PRINTED: 03/16/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 an annual survey and complaint investigation on February 9-12, 2016 and February 16-19, 2016 with an exit conference via telephone on February 23, 2016.	D 000		
D 067	10A NCAC 13F .0305(h)(4) Physical Environment 10A NCAC 13F .0305 Physical Environment (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure that four of six coded exit doors accessible by residents were maintained secure with alarms which could only be deactivated by designated staff, resulting in one Resident (#12), with a diagnosis of dementia, exiting outside unsupervised at night in freezing weather and falling, causing injury. The findings are:	D 067	All exit doors have secured sound alarms in place. Door sounds only when door opened by unarthorized The staff are the only ones who have the code. When alarm sound staff have been instructed to check door immediately and who exited. If resident has exited, resident per policy must sign out or return to the building. Report occur ance to Administrator. This resident was assign a 1:1 staff person 24 hours per day. She was upgraded to skilled care and discharged to a local skilled care facility. No resident has key pad code. Only staff. Wander guard has been installed and only management staff has code, at present time.	3/24/16 5/6/15

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Dian Matthews Administrator 04/06/2016

Dian Matthews Administrator

Reviewed and Accepted 5/20/16 cs
with Revisions

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 067	Continued From page 1 Observation upon entrance to the facility on 2/9/16 at 11:00am revealed: -The front entrance door was not locked and did not alarm upon entry, but opened into hallway with two staff offices on the right and a living room and guests restrooms on the left. -At the end of the entrance hallway was another door (Door C) with entry only by access code which lead to another short hallway to the facility's main hallways and resident rooms. -After entering Door C by access code, the Resident Care Coordinator's (RCC) office was on the immediate left. During the survey, random observations of Door C revealed staff constantly entering the access code to allow residents to enter and exit. Review of Resident #12's current FL2, dated 2/5/16, had diagnoses which included dementia, hypertension, and anxiety. Review of Resident #12's Resident Register revealed she was admitted to the facility on 6/26/13. Observation of Resident #12 on 2/9/16 at 3:30pm in the hallway revealed she was ambulatory at times, sitting in a wheel chair at times, and had no visible bruising on her face. Observation on 2/11/16 at 12:40pm revealed Resident #12 had a swollen left eye with red and deep purple bruising one inch wide under the left eye. Interview with Staff F, Medication Aide/Supervisor on 2/11/16 at 6:07pm revealed: -She was on duty the night of 2/10/16 when	D 067	The front entrance door can not be locked as this is the main entrance to building for vendors, visitors and daily business of the day. The door per policy is locked after 9:00 pm as activity for building has ended.	3/24/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 067	Continued From page 2 Resident #12 went outside unsupervised and fell. -Before Resident #12 fell, Staff F observed Resident #12 around 1:30am (the night of 2/10/16) sitting in her wheel chair in the short hallway in front of the RCC Office and Exit Door C. This hallway is in the middle of the facility and leads out into another hallway to the main front door. -Staff F reported that a Resident (could not remember which one) was outside in the fenced smoking area and saw Resident #12 fall down on the drive and reported it to her (Staff F). -After it was reported to Staff F, she came out of the RCC office, and saw Resident #12's empty wheel chair sitting in the hall in front of the RCC office. -Staff F reported that Resident #12 could not have been outside more than "two or three minutes" since she last observed Resident #12 in the wheel chair sitting outside the RCC office. -Staff F reported that Resident #12 was outside sitting down on the drive in front of the facility, cold and shivering, and with a bruised eye and chin. -Resident #12 was assisted inside and kept repeating that she was cold. -Staff called Emergency Medical Service (EMS) Transport and Resident #12 was taken to the local emergency room (ER). -Resident #12 was wearing a pair of pants, black shoes, a top, a light sweater, but with no coat, scarf or hat when she was found outside on the drive. -The front exit door (Door C) alarm, which is beside the RCC's office was observed to be in the off position when Staff F came back into the facility from bringing Resident #12 inside. -Staff F said she did not know why Door C's alarm was in the off position when Resident #12 went outside.	D 067	Doors now have alarms that can not be turned off unless keypad deactivated. Locked covers over switches have been place.	3/24/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 067	Continued From page 3 -Staff F reported that Resident #12 had never eloped before but she had gone to exit doors and looked outside. -Facility staff made rounds every hour to check on residents. Review of the EMS report, dated 2/11/16, revealed: -The EMS received the telephone call at 1:00am and arrived at the facility at 1:17am. -Resident #12 "had an abrasion approx. size of a nickel on her left cheek and another abrasion approx,. size of a dime on her chin. ..Pt advised she had pain all over....During transport, patient only complained about being cold." Review of the ER report, dated 2/11/16, revealed: -Resident #12 was treated at the ER and discharged back to the facility. -The ER report diagnosis revealed "Fall on same level from slipping, tripping, and stumbling: Facial contusion; Abrasion-face." Review of the historical underground weather data for the local vicinity for 2/11/16 at 12:55am revealed the temperature was 21.2 degrees F, clear, and wind calm. Review of the incident/accident report completed for Resident #12 for the night of 2/10/16 and dated 2/11/16 at 1:20am revealed: -"Another resident came to staff and said the resident fell." -"Staff went and got the resident and brought her inside. The resident had a scrape on her eye and chin." -"She was sent to the ER by EMS." Interview with Resident #12's Guardian on 2/12/16 at 10:05am revealed:	D 067	Resident was upgraded and 1:1 staff 24 hrs per day until discharged to a skilled care facility. A policy regarding completion of incident reports and notifications was implemented and all staff trained. Incident reports include contacting responsible person/ guardian	3/24/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 067	Continued From page 4 -She had been telling the staff at the facility to "watch" Resident #12 and let her know when she could no longer be cared for there and she would make arrangements to have Resident #12 moved to a higher level of care. -Facility staff had not called her regarding Resident #12 since January 2016 when Resident #12 fell. -She was not aware Resident #12 went outside the facility doors, fell, and was sent to the local emergency room (ER) on the night of 2/10/16. -She was concerned that Resident #12 could have gone outside and "frozen to death." -Resident #12 gets confused and does not know how to get to the bathroom by herself. Review of a physician order for Resident #12, dated 2/11/16, revealed an order to upgrade to skilled facility. Observation of the facility on 2/9/16 at 3:30pm revealed: -After entering the main entrance to the facility where staff offices were located and passing through the coded Door C, the RCC office was on the left, and the main resident hallway branched off on the right and left -Resident rooms were located on this main long hall (with resident rooms numbers in the 100s, 400s and 500s) with additional halls branching off from each end. -At the west end of the main long hallway (with resident room numbers in the 500s and referred to as B wing by staff) was an exit door (Door B). -Off the west end of the main long hallway was a single branching hall (with resident rooms in the 600s and referred to as B wing by staff), with an exit door (Door A) at the North end which opened to the front of the facility. -Off the east end of the main long hallway a	D 067		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 067	Continued From page 5 branching hall (with resident rooms in the 200s and referred to as A wing by staff), a hallway branched to the right and left. To the right (the south end) was an exit door (Door D) which opened to the back of the facility . -The hall branching off to the left of 200 hall was a short hall with more resident rooms and a living room which had an exit door, (Door E) which opened to the front of the facility. - Further branching off from this short hall and was another hall (with resident rooms in the 300s and referred to as A wing by staff), with an exit door (Door F) which opened to the back of the facility . Observation of the six facility exit doors on 2/12/16 at 8:45am revealed: -On the inside of the facility, all six of the exits had magnetic locks, code punch boxes, and magnetic lock override wall switches. -All six exit doors had coded switch operable door alarms, three with clear hinged covers and three without hinged covers. -The front entrance exit Door C had a covered alarm switch and an alarm sounded when the cover was lifted. -Exit Door A alarm switch cover had been removed exposing the off and on switch. The wire attaching the alarm switch to the door from the facing had also been cut. -Exit Door B alarm switch had a clear plastic cover and an alarm sounded when the cover was lifted. -Exit Door D alarm switch cover had been removed exposing the off and on switch. -Exit Door E alarm switch had a clear plastic cover, but the switch was in the down position (off) and no alarm sounded when the door was opened. -Exit Door F alarm switch had been removed	D 067	Alarms and covers are in place on all 6 doors.	3/24/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 067	Continued From page 6	D 067		

exposing the off and on switch.
-The clear hinged covers on the override wall switches on Exit Doors B, C, and E were not secured to the alarm/wall, but when lifted up exposing the switches, caused a piercing alarm to sound.
-All six exit doors could only be opened from the inside or outside using the access code when each door switch was "on."
-Any of the six exit doors could be opened from the inside or outside without using an access code when the door switch was "off."

Interview with the Operations Manager on 2/12/16 at 8:45pm revealed:
-He did not know why the front exit Door C alarm was not on the night of 2/10/16 when Resident #12 went outside unsupervised.
-When the alarm switches' protected covers were lifted to assess the switch, an alarm would sound.
-On the front entrance door, some residents had discovered they could lift the protective cover slightly and access the switch to off without the alarm sounding, thus unlocking the door and exiting without a code.
-He was going to install a temporary coded alarm on Door A, C, E, and F until the covers to the alarm switches were replaced and secured so no one could turn them off.
-He did not know how long all the door alarms had been without covers, but all the alarms had covers at the end of December, 2015.
-They have two maintenance staff, but he, (the Operations Manager) was responsible for assuring the door alarms were in working order.
-He was not aware of a written policy for the exit door alarms but they should all be switched on and operable 24 hours per day.
