</p> <p>knob at the staff room to pop the lock and open the door.</p> <p>A telephone interview with a Pharmacist from the contract pharmacy on 4/12/16 at 2:45PM revealed medications for return should have been locked up before being picked up by the delivery staff.</p> <p>A Plan of Protection was obtained by the facility on 4/12/16 as follows: -Removing and locking up any medications not in use or discontinued. -Sending all unused medications back to the contract. -Placing a secured lock on the staff room door. -Providing in-service training with all staff regarding locking the staff room door.</p> <p>THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED MAY 27, 2016.</p>	C 353		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's 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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure residents received care and services that were adequate, appropriate, and in compliance with federal and state laws and rules and regulations related to medication storage.</p>	C 912	<p>C912 The Administrator will assume the responsibility of all Med unused medication (Storage, returning) A log book will be @ facility for reviews to insure proper</p>	5/11/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER WILLOW SPRINGS ASSISTED LIVING # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 HEBRON STREET HENDERSONVILLE, NC 28739
--	---

(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
C 912	<p>Continued From page 8</p> <p>The findings are:</p> <p>Based on observations and interviews, the facility failed to lock up 21 containers of prescribed medications and supplements intended for return to the contracted pharmacy [Refer to Tag 353, 10A NCAC 13G .1006(b), Medication Storage (Type B Violation)].</p>	C 912	<p><i>call procedures are being followed.</i></p>	