-Now that Resident #12 had a one on one staff for supervision, he had no concerns that any of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 067	Continued From page 7 the other residents who resided in the facility would exit the facility and not know where they were and how to return. Confidential interview with a resident revealed the resident was concerned "because the alarms at the exits have not been working for awhile." Telephone interview with the Administrator on 2/19/16 at 4:10pm revealed: -The facility policy was for all the alarms to be on and operable 24 hours per day seven days per week. -She was not aware three door alarms were not operable and the front door switch could be deactivated (with no alarm) until after the survey started and staff reported to her. Interview with Staff I, Personal Care Aide (PCA) on 2/18/16 at 6:55am revealed Residents would tell staff if a door alarm was going off and who the resident was that set off the alarm. Observation on 2/19/16 at 4:00pm of the exit doors on 200, 300, and 600 hallway the front entrance (where Resident #12 had exited) revealed: -Temporary alarms were attached to the top of the door frames and the alarms were coded. -The temporary alarms sounded when the Operations Manager put in the access code to activate the alarm. Interview with the Operations Manager on 2/18/16 at 4:00pm revealed: -The temporary alarms would be in place until they could get secure covers for the permanent alarms. -They would install covers for all the alarm switches and find a way to assure residents could	D 067		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 067	Continued From page 8 not deactivate them, maybe with locked covers. -The temporary alarms were usually turned on at 9:00pm and off at 7:00am but if he was there, he could turn them off earlier in the morning. -With Resident #12 now with one on one supervision, he was not concerned that any other residents were at risk for leaving the building unsupervised. -When the permanent door alarms were installed/repaired, they would be on 24 hours per day. Interview with Staff I, at the exit door on the 600 hallway, on 2/18/16 at 6:55am revealed: -The temporary alarm was off at that time and she did not know how long it had been off. -She did not know who set the door alarms but thought they were set around 9:00pm. -Residents were not allowed to go outside after dark and if they did go, they had to be accompanied by a PCA. _____ Review of the Plan of Correction provided by the facility on 2/12/16 revealed the Administrator-in-charge will purchase door alarms and install them today. DATE OF CORRECTION FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED MARCH 24, 2016.	D 067	All alarms have installed covers and alarms are working 24 hrs. per day.	3/24/16
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	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 074	Continued From page 9 coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed keep clean or repair walls, floors, ceilings or appliances attached to them for 8 of 45 resident rooms, resident hallways and dining rooms and the outside of the facility. The findings are: Review of the most recent public health inspection dated 12/16/15 revealed: -An overall score of 85. -Two demerits for the category of "walls and ceilings cleanable, clean, good repair" with comments of "repair wall damage in resident rooms..." with various rooms listed. -Two demerits for the category of "facilities conveniently located, clean and in good repair" with comments "replace missing toilet tank lid." Observation of resident rooms for the time periods of 2/9/16 at 10:20am through 2/12/16 at 2:00pm and 2/16/16 at 12:30pm through 2/18/16 at 12:00pm revealed: -In Room #607 the entire wall behind the resident's bed was covered with graffiti with the images appearing to have been drawn with permanent marker. -On the door to Room #606 was built-up dirt around the door knob and along the edge of the door. -In Room #606 over the bed near the door, brown staining on the ceiling in an approximately 4 foot by 4 foot section. -In Room #606 behind the bed near the door was an unpainted patch of repaired drywall	D 074	All walls, ceiling, closets have been deep cleaned. All dirty cloths and linen have been removed from resident rooms labeled with name and washed. Toilet tanks are all in place in facility. Room #607 has been completely painted. Room #606 and all doors have been cleaned and waxed. Room and ceiling have been painted.	3/16/16 4/1/16 3/16/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 074	Continued From page 10 approximately 1 foot by 6 inches. -In Room #606 in the corner to the right of the door jamb built up dirt and debris on the floor -In Room #400 the door to the room made an audible noise when opened or closed. -In Room #402 on the wall behind the door, a circular piece of drywall approximately 3 inches in diameter (at the level of the door knob) was punched in, cracking a plastic circular door knob wall protector. -In Room #402, lying on the bed frame under the window, was an approximately 4 foot section of vinyl baseboard and through the frame the section of wall where the baseboard was once attached was visible, covered in adhesive. -In Room #501, a missing light cover from a wall-mounted overbed light at the bed by the door. -In Room #504 the lower sash of the vinyl window was taped to the upper sash with the two plastic clips on the lower sash broken (these clips when released permit the lower sash to tilt inward from the frame for cleaning the outside glass surface) -In Room #602 were numerous black scuff marks on the wall (immediately inside of and left to the door over an area measuring approximately 5 feet long and approximately 1 foot above the floor) and built-up dirt on the floor in corners around the door frame. -In Room #303 was an unpainted drywall patch on the wall adjacent to the closet measuring approximately 8 inches long by 2 inches wide. Observation of common areas of the facility for the time periods of 2/9/16 at 10:20am through 2/12/16 at 2:00pm and 2/16/16 at 12:30pm through 2/18/16 at 12:00pm revealed: -In the 600 hall living room the floor in front of the couch had built-up dirt with a grey appearance. -In the 600 hall living room was missing conduit to	D 074	All resident rooms are being deep cleaned and ones in need of painting are being Spackle and painted. All vents and trim are being painted as well. All facility floors are being stripped and waxed. All windows are assessed and repaired with needed screens. As rooms being painted baseboard have been assessed for repair and repaired. Window in #504 has been repaired	4/15/16 3/28/16 3/28/16 3/24/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 074	Continued From page 11 a wall phone jack resulting in an approximately 4 foot long strip of unpainted drywall and torn drywall paper, leading up to the ceiling edge with torn wallpaper border. -The door leading from the 600 hallway to the outside smoking area had a door closure but it did not slow the closing of the door, resulting in the metal door hitting the metal door jamb and making a loud noise. -An air return grate in the ceiling at the junction of the hallway at the 500 hall medication room and Room #603 was covered in dust and a corner was pulled away from the ceiling. -An air return grate in the ceiling at the junction of hallway at the dining room and the main nurse office was covered in dust and had a rusty appearance. -The magnetic lock override switch junction box to the left of the 200 hall emergency exit did not have a cover, exposing wires. -In the room adjacent to the dining room and exit door from the 100 hallway (leading to the covered smoking area) were two ceiling light fixtures with no light covers. -The exit door leading from the 100 hallway to the covered smoking area made excessive noise when closed. -In the dining room adjacent to Room #107 was an approximately 6 inch by 6 inch piece of broken and loose floor tile in the corner of the room. -In the dining room adjacent to Room #107 was a 2-light ceiling fluorescent fixture that did not light and two other ceiling light fixtures missing their light covers. -In the 300 hallway a circular ceiling light fixture was missing its light cover. Confidential interviews with residents revealed: -Housekeepers cleaned his room "everyday." -The door slamming in the 600 hallway "disturbs	D 074	This area is being painted. Medal door closure has been repaired allowing a slow door closing and much less noise. Air return grates have been cleaned painted, and reinstalled. Cover has been installed Light covers have been installed Door has been repaired Tile replaced does not match but not broken. Lights and covers installed Light cover installed	4/15/16 3/8/16 3/8/16 3/1/16 3/6/16 3/8/16 3/8/16 3/6/16 3/8/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 074	Continued From page 12 me" and "makes me sick." -His room was cleaned every 1 to 2 days. -Maintenance staff "fixes things." -He liked the images he had drawn on his wall, he considered them "art" and staff (not specified) offered to paint the wall but "I like it that way."	D 074		
	Observations of the outside perimeter of the facility for the time periods of 2/9/16 at 10:20am through 2/12/16 at 2:00pm and 2/16/16 at 12:30pm through 2/18/16 at 12:00pm revealed: -On the exterior side of the door leading from the 600 hall to the outside smoking area, a metal threshold sweep was pulled away from the lower edge of the door, leaving a sharp edge.		Metal threshold has been repaired and safe.	3/1/16
	-Above and to the left of the exterior side of the exit door leading from the 100 hallway dining room to the covered smoking area were exposed wires, coming out of the window framing above the door and having wire nuts. -In the covered smoking area outside the exit of the 100 hallway dining room were cigarette butts too numerous to count scattered across the concrete pad and surrounding grass yard, being swept up by a housekeeper (a metal chimney-type cigarette butt container was located in the smoking area with fewer cigarette butts in it).		All smoking is supervised a only allowed in court yard area. Supervised smoking 1 cigarette per hour for safe smoking and eliminate smoking in building. All tobacco products are keep under lock and key for staff supervision of smoking.	3/8/16
	-Gutter from the southwest corner of the building had fallen away and was bent down and partially lying on the ground. -Cigarette butts too numerous to count on the driveway and grass area in front of the porches at the main entrance and at the 600 hall door.		Gutter replaced and secured to to building	3/1/16
	-An exterior wall light outside of the emergency exit from the 300 hallway living room was pulling away from the wall.		Light has been replaced and work ing.	3/1/16
	Interview with Housekeeper #3 on 2/11/16 at 10:00am revealed:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 074	Continued From page 13 -She checked the covered smoking area three times a day. -"There are more butts on the ground than in the ash container." Observation of the kitchen on 2/11/16 at 8:40am revealed: -The floor had debris and dust around all the edges of the four walls. -The wall above the preparation food table had food spills dried on the wall. -Behind the stove and under the preparation table, the floor tiles had spaces between them up to 1/8 inch which made cleaning difficult in the open spaces. Confidential interview with a dietary staff on 2/18/16 revealed: -Three dietary staff were working in the kitchen but one had quit sometime after the 13th and before the 16th. -When they had three staff, two staff worked from 6:00 to 3:00pm seven days per week. -When they had three staff, one staff worked 11:00am to closing (usually 6:00pm or 7:00pm) seven days per week. -For a census of 77 residents, they needed at least 6 dietary staff: two staff to work from opening until 2:00 in the afternoon and two staff to work from 11:00am to closing (all four for five days per week), and at least two staff to work all day on the week-ends. -With the dietary staff down to two or three staff, it was impossible for dietary staff to complete cleaning chores, to transport carts to dining rooms, to clean the tables, and to order the food. Interview with the Operations Manager on 2/19/16 at 2:45pm revealed: -He knew they needed more dietary staff and they	D 074	Smoking porch is checked every 2 hours. We have hired a house keeper and she is responsible as other duties to clean the porch areas. During supervised smoking residents are asked and reminded tom put butts in proper place. We have deep cleaned kitchen walls,prep areas, dish washing area, steam table, pantry & , stove We will paint kitchen We have 6 staff members in the dietary department. Each rotate shifts to assure adequate staff available to clean, prep,and pre prepare meals, snacks and transport carts to dining rooms.	3/8/16 3/8/16 4/15/16 3/16/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 074	Continued From page 14 hired one "this week." which made a total of three available to work in dietary. -He had posted positions in the local paper for more dietary staff. -There were no schedules related to who or when the kitchen was cleaned. -He knew the housekeeping staff mopped the dining rooms. Interview with the Operations Manager and the Maintenance Supervisor on 2/19/16 at 2:25pm revealed: -Staff were expected to make leadership aware of any hazards, equipment malfunctions, missing shower heads, broken toilets, and spills. -Blown lightbulbs and missing outlet covers were of a higher priority to address. -The Maintenance Supervisor tried to go around the facility weekly and to check bathrooms to make sure nothing was missed. -"90% of stuff is reported by staff." -They would re-implement a maintenance request form for staff to complete with maintenance concerns, which is not considered completed until is was signed off by the Operations Manager. Observation of the facility, accompanied by the Maintenance supervisor followed by a Maintenance staff member, on 2/19/16 from 2:25pm to 3:30pm revealed findings similar to those found during observations for the time periods of 2/9/16 at 10:20am through 2/12/16 at 2:00pm and 2/16/16 at 12:30pm through 2/18/16 at 12:00pm. Interview with the Administrator on 2/19/16 at 3:55pm revealed: -She expected staff to use the maintenance request forms to communicate maintenance concerns.	D 074	We have a full staff in dietary. A cleaning schedule is posted in dietary. The Operation Manager and/or will inspect kitchen daily. Menu, snacks are reviewed daily. Housekeepers mop the dinning rooms and wipe all tables with dis infectant from the dietary department. Maintenance Request are being completed by all staff for repairs needed. All toilets are working, shower head replaced, light bulbs replaced, light covers in place. A Maintenance Monthly Check Sheet for entire facility has been implemented. Attachment # 3	4/1/16 03/6/16 4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 074	Continued From page 15 -She expected to receive a list of maintenance needs so that funds might be made available for repairs and any "3rd parties" could be authorized to make more extensive repairs not managed by the Maintenance staff.	D 074	Monthly Maintenance check will allow Administrator to price and request finances for repairs.	4/1/16
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes 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 facilities.	D 079		
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to assure the facility was clean and free of all hazards related to not effectively controlling rodents throughout the facility. The findings are: Review of the most recent public health inspection dated 12/16/15 revealed: -An overall score of 85. -1.50 demerits for the category of "vermin excluded" with the comment "storage area must be free of vermin. (vermin droppings observed on floor)." Observation of Room #309 on 2/9/16 at 10:44am revealed two empty sticky traps were visible		A local pest control Neil's has been contacted to come and evaluate for cost of pest control. They will come around 4/15/16.	05/01/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 079	Continued From page 16 under a resident's dresser. Observation of the exterior perimeter of the facility on 2/10/16 at 12:25pm revealed: -A plastic rodent trap located the right of the door to a Maintenance space on the south side of the facility. -No evidence of rodents (live, remains or droppings). -Doors to the garbage dumpster were closed and no trash was noted surrounding the dumpster. Confidential interviews with residents revealed: -A resident had seen a "mole" in the hallway every "once in a while" which was brown in color and approximately 3 inches long. -A resident had seen a "mouse" in her room the prior week, but she did not tell anyone. -Two residents (both roommates), stated they saw a mouse on a daily basis, staff (could not specify) had been told about the mouse, nothing had been done for about 2 months regarding the mouse in their room and neither resident had seen an exterminator in the building. -A resident stated the facility "has a rat," family had bought a product to place in the closet and under the dresser, the facility "has no pest control" services and "mice and rats are running around" on the floor and in the closets. -A resident stated "I have two mice in my room" for "about two weeks now," they "come in due to the dumpster right outside..." and "they run across my floor," "I saw one last night and one about a week ago" and "they have put sticky traps out, but nothing has been caught yet." -Two residents (both roommates) stated they had mice, one of the residents stated "I can hear the mice chewing on the bottom of my dresser," the facility was surrounded by fields and "I think the mice are coming in to get warm," Maintenance	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 079	Continued From page 17 had been made aware of the problem and placed two sticky traps under her dresser. Confidential interview with one Medication Aide (MA) revealed: -"I have seen some [mice]." -"Sometimes you can walk down the hall and see them run across the floor-during the day and at night." -"Its not a constant thing, but occasionally." -"I have seen them in the kitchen." Interview with Staff F, MA on 2/11/16 at 6:25pm revealed: -Residents had reported seeing mice in their closets and under their beds. -She personally had only seen one rodent outside the building, in the enclosed area where residents smoked in "a couple of weeks ago." -She had not received any reports of residents being bit by rodents. Interview with the Operations Manager on 2/10/16 at 12:00pm revealed: -The facility had stopped using an outside, contracted pest control company as they were "not effective." -Bait placed in traps by the pest control company was running out before the company's next monthly check, requiring the facility to refill the traps. -Maintenance staff was setting and checking "sticky traps" daily in the kitchen. -If residents reported seeing a mouse Maintenance staff would place a "sticky trap" for them. -He would provide a copy of the last contract the facility had with the pest control company and a copy of the last site visit made by the pest control company.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 079	Continued From page 18 Review of a monthly pest control service slip/invoice dated 6/23/14 revealed: -Under the heading "Service Type" no checks in the pre-printed options of "pest control." -In the "other" option was the handwritten statement "7 cans [name brand of insecticide] @ $12 ea[ch]." -Total due was $84, billed to the facility. -An attached monthly pest control statement dated 6/23/14 revealed no comments, a previous balance owed of $150, an invoice charge of $150, and a total due for "this site" of $300. No pest control company contract was provided for review. Interview with the Operations Manager on 2/19/16 at 2:55pm revealed the facility did not have a current pest control contract. Interview with the Administrator on 2/19/16 at 3:55pm revealed she had been told the previous week during the survey about an expired pest control contract.	D 079		
D 080	10A NCAC 13F .0306(a)(6) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall (6) have a supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times; This Rule shall apply to new and existing facilities.	D 080		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 080	Continued From page 19 This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure an adequate supply of washcloths, towels, sheets, and pillowcases were available for resident's use at all times for 77 residents residing in the facility. Review of the most recent public health inspection dated 12/16/15 revealed: -An overall score of 85. -One demerit for the category of "linen changed when soiled. Soiled linen handled properly" with comments "Change linens when soiled. Observed soiled linens in Rooms #103, #207, #308, #602)." -Two demerits for the category of "laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately" with comments "All shared linens and towels must be disinfected between uses. (Not using chlorine bleach or equivalent) Maintain laundry machines clean and in good repair. (machines had excessive amounts of soil buildup)." Interview with Resident #1 on 2/11/16 at 11:28am revealed: -The facility never had any clean bath towels or washcloths. -When she took a bath, she had to use a clean sock for a wash cloth and a blanket for a bath towel to dry off. -This happened every day. -She had complained to staff, but could not identify which staff. Observation on 2/18/16 at 8:48am revealed a resident in Room #207 sitting on Bed A, with no linens and his back propped up at the headboard of the bed with a plastic bag filled with an unknown substance.	D 080	The facility has adequate supply of sheets,pillow cases, towels, wash cloths, pillows and blankets. New lien was ordered and delivered and in usage. Linen will become gray looking due to hard water. We do use bleach in all white laundry to aide in stains. Linen is changed when soiled, staff has been instructed on each shift to change linen when soiled. Staff changes linen on shower days. We have 3 washing machines in working condition. We have 2 dryers in working condition, another dryer has been ordered and expect delivery in May. We have a laundry person whom has cleaned up the laundry area. She with a staff member after 9 pm keep all laundry up and delivery of cloths. A clean linen closet has been created. We have 4 residents that pull sheets off bed and prefer to sleep on mattress with blanket.	2/18/16 4/1/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 080	Continued From page 20 Interview on 2/18/16 at 8:48am with the resident in Room #207 Bed A revealed: -He was using a plastic bag with his underwear inside the plastic bag as a pillow. -It had been "2 or 3 weeks since I have had sheets." -He wanted sheets and a pillow. -Staff had not told him when they would get him sheets or pillow. Observation of Room #107 on 2/18/16 at 7:51am revealed: -The room was occupied by one resident. -There was no bottom sheet on the resident's unmade bed. Observation of Room #108 on 2/18/16 at 7:52am revealed: -The room was occupied by two residents. -The bed closest to the door was unmade and did not have a bottom sheet. Observation on 2/18/16 from 7:40am to 9:30am revealed: -Room #204 had 1 occupied bed, resident was asleep on a pillow with no pillowcase. -Room #205 had 1 occupied bed with no top sheet and one thin blanket. -Room #207 had 2 occupied beds with no linens or pillow for Bed A. -Room #208 had 2 occupied beds with no pillow or top sheet for Bed A (The bed nearest the door). -Room #209 1 occupied bed with one top sheet, no fitted sheet, no pillowcase, a pillow that was stained with brownish stains, and two thin blankets. -Room #304 had 2 occupied beds and no top sheet. -Room #305 had 2 occupied beds and no top	D 080		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 080	Continued From page 21 sheet. -Room #306 had one occupied bed with no sheets, and pillowcase with multiple brownish stains and 2 thin blankets. Interviews with 2 residents on 02/18/16 from 7:40am to 9:30am revealed: -One resident in Room #208 had been without a pillow "for awhile because someone picked it up." -The resident in Room #208 had not requested a pillow from staff. -One resident in Room #306 wanted sheets and a clean pillowcase. Observation of Room #308 on 2/9/16 at 10:47am revealed: -The bed on the right side of the room had no bottom sheet, no top sheet, no pillowcase, only a comforter was visible on the unmade bed. -The bed on the left side of the room was made up, but had multiple brown and yellow spots visible at the head of the bed on the bottom sheet and pillowcase. Observation of Room #404 on 2/10/16 at 12:40pm revealed: -A resident lying on his bed, located directly under the window. -There was no sheet on the mattress. Observation on 2/18/16 from 7:50am through 8:55am revealed: -One of two beds in Room #403 had no pillowcase on the pillow, and the other bed had no sheets. -One of two beds in Room #404 had no sheets and a pillow with no pillowcase. -One of two beds in Room #405 had no sheets, only a bedspread. -One of two beds in Room #504 had only a top	D 080	All residents have clean sheets pillow cases, pillows, towels, wash cloths and blankets available and staff is changing bed.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 080	Continued From page 22 sheet. Observation of Room #505 on 2/9/16 at 3:40pm revealed: -Three beds in the room. -A resident sleeping on the bed to the left by the window. -No sheet on this resident's mattress. Observation of Room #505 on 2/10/16 at 9:50am revealed: -Three beds in the room. -A resident sleeping on the bed to the left by the window with no sheet on this resident's mattress. -A bed to the right of the window, the resident not in the room, with no sheet on the mattress. Observation of Room #605 on 2/11/16 at 8:25am revealed: -The resident was in his room. -He had no sheet on his mattress and he had four pillows with stains, none of which had pillow cases. Interview with the resident who resided in Room #605 on 2/11/16 at 8:25am revealed: -Staff did not routinely provide him a clean sheet for his mattress and he would like one. -Staff had not offered him pillow cases and he would like them. Confidential interview with a resident revealed he would like a pillowcase for his pillow. Confidential interview with a resident revealed: -She missed her transportation to her day program that same day because she was in the shower. -She wanted to take a shower the day before, but there were no towels available.	D 080		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 080	Continued From page 23 -When she went out she wanted to be clean. Confidential interview with 2 residents revealed: -A family member supplied all her linens and towels so they would be clean and in good repair. -The resident paid a "lady" to do all her laundry, including the linens. -The facility only had one dryer for "78 residents" for linens and clothes. -The facility had "no staff" to do laundry. Observation of the laundry room on 2/12/16 at 8:30am revealed: -Piled to the left of the washing machines were six large gray plastic trash bags and smaller plastic bags full of resident clothing and linens. -Piled to the left of the dryers and in front of a utility tub were two large plastic blue bins full of slightly damp clothing and linens. -A linen cart made of polyvinyl chloride (PVC) pipe with wheels and a green mesh covering, pulled to the side with 1 clean folded towel (damp), 6 folded clean washcloths (dry), 3 clean but dingy folded pillowcases (dry),1 blue folded clean pillowcase (dry), no fitted mattress sheets and numerous flat sheets (dry). -A large cardboard box resting on the floor containing numerous pillows (two of which had badly stained fabric covers) and a frayed cotton blanket. Observation of the laundry room on 2/12/16 at 9:00am revealed: -Staff had brought in another linen cart similar to the one observed on 2/12/16 at 8:30am. -Unwashed but new pillowcases, too numerous to count and in their original plastic wrapping, were noted. -Unwashed but new flat sheets, too numerous to count and in ripped original plastic wrapping,	D 080		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 080	Continued From page 24 were noted. -No towels and washcloths were noted. -No fitted sheets were noted. Observation of the facility laundry room on 2/17/16 at 4:08pm revealed: -A pile of plastic bagged dirty linens mixed in with residents laundry. -The bags were stacked 3 feet high by 5 feet long by 3 feet wide under the window lying between the folding table and the hot water heater. Confidential interview with a family member revealed: -When she visited the resident there were no sheets on his bed. -She would have to ask staff about the lack of sheets and they were "rude" to her. -Her last conversation with the facility included asking for more sheets. -She was told that given the many pillow sizes, the facility had no more pillowcases. Confidential interview with a staff member revealed: -The linen carts in laundry room contained all the linen in the facility. -There were no linen closets on the hallways, all linen came from the carts. -Being low on towels was "usual." -It was suspected residents hoarded linens in their locked closets, which staff were not allowed to enter. -Residents were "used to a lack of towels" so they would hoard. Confidential interview with a staff member revealed: -New sheets and pillowcases were placed on resident beds but unwashed and they felt "stiff."	D 080	We use flat sheets to make up bed. Linen and residents laundry are in separate hampers. Each hamper has a labeled Formica lid for staff to put laundry. We have pillow cases and sheets available. We have towels and wash cloths available	3/1/16 2/18/16 2/18/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 080	Continued From page 25 -No fitted sheets were available. Confidential interview with a staff member revealed: -The facility currently had laundry detergent but, in the past, she had brought in her own from home. -When she told to the Operations Manager he stated "it [lack of laundry detergent] was not his problem." -The facility did not use bleach or other chemicals to disinfect clothing or linens when soiled. -She was "not sure" what the water temperature was in the washing machines and Maintenance staff would have to be asked. Confidential interview with another staff member revealed: -"We need better laundry equipment." -Residents received clean sheets and pillowcases. Confidential interview with a staff revealed: -"The fitted sheets have always been an issue. There's never been enough." -There have "never been enough" towels. -"There's sometimes we don't have towels to do showers with." -"If 1st shift doesn't get what they use washed up from showers, then 2nd shift doesn't have enough towels and washcloths to do showers." Interview with a Personal Care Aide (PCA) on 2/18/16 at 8:40am revealed: -Linens were changed every 7 days unless dirty, then they were changed more frequently. -He would sometimes run out of pillowcases when changing linens but the facility now had a new supply. -Even with the new supply of linens they were still	D 080	We have ordered fitted sheets Linen is available for all shifts	4/30/16 2/18/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 080	Continued From page 26 a little low on pillowcases. -The washing of laundry was "backed up." Interview with the Administrator on 2/19/16 at 3.55pm revealed linens were to be checked daily by housekeeping staff, MAs and PCAs with all three staff roles helping the residents [with providing linens].	D 080	All laundry is caught up both linen and residents.	3/1/16
D 087	10A NCAC 13F .0306(b)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed shall have the following: (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings as needed; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, interviews and record review, the facility failed to provide for 19 of 77 occupied resident beds mattresses, pillows, top and bottom sheets, blankets and/or pillowcases in clean and good repair.	D 087		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 087	Continued From page 27 The findings are: Review of the most recent public health inspection dated 12/16/15 revealed: -An overall score of 85. -2 demerits for the category of "furniture clean and in good repair. Mattresses clean, dry, odor free" with comments "...Replace damaged mattresses... Maintain mattress covers in good repair. Common area furnishings must be maintained clean and in good repair, free from holes, rips, and tears." Observation of Room #608 on 2/9/16 at 10:40am revealed: -No sheet on the mattress. -A mattress with multiple tears near the head of the bed, the side seam coming undone and the seam at the foot of the mattress completely undone. -The room's resident was present, seated in a chair. Interview with the resident of Room #608 on 2/9/16 at 10:40 revealed: -He had been at the facility for 2 to 3 months. -"It [mattress] does not bother me." -"I have sheets in my closet." Observation of Room #605 on 2/9/16 at 10:47am revealed a T-shaped tear in the mattress approximately 2 feet long. Interview with the resident who resided in Room #605 on 2/9/16 at 10:47am and occupied that bed revealed: -The mattress had been that way "a good while." -He hadn't complained to any staff about the mattress.	D 087	Facility has clean linen available. We have replaced mattress in 20 resident rooms.	3/6/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 087	Continued From page 28 -He had been at the facility for about 3 months. Observation of Room #308 on 2/9/16 at 10:47am revealed the bed on the left side of the room was made up, but had multiple brown and yellow spots visible at the head of the bed on the bottom sheet and pillowcase. Observation of Room #308 on 2/9/16 at 10:47am revealed: -The white paper encasement cover over the top of the mattress on the bed on the right side of the room had a tear approximately 2 feet in length. -The mattress was intact. Observation of Room #606 on 2/9/16 at 11:32am revealed a stained pillow without a pillowcase on the bed against the window. Interview with the resident of Room #606 on 2/9/16 at 11:32am revealed: -His mattress was in good shape. -He made his own bed. -He made no comment about having no pillowcase on his pillow. Observation of Resident Room #501 on 2/9/16 at 12:40pm revealed a 6 inch tear in the mattress along the edge facing the entrance door where the top of the mattress met the side of the mattress. Observation of Room #402 on 2/9/16 at 3:35pm revealed dirty and stained pillow cases on his pillows. Interview with the resident of Room #402 on 2/9/16 at 3:35pm revealed pillow cases were changed "when he asked" and "they should	D 087	The white paper encasement on mattress has been removed and the mattress is intact.	2/27/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 087	Continued From page 29 probably be changed." Observation of Room #505 on 2/10/16 at 9:50am revealed the mattress on the bed on the right was hanging approximately 6 inches past the foot of the bed and box spring. Observation of Room #506 on 2/10/16 at 12:56pm revealed: -No residents currently in the room. -No sheet on the mattress on the bed by the door. -A dirty pillow case with a red stain on the pillow on the bed by the window. Observation of Room #603 on 2/10/16 at 1:00pm revealed: -No sheet on the mattress. -The room's resident was not present. -Long tears on the top of the mattress. -Short tears on the side of the mattress. Observation of Room #505 on 2/10/16 at 1:15pm revealed: -Three beds in the room. -A resident sleeping on the bed to the left by the window with no sheet on this resident's mattress. Interview with the resident of Room #505 on 2/10/16 at 1:15pm revealed no complaints regarding not having a sheet on his mattress. Observation of Room #605 on 2/11/16 at 8:25am revealed: -A resident was in the room with no sheet on his mattress. -Four pillows with stains were on his bed and none had pillow cases. -An approximately 2 foot tear down the middle of the top of the mattress and another tear on the bottom side of the mattress.	D 087	Each shift checks resident every hour. Resident rooms are checked as well Staff provides linen care if a resident refuses clean linen or no linen. It is to reported to supervisor.	2/18/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 087	Continued From page 30 -Four pillows with stains and none with pillow cases. Interview with the resident of Room #605 on 2/11/16 at 8:25am revealed: -Staff did not routinely provide him a clean sheet for his mattress and he would like one. -Staff had not offered him pillow cases and he would like them. Observation of Room #207 on 2/11/16 at 9:30am revealed: -A room with three beds. -The bed closest to the window did not have a sheet on the mattress. -The resident who slept in this bed was not in the room. Observation of Room #506 on 2/11/16 at 11:10am revealed: -The bed closest to the door with no sheet on the mattress and a tear down the middle of the mattress. -None of the room's residents were present. Observation of Room #404 on 2/16/16 at 2:20pm revealed a pillow with a rip lengthwise on one side and no pillowcase. Interview with the resident of Room #404 on 2/16/16 at 2:20pm revealed he would like a pillowcase. Observation of Room #404 on 2/17/16 at 8:35am revealed: -The resident sleeping in his bed under the window. -There was no sheet on his mattress. -There was no pillow case on his pillow and his pillow had a rip lengthwise on one side.	D 087		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 087	Continued From page 31 Observation on 2/18/16 from 7:40am to 9:30am revealed: -Room #209 had 1 occupied bed with one top sheet, no fitted sheet, no pillowcase, a pillow that was stained with brownish stains, and two thin blankets. -Room #306 had one occupied bed with no sheets, and pillowcase with multiple brownish stains and 2 thin blankets. Observation of resident rooms on 2/18/16 from 7:50am through 8:55am revealed: -The bottom sheet on one of two beds in Room #504 was dirty with stains and food debris. -One of two beds in Room #506 had a dirty pillowcase with multiple stains. Observation of Room #404 on 2/18/16 at 7:55am revealed: -A 6 inch tear on the top of the mattress on the edge facing the entrance door. -Many small tears along the side of the mattress facing the entrance door. Observation of Room #607 on 2/18/16 at 8:25am revealed: -A mattress on the bed closest to the door with no sheet on it. -Multiple long vertical tears on the top of the mattress. -A resident asleep on the bed furthest from the door with a ripped sheet on his mattress. Observation of Room #606 on 2/18/16 at 8:30am revealed: -A stained and dirty cotton blanket on the bed under the window. -No pillow on the bed closest to the door.	D 087		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 087	Continued From page 32 Interview with the resident of Room #606 on 2/18/16 at 8:30am revealed he could not remember the last time his blanket had been changed. Observation of Room #605 on 2/18/16 at 8:35am revealed: -A mattress with no tears. -No sheet on the mattress. Confidential interview with a resident revealed they wanted clean sheets and a pillowcase for their bed and pillow. Confidential interview with 2 residents revealed: -A family member supplied all her linens and towels so they would be clean and in good repair. -The resident paid a "lady" to do all her laundry. -The facility only had one dryer for "78 residents." -The facility had "no staff" to do laundry. -"I have been after [staff name] since before Christmas" about getting more dryers in the facility. -The facility only had 2 washing machines and "they break down." Confidential interview with a Guardian revealed: -During his last visit his assigned resident had clean sheets. -A family member raised a concern that the last time she visited, the resident had no sheets on his bed and he was incontinent with no change of clean clothing. Observation of the laundry room on 2/12/16 at 8:30am revealed: -A linen cart made of polyvinyl chloride (PVC) pipe with wheels and a green mesh covering, pulled to the side with 1 clean folded towel	D 087	We have laundry staff. We have 3 washers and 2 dryers. 1 dryer has been ordered and expect delivery in May Resident's laundry is done within 24 hrs or less and returned.	3/1/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 087	Continued From page 33 (damp), 6 folded clean washcloths (dry), 3 clean but dingy folded pillowcases (dry),1 blue folded clean pillowcase (dry), no fitted mattress sheets and numerous flat sheets (dry). -A large cardboard box resting on the floor containing numerous pillows (two of which had badly stained fabric covers) and a frayed cotton blanket. Observation of the laundry room on 2/12/16 at 8:30am revealed: -A large cardboard box resting on the floor. -Inside the box were numerous pillows, of which two had a fabric covering and were badly stained. -A frayed cotton blanket was noted. Observation of the laundry room on 2/12/16 at 9:00am revealed: -Staff had brought in another linen cart similar to the one observed on 2/12/16 at 8:30am. -On this second cart were unwashed but new pillowcases (too numerous to count) in their original plastic wrapping. -On this second cart were unwashed but new flat sheets (too numerous to count) in ripped original plastic wrapping. -No fitted sheets were noted on the second cart. Interview with a Personal Care Aide (PCA) on 2/18/16 at 8:40am revealed: -A list of residents who chose not to use a sheet on their mattress (from Rooms #608, #506 both beds and #505). -Linens were changed every 7 days unless dirty which were changed more frequently. -For residents choosing not to use a sheet on their mattresses, housekeeping would clean the mattress. -He would sometimes run out of pillowcases when changing linens but the facility now had a	D 087		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 087	Continued From page 34 new supply -Even with the new supply of linens they were still a little low on pillowcases. -The washing of laundry was "backed up." An interview with a second PCA on 2/18/16 at 11:35am revealed: -The resident in Room #505 refused to let staff change his linens. -Staff would have to change linens when the resident was out of bed. -The resident was known to remove linens from his bed and they would disappear. Confidential interview with a staff member revealed: -"We need better laundry equipment." -Residents received clean sheets and pillowcases. Interview with the Operations Manager on 2/11/16 at 5:50pm revealed: -"She [the Administrator] knew I was working on getting mattresses." -"I don't know if she knew the state of the mattresses." Interview with the Operations Manager on 2/19/16 at 2:35pm revealed: -Staff had not made him aware the washer in the middle was not working. -The washer on the right has just started leaking in the past couple days. -Staff had not made him aware the dryer on the left was not working properly. -The dryer in the middle had just torn up in the past few days. -They had contacted the gas company to add an additional line for the 3rd dryer. -They had purchased a 3rd gas dryer but it	D 087		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 087	Continued From page 35 needed a motor and they had ordered one. -Gas dryers were very expensive and it was difficult to find used gas dryers. Interview with the Administrator on 2/19/16 at 3.55pm revealed: -She expected mattresses to be in "good repair" which meant no tears, no rips and no stains. -She had directed to her staff to bring extra mattresses over recently from a sister facility. -Linens were to be checked daily by housekeeping staff, medication aides and PCAs with all three staff roles helping the residents.	D 087		
D 091	10A NCAC 13F .0306(b)(5)(6) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure 20 of 43 resident occupied rooms had at least 1 comfortable chair for each resident. The findings are: A. Observation of resident rooms on the 400 and 500 halls, and Room #602 on the 600 hall on	D 091	We have a chair for each resident in resident occupied room.	4/7/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 091	Continued From page 36 2/18/16 from 7:50am to 8:50am revealed: -Resident Room #501 housed 2 residents and contained only 1 chair for either residents or guests. -Resident Room #503 housed 2 residents and contained only 1 chair for either residents or guests. -Resident Room #504 housed 2 residents and contained only 1 chair for either residents or guests. -Resident Room #505 housed 2 residents and contained only 1 chair for either residents or guests. -Resident Room #506 housed 2 residents and contained only 1 chair for either residents or guests. -Resident Room #602 housed 2 residents and contained only 1 chair for either residents or visitors. Interview at 8:15am on 2/18/16 with a resident who resided in Room #501 revealed: -He didn't care about having 2 chairs in his room. -"There's not enough room for 2 chairs." Interview at 8:20am on 2/18/16 with a resident who resided in Room #503 revealed: -He had been at the facility for about a month and his room always had only 1 chair. -He did not care about having another chair in his room. Interview at 8:25am on 2/18/16 with a resident who resided in Room #504 revealed: -He had been in this room for about a year and his room always had only 1 chair. -He did not care about having another chair. Interview at 8:45am on 2/18/16 with a resident who resided in Room #506 revealed:	D 091		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 091	Continued From page 37 -His room never had 2 chairs. -He did not care about having another chair. Interview at 8:50am on 2/18/16 with a resident who resided in Room #602 revealed: -He had been in this room for 5 or 6 years and his room always had only 1 chair. -He had never asked for another chair, he liked his lounge chair and did not want another chair. -"There's no room to put another chair." B. Observation of resident rooms on the 600 hallway on 2/18/16 at 8:25am revealed: -Resident Room #608 housed 1 resident and contained 1 chair for either residents or guests. -Resident Room #607 housed 2 residents and contained 1 chair for for either residents or guests. -Resident Room #606 housed 2 residents and contained 1 chair for for either residents or guests. -Resident Room #605 housed 2 residents and contained 1 chairrfor either residents or guests. -Resident Room #604 housed 2 residents and contained 1 chair for either residents or guests. -Resident Room #603 was not inspected due to a resident having a guest in the room. Confidential interviews of residents in 600 hall rooms present during room observations on 2/18/16 at 8:25am revealed none had complained to staff about a lack of chairs in their rooms. C. Observation of resident rooms on the 100 hall from 7:42am to 7:52am on 2/18/16 revealed: -Resident Room #102 housed 2 residents and contained only 1 chair for either residents or guests. -Resident Room #103 housed 1 resident and contained no chair for either residents or guests.	D 091		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 091	Continued From page 38 -Resident Room #104 housed 2 residents and contained only 1 chair for either residents or guests. -Resident Room #106 housed 2 residents and contained only 1 chair for either residents or guests. -Resident Room #108 housed 2 residents and contained only 1 chair for either residents or guests. D. Observation of resident rooms on the 200 and 300 halls on 2/18/16 from 7:40am to 9:30am revealed: -Resident Room #204 housed 1 resident and contained no chair for either residents or guests. -Resident Room #207 housed 2 residents and contained only 1 chair for either residents or guests. -Resident Room #301 housed 2 residents and contained only 1 chair for either residents or guests. -Resident Room #308 housed 2 residents and contained no chairs for either residents or guests. Interview with a resident in Room #207 at 8:48am revealed: -He wanted a chair in his room. -His back hurt from sitting on his bed instead of in a chair.	D 091		
D 096	10A NCAC 13F .0307(a)(b)(c) Fire Alarm System 10a NCAC 13F .0307 Fire Alarm System (a) The fire alarm system in adult care homes shall be able to transmit the fire alarm signal automatically to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection.	D 096		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 096	Continued From page 39 (b) Any applicable fire safety requirements required by city ordinances or county building inspectors shall be provided. (c) In a facility licensed before April 1, 1984 and constructed prior to January 1, 1975, the building, in addition to meeting the requirements of the North Carolina State Building Code in effect at the time the building was constructed, shall be provided with the following: (1) A fire alarm system with pull stations within five feet of each exit and sounding devices which are audible throughout the building; (2) Products of combustion (smoke) U/L listed detectors in all corridors. The detectors shall be no more than 60 feet from each other and no more than 30 feet from any end wall; (3) Heat detectors or products of combustion detectors in all storage rooms, kitchens, living rooms, dining rooms and laundries; (4) All detection systems interconnected with the fire alarm system; and (5) Emergency power for the fire alarm system, heat detection system, and products of combustion detection with automatic start generator or trickle charge battery system capable of operating the fire alarm systems for 24 hours and able to sound the alarm for five minutes at the end of that time. Emergency egress lights and exit signs shall be powered from an automatic start generator or a U/L approved trickle charge battery system capable of operation for 1-1/2 hours when normal power fails. This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to have 12 of 12 fire extinguishers in the residential hallways receive an annual maintenance inspection since September, 2014 or to complete monthly facility	D 096		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 096	Continued From page 40 checks since September, 2015. The findings are: Observation of the locations of fire extinguisher in residential hallways from 2/9/16 to 2/9//16 at 12:18pm revealed: -One located at the vicinity of the 600 hall exit. -One located at the vicinity of the emergency exit near Room #602. -One located at the vicinity of the fire door near Rooms #501 and #502. -One located at the vicinity of the dining room near the kitchen. -One located at the vicinity of the main nurse office. -One located at the vicinity of the main entrance to the facility. -One located at the vicinity of the fire door near Rooms #107 and #108. -One located at the vicinity of the hallway intersection of the Room #100 and #200 hallways. -One located at the vicinity of the emergency exit near Rooms #209 and #210. -One located at the vicinity of the A wing medication room. -One located at the vicinity of the common living room on the 300 hallway. -One located at the vicinity of the emergency exit near Rooms #308 and #309. Continued observation of the fire extinguishers from 2/9/16 to 2/9//16 at 12:18pm revealed: -All had yellow tags, printed with a name and phone number of a fire protection company, with card punches in "maintenance," "from date printed," "2014" and "Sep[tember]": -All had on the reverse side of the tags handwritten monthly checks, the most recent	D 096	The facility has had annual maintenance on fire extinguishers completed.	2/28/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 096	Continued From page 41 occurring in September, 2015. -All had the pressure gauge needles in the green zone (indicating they were fully charged) Review of the most recent fire inspection permit application dated 9/1/15 revealed: -22 approved fire extinguishers, all "properly located." -No comments in the "properly maintained" line. -No violations related to fire extinguishers. Review of the facility's undated fire extinguisher policy revealed: -"Fire extinguishers will be serviced by [fire protection company]." -"The facility maintenance director will check the fire extinguisher monthly to ensure they are in good working order." -"Operations Director will monitor the report on a monthly to ensure compliance." Interview with the county fire inspector's office on 2/10/16 at 11:00am revealed: -Fire code requires yearly inspection of fire extinguishers. -The manner in which the tags on the facility's extinguishers were punch would indicate the annual inspection was "out of date." -He made a call to the fire protection company printed on the extinguisher tags and was told the facility did not pay last year's bill, which is why the company did not perform checks at the time they would have been due. Interview with the fire protection company representative on 2/10/16 at 11:25am revealed: -A monthly check of extinguishers by the facility was recommended to make sure the gauges on the extinguishers were in the green zone, which indicated they were fully charged.	D 096		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 096	Continued From page 42 -A yearly maintenance inspection of extinguishers by his company satisfied a state and federal code by an outside agency. -This yearly inspection determined the manufacturer date for each extinguisher, from which the company would determine if 6 year maintenance or 12 year maintenance was required for each extinguisher. -Failure for the facility to do the one year inspection was a code violation but there was no risk to residents as the extinguishers would have functioned if required. Interviews with the Operations Manager and a Maintenance staff person on 2/11/16 at 11:50am revealed: -Per policy, Maintenance staff were expected to check fire extinguishers monthly then sign off the back of the tags. -The fire protection company inspected fire extinguishers annually. -When monthly facility checks were performed, it should have been determined that an annual inspection was due. -Payment of bills is completed by the corporate office. -It should had been communicated to the Operations Manager that the facility was past due for an annual maintenance check by the fire protection company. Interview with the Administrator on 2/19/16 at 3:55pm revealed: -She expected maintenance checks be performed on fire extinguishers according the the information on the tags attached to them. -Monthly checks were to be performed by the facility staff and yearly service be performed by an outside company. -She was made aware of an unpaid bill to the	D 096	All bills we paid by corporate office. Annual inspection completed Monthly maintenance check completed by maintenance man and recorded.	2/28/16 4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 096	Continued From page 43 outside company.	D 096		
D 105	10A NCAC 13F .0311(a) Other Requirements 10A NCAC 13F .0311 Other Requirements (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure all equipment which included three washers, two clothes dryers, the kitchen stove, an upright three door reach in refrigerator, a water fountain, a hallway handrail, shower heads, an exhaust fan, a resident door (fire barrier), electrical outlet covers, and a hallway firedoor were maintained in a safe and operating condition. The findings are: A. Review of the most recent public health inspection for the facility (not the kitchen) dated 12/16/15 revealed: -An overall score of 85. -One demerit for the category of "linen changed when soiled. Soiled linen handled properly" with comments "Change linens when soiled. Observed soiled linens in rooms 103, 207, 308, 602)." -Two demerits for the category of "laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately" with comments "All shared linens and towels must be	D 105	All laundry equipment is working A new kitchen stove and 2 door refrigerator are in process of delivery Water fountain repaired and functioning Electrical out covers applied Hallway fire door replaced and will close	3/1/16 4/17/16 2/28/16 2/28/16 3/08/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 105	Continued From page 44 disinfected between uses. (Not using chlorine bleach or equivalent) Maintain laundry machines clean and in good repair. (machines had excessive amounts of soil buildup)." Observation of the laundry room on 2/9/16 3:25pm revealed: -Three washers beside each other on the far end of the room. -The washer on the far right was leaking water onto the cement floor and wetting the bags of dirty clothes and baskets of wet clean clothes sitting on the floor. -The washer on the far left was missing the load size control knob and the cycle control knob. -Two dryers beside each other on the right side of the room. Confidential with one facility staff revealed: -The dryer on the right has been out of order "at least one month." -The dryer on the left had not been working right "about two days." -Residents have been asking for clean clothes. Confidential interview with one resident on 2/9/16 revealed: -The PCAs are supposed to do laundry. -Laundry "has been backed up for several days." -The resident only owned two pair of pants. -"I prefer not to keep a lot of clothes here." -She was wearing one pair of pants and the other one was in the laundry. -"They are having a problem with laundry." - "I need another pair of pants. These have "[expletive for fecal matter]" on them and I don't have anymore." -The facility had lost a lot of her clothes. -"Whenever they clean your room, they take your dirty clothes."	D 105	Bleach is used for all white laundry Washers are being cleaned out between washes. All mop heads are washed and dried	3/1/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 105	Continued From page 45 -"I have had to ask for socks every day." Confidential interview with 2 staff revealed: -The washer on the right leaked water all over the dirty and clean clothes and has been "leaking a long time." -The middle washer was out of order and had not been used for "a long time." -The washer on the left was operable even without the control knobs. -The dryer on the right was not operable and had not worked "for a long time." -The dryer on the left would not dry correctly and it took many hours to dry one load. -The laundry "stacks up," and the residents "lose things." -"We don't have any pants." -It had been two weeks since one of the residents had clean clothes. Observation of the laundry room on 2/12/16 at 8:30am revealed: -The washing machine on the left contained resident clothing that was wet and had rust with clumps of mixed debris and laundry detergent observed on the edge of the metal case surrounding the drum in the washer. -The washing machine in middle was empty. -The washing machine on the right was empty with extensive rust around the edge of the lid and clumps of mixed debris and laundry detergent on the edge of the metal case surrounding the drum in the washer. -Piled to the left of the washing machines were six large gray plastic trash bags and smaller plastic bags full of resident clothing and linens. -A pile of dirty rag mop heads. -A row of three front loading household type dryers, sitting in a row. -The first dryer to the left was running and upon	D 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 105	Continued From page 46 opening the door, the dryer tub was spinning and warm, damp bedspreads were in the dryer tub. -The second dryer was off and a front panel covering mechanicals was off and resting against the front of the dryer. -The third dryer was missing a motor and not connected to any outlets. -Piled to the left of the dryers and in front of a utility tub were two large plastic blue bins full of slightly damp clothing and linens. -Hanging over the edge of the utility tub were numerous rag mop heads. Interview with the Operations Manager on 2/12/16 at 8:30am revealed: -Staff had not informed him the middle washer was not working until 2/9/16. -The washer on the right worked although it leaked water on the floor. -Staff had not informed him the dryer on the left was not working until 2/9/16. -The dryer on the right just quit working "in the past few days." Confidential interview with a staff member revealed: -One of dryers was in operating condition but it took a long time for clothes to dry in it. -The remaining two dryers did not work. -Damp clothes piled next to the dryers had "been there for days" and would need to be rewashed before drying. -Bags of clothes piled next to the washers were dirty, some of which had been there for three days prior. Confidential interview with a second staff member revealed the facility used to have commercial washers and dryers that were rented and when they broke down they were fixed by the	D 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 105	Continued From page 47 company that owned them, but that was "a while ago." Another confidential interview with a third staff member revealed: -The dryer that was "broken" was now fixed." -"We need better laundry equipment." -She had "volunteered" to do laundry on third shift because it had been so backed up. -She had not heard residents complain about laundry but they were inquiring about their clothes. Interview with the Operations Manager on 2/19/16 at 2:35pm revealed: -Facility maintenance staff worked on the middle washer and it was now in working order. -They fixed the washer on the right so it would not leak. -They were in the process of putting knobs on the washer on the left -The dryer in the middle had just torn up in the past few days. -They contacted the gas company "last week" to add an additional line for the 3rd dryer. -They had purchased the third gas dryer "last week" but it needed a motor and they had ordered one. -Gas dryers were very expensive and it was difficult to find used gas dryers. -He was not aware until 2/9/16 that the washer in the middle would not work and not aware the dryer on the left dried very slowly. -On 2/9/16, they fixed the dryer on the left by removing a large amount of lint build up out of the dryer exhaust duct. Refer to interview with the Operations Manager and the Maintenance Supervisor on 2/19/16 at 2:25pm.	D 105	Knob replaced on washer on left	2/28/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 105	Continued From page 48 Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm. B. Observation of an upright three door reach in refrigerator on 2/11/16 at 8:45am revealed: -It was sitting outside next to the kitchen storage wall beside the back kitchen door. -The three doors were facing outward and not secured to prevent entry. -The bottom panel had fallen off the refrigerator and was laying on the ground. Interview with the Operations Manager on 2/19/16 at 2:30pm revealed: -The refrigerator was not operable and was moved outside "6 months ago." -When he first moved the refrigerator outside he turned it with the doors facing the wall so the doors would not be accessible. -He did not know how the refrigerator became turned around with the doors facing outward. -No one had been trapped in the refrigerator. -The Administrator instructed him the refrigerator body was good and not to remove it off the property. -They had a walk in refrigerator which they were using. -They moved the upright reach in refrigerator to a locked storage shed on 2/16/16. Refer to interview with the Operations Manager and the Maintenance Supervisor on 2/19/16 at 2:25pm. Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm. C. Observation of the commercial kitchen stove on 2/11/16 at 8:45am revealed:	D 105	Refrigerator has been removed from property.	2/25/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 105	Continued From page 49 -There were three control knobs missing, one to the left oven, one to the grill, and one to a burner. -The stove had two ovens beside each other. -The stove had 6 burners on the right of the stove and a grill top on the left side. Confidential interview with two dietary staff during the survey revealed: -The oven on the left was out of order. -The oven on the right had not been working right for at least two weeks. It cooked "real slowly" and delayed the preparation of food. -When they baked chicken, it took a long time for the chicken to bake and they cannot bake all four pans of chicken at one time in the one oven. -The two burners on the left "are out of order." -The front right burner is also out of order and if turned on, it is "dangerous" and blows gas back toward the "cook." -They could use the grill even with the control know missing. Observation on 2/19/16 at 2:30pm revealed another large commercial stove sitting outside the facility behind the kitchen next to the wall. Interview with the Operations Manager on 2/19/16 at 2:30pm revealed: -The left oven had been out of order for at least 6 months. -He was not aware before 2/11/16 that the right oven did not bake correctly. -He was not aware the front right burner was "dangerous." -They had been looking for a commercial stove to purchase for the facility. -They brought a used commercial stove to the facility "this week" from another closed facility. -The stove that was outside was operable by natural gas and they decided not to use it	D 105	Control knob has been replaced. New stove and refrigerator	2/15/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 105	Continued From page 50 because of the expense for converting it to use propane gas. Review of the Health and Sanitation Report, dated 7/24/15 revealed "Steam table and oven lacked control knobs to keep equipment in proper adjustment." Confidential interview with one resident revealed: -The facility needs "a new stove." -The stove is "very old" and the "oven overcooks on one side." Refer to interview with the Operations Manager and the Maintenance Supervisor on 2/19/16 at 2:25pm. Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm.	D 105	Knobs have been replaced on steam table	2/19/16
	D. Observation of the 4 pan steam table in the kitchen on on 2/11/16 at 8:45am revealed: -The control knob was missing from the 3rd and 4th steam table on the right. -The 4th steam table on the right did not have a pan of water in it and the burner was observed to be black with the area under the burner black. Interview with the Operations Manager on 2/19/16 at 2:30pm revealed the steam tables were operable without the control knobs but he would purchase them. Review of the Health and Sanitation Report, dated 7/24/15 revealed "Steam table and oven lacked control knobs to keep equipment in proper adjustment." Refer to interview with the Operations Manager and the Maintenance Supervisor on 2/19/16 at		Steam table has been deep cleaned and on cleaning schedule to deep clean weekly.	3/10/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 105	Continued From page 51 2:25pm. Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm. E. Observation on 2/9/16 at 12:25pm of a stainless steel water fountain (attached to a hallway wall outside the living room on the 300 hallway) revealed: -Water flowing from the spout when the knob was turned. -Underneath the bowl of the fountain, the compartment containing plumbing, pump and electric wiring were visible and the compartment cover was missing. -The fountain was pulling away from the drywall, tearing the paper covering the gypsum layer of the drywall. -When pressure was applied to the corner of the fountain bowl, the entire fountain moved from the wall. Interview with the Operations Manager at the water fountain on 2/10/16 at 12:00pm revealed: -He did not know the water fountain was in the current condition. -If Maintenance staff were aware of the condition of the water fountain it definitely should have been moved up a priority list to fix. -The water fountain should not be pulling from the wall. -Any electrical components of the water fountain should be covered. -If the water line were to break, the circuit breaker would trip, but the fountain will be addressed immediately. Observation on 2/10/16 at 3:35pm of the same water fountain revealed: -The entire fountain was leaning approximately	D 105	Fountain repaired and functioning	2/28/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 105	Continued From page 52 30 degrees to the left. -An approximately 2 inch section of unpainted and exposed drywall was pulling away from the wall. -An approximately 1 inch gap between the wall and the fountain. -Underneath the bowl of the fountain, the compartment containing plumbing, pump and electric wiring were visible with the compartment cover missing. Confidential interview of a resident in the vicinity of the water fountain revealed they had been admitted to the facility for a "few months" and the water fountain had "always been that way." Refer to interview with the Operations Manager and the Maintenance Supervisor on 2/19/16 at 2:25pm. Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm. F. Observation of the 100 resident hallway outside the north dining room on 2/11/16 at 9:50am revealed: -A section of wood handrail, approximately one foot long and located between the door jamb and interior window frame of the north dining. -The handrail was attached to its brackets, which had pulled away from the drywall approximately 1 inch from the top of the brackets (exposing unpainted drywall where the bracket made contact with the wall). -Applying pressure on the handrail permitted movement back and forth from the wall. Observation of the 100 resident hallway outside the north dining room, accompanied by the Maintenance staff person while on a facility tour	D 105	Wooden handrails have been repaired	3/19/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 105	Continued From page 53 on 2/11/16 from 2:25pm to 3:30pm revealed no change in the condition of the handrail as observed on 2/11/16 at 9:50am. Refer to telephone interview with the Operations Manager and the Maintenance Supervisor on 2/19/16 at 2:25pm. Interview with the Maintenance staff person during the facility tour on 2/19/16 from 2:25pm to 3:30pm revealed the handrail required repair. Refer to interview with the Operations Manager and the Maintenance Supervisor on 2/19/16 at 2:25pm. Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm. G. Observation of resident showers, accompanied by the Maintenance staff person on 2/11/16 from 2:25pm to 3:30pm revealed: -The exhaust fan in the shower between Rooms #203 and #204 did not work. -The exhaust fan in the shower next to Room #207 did not work. -The shower stall adjacent to Room #102 was missing a hose and a spray head from the wall connection. -The shower stall adjacent to Room #404 was missing a shower head. Refer to interview with the Operations Manager and the Maintenance Supervisor on 2/19/16 at 2:25pm. Refer to interview with the Maintenance staff person during the facility tour on 2/19/16 from 2:25pm to 3:30pm.	D 105	Exhaust fan repaired Exhaust fan has been ordered Shower hose & spray replaced. Shower head replaced.	3/20/16 4/30/16 3/1/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 105	Continued From page 54 Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm. H. Observation of the door to resident Room #207 on 2/11/16 at 9:30am revealed: -As viewed from inside the room and with the door closed, there was an approximately 3/4 inch gap at the top right corner of the door with the door jamb, in vicinity of the top hinge. -The top hinge was pulling away from the side of the door. -Wood screws were noted along the edge of the top right side of the door. -The left top corner of the door did not seat into the door jamb when closed. Confidential interview with a resident revealed "The door had been that way since I was first here" (the resident had resided in the facility for over a year). Observation of the of the door to resident Room #207, accompanied by the Maintenance staff person on 2/11/16 from 2:25pm to 3:30pm revealed no change in the condition of the door as observed on 2/11/16 at 9:30am. Refer to telephone interview with the Operations Manager and the Maintenance Supervisor on 2/19/16 at 2:25pm. Refer to interview with the Maintenance staff person during the facility tour on 2/19/16 from 2:25pm to 3:30pm. Refer to interview with the Administrator on 2/19/16 at 3:55pm. I. Observation of the doctor's office/vending machine room on the 100 hallway on 2/10/16 at	D 105	Door replaced and closes	3/8/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 105	Continued From page 55 3:28pm revealed a missing electric outlet plate on the wall in vicinity of a wooden desk. Observation of the recreation/vending machine room on the 300 hallway on 2/17/16 at 11:45am revealed a missing electric outlet plate on the wall, next to a beverage vending machine. Refer to interview with the Operations Manager and the Maintenance Supervisor on 2/19/16 at 2:25pm. Refer to interview with the Maintenance staff person during the facility tour on 2/19/16 from 2:25pm to 3:30pm. Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm.	D 105		
	J. Observation of a fire door in the resident hallway at rooms 107 and 108 on 2/11/16 at 10:13am revealed: -The door was closed with staff and residents having to open it as they walked down the hallway. -A magnetic lock was located at the baseboard level of the wall. -The magnetic lock junction box was loose and pulled away from the wall, exposing the wire to the magnetic lock. -The metal bracket and disc, normally attached to the lower corner of the door and which made contact with the magnetic lock to keep the door open, was off the door and instead affixed to the magnetic lock junction box (the screws and plastic anchors were still in place on the bracket). Refer to interview with the Operations Manager and the Maintenance Supervisor on 2/19/16 at 2:25pm.		Magnetic lock repaired to keep door open	3/10/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 105	Continued From page 56 Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm. _____ Interview with the Operations Manager and the Maintenance Supervisor on 2/19/16 at 2:25pm revealed: -Staff were expected to make leadership aware of any hazards, equipment malfunctions, missing shower heads, broken toilets, and spills. -Blown lightbulbs and missing outlet covers were of a higher priority to address. -The Maintenance Supervisor tried to go around the facility weekly and to check bathrooms to make sure nothing was missed. -"90% of stuff is reported by staff." -Staff had not been filling out written maintenance requests, just informing him verbally when equipment was not working. -They would re-implement a maintenance request form for staff to complete with maintenance concerns, which is not considered completed until signed off by the Operations Manager. -In the future, he would also send all maintenance requests forms to the Administrator for her approval. Interview with the Maintenance staff person during the facility tour on 2/19/16 from 2:25pm to 3:30pm revealed the handrail, shower exhaust fans, missing shower heads, door to Room #207 and missing electric outlet face plate all required required repair. Telephone interview with the Administrator on 2/19/16 at 3:55pm revealed: -She expected staff to use the maintenance request forms to communicate maintenance concerns. -She expected to receive a list of maintenance	D 105	Maintenance Request Forms have been reinstated and staff aware how to use. Hand rails have been repaired Exhaust fan has been removed repaired and painted Missing electric outlet plate has been replaced	2/22/16 3/8/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 105	Continued From page 57 needs so that funds might be made available for repairs and any "3rd parties" could be authorized to make more extensive repairs not managed by the Maintenance staff. _____ The Plan of Protection provided by the facility on 2/12/16 revealed: -The facility now has two washers and two dryers that are working. -The owner will purchase another dryer by February 15, 2016. -The facility will buy another washer. -The knobs will be placed on the washers by February 15, 2016. -The refrigerator in the back will be moved today. -The shower head will be replaced and operating today. -The shower seat will be removed and replaced by February 15, 2016. -Replacing the stove on February 15, 2016. -The steam table will be fixed by February 15, 2016. DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED APRIL 8, 2016.	D 105	Dryer has been purchased Washer has been purchased Refrigerator has been removed from property The shower seat has been removed ans replaced Stove has been replaced	2/15/16 2/15/16 2/15/16 2/15/16 4/8/16
D 199	10A NCAC 13F .0604 (d-5) Personal Care And Other Staffing 10A NCAC 13F .0604 Personal Care And Other Staffing (5) In addition to the staff member(s) on duty to attend to the residents, there shall be staff available daily to perform housekeeping and food service duties.	D 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 199	Continued From page 58 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure sufficient staff was available to perform laundry, housekeeping, and food service duties. The findings are: A. Observation of the noon meal on 2/10/16 from 12:15 to 1:15 revealed: -Three personal care aides (PCA) came to the kitchen and transported loaded carts of food and beverages to three dining rooms. -The three PCAs poured all the beverages for the residents, distributed the trays, and supervised the dining areas. -After the meal, the PCAs placed the dirty trays on the cart, cleaned the tables and pushed the dirty trays back to the kitchen. -A Medication Aide (MA) served the residents in the fourth dining room (near the kitchen) and removed the dirty dishes. Confidential interview with a dietary staff on 2/18/16 revealed: -Three dietary staff were working in the kitchen but one had quit recently. -When they had three staff, two staff worked from 6:00 to 3:00pm seven days per week. -When they had three staff, one staff worked 11:00am to closing (usually 6:00pm or 7:00pm) seven days per week. -For a census of 77 residents, they needed at least 6 dietary staff: two staff to work from opening until 2:00 in the afternoon and two staff to work from 11:00am to closing (all four for five days per week), and at least two staff to work all day on the week-ends. -With the dietary staff down to two or three staff, it was impossible for dietary staff to complete	D 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 199	Continued From page 59 cleaning chores, to transport carts to dining rooms, to clean the tables, and to order the food. Interview with the Operations Manager on 2/19/16 at 2:45pm revealed: -He knew they needed more dietary staff and they hired one "this week." which made a total of three available to work in dietary. -He had posted positions in the local paper for more dietary staff. -They did not have any written schedules related to who transported trays to and from the dining room, or who was responsible for cleaning the dining rooms. -He knew the housekeeping staff mopped the dining rooms. Telephone interview with the Administrator on 2/19/16 at 4:10pm revealed: -She was not aware PCAs and MAs were taking the carts to the dining room and cleaning the tables. -The housekeeping staff were supposed to be cleaning the dining rooms. -Dietary staff were supposed to take the trays to the dining rooms. B. Review of the most recent public health inspection for the building dated 12/16/15 revealed: -An overall score of 85. -1 demerit for the category of "linen changed when soiled. Soiled linen handled properly" with comments "Change linens when soiled. Observed soiled linens in rooms 103, 207, 308, 602)." -2 demerits for the category of "laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately" with comments "All shared linens and towels must be disinfected	D 199	Dietary staff is now in place. Dietary takes trays to dining rooms. Dietary puts ice in glasses, puts on trays, plates are covered, wrapped silverware placed on tray. Tray placed on cart. Trays are placed on table by PCA's. Water, milk, tea, coffee pour by PCA's . When resident completes meal, cover placed on plate, tray placed on cart. PCA's return cart to dietary department. Housekeeping wipes tables with disinfectant 10:1 water bleach solution. Housekeeping mops dining room floor. PCA's are changing beds when soiled and if not soiled changed on residents shower days. We have a linen closet available for PCA's to access with out going to laundry area. Laundry area has 2 linen carts.	4/1/16 3/8/16 2/20/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 199	Continued From page 60 between uses. (Not using chlorine bleach or equivalent) Maintain laundry machines clean and in good repair. (machines had excessive amounts of soil buildup)."	D 199	All white laundry is washed with detergent and bleach. All colored laundry washed with detergent and disinfectant. Machines are cleaned with disinfectant between washes.	3/1/16
D 206	10A NCAC 13F .0604 (2--b) Personal Care And Other Staffing 10A NCAC 13F .0604 Personal Care And Other Staff The following describes the nature of the aide's duties, including allowances and limitations: (B) Any housekeeping performed by an aide between the hours of 7 a.m. and 9 p.m. shall be limited to occasional, non-routine tasks, such as wiping up a water spill to prevent an accident, attending to an individual resident's soiling of his bed, or helping a resident make his bed. Routine bed-making is a permissible aide duty. This Rule is not met as evidenced by: Based on interviews, observations, and record reviews, the facility failed to assure any housekeeping performed by the personal care aides and the medication aides was limited to occasional, non-routine tasks. The findings are: Confidential interviews with 4 staff during the survey revealed: -The PCAs on first and second shift are required to do all the residents' personal laundry and all the bed linens. -The facility has not had a dedicated laundry staff "in at least 1 year." -When staff are in the laundry room, they cannot	D 206	A laundry/housekeeper has been hired. A PCA does do laundry after 9:00pm Laundry/housekeeping person is assigned on first shift for laundry duties. No 2ns shift person is assigned to laundry duties until after 9pm. 2nd shift MA/SIC is responsible to see no staff does laundry before 9pm. Administrator and/or Operational Director will assure this is adhered to by occa-ssional visits.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 206	Continued From page 61 hear the door alarms, the telephone, or anyone calling from the hallways. -The time spent doing laundry is "half" of their time while on an 8 hour shift. -First shift PCAs "do breakfast and then do laundry, do lunch, and then do laundry, in and out of the laundry room." -PCAs go in and out of the laundry room "all day." -The time spent doing laundry takes away from assuring residents are supervised and some residents miss their showers. -PCAs are supposed to label residents clothes if they ask us to, but it does not always get done so clothes go missing. -PCAs are required to transport the food carts to the three dining rooms, serve the plates and pour the beverages, clean the tables, and transport the dirty plates back to the kitchen. -The dietary staff do not have time to transport all the food to the dining rooms and pour the beverages. -Some times PCAs are pulled off the floors to transport residents or to take out trash. -They had not discussed the laundry and food service duties with management because they had been taught it was part of their routine scheduled duties. Confidential interview with two dietary staff revealed with the dietary staff were down to two or three staff, it was impossible for dietary staff to complete cleaning chores, to transport carts to dining rooms, to clean the tables, and to order the food. Interview with the Operations Manager on 2/19/16 at 2:30pm revealed: -They had not had a dedicated laundry staff "for a long time, at least a year." -The duties for the PCAs had included laundry.	D 206		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 206	Continued From page 62 -The facility would be hiring laundry staff. Interview with the Operations Manager on 2/19/16 at 2:45pm revealed: -He was not aware PCAs were not allowed to do laundry and food service duties per licensure rule. -He knew they needed more dietary staff and they hired one "this week." which made a total of three available to work in dietary. -He had posted positions in the local paper for more dietary staff. -There were no schedules related to who was supposed to transport the food trays to and from the dining rooms or who was supposed to clean the dining rooms. -He knew the housekeeping staff mopped the dining rooms. Interview with the Business Office Manager on 2/19/16 at 8:35am revealed: -She routinely scheduled three personal care aides and two MAs for 1st and 2nd shift which was 40 hours (the minimum staffing requirement). -The facility did not have a dedicated laundry staff to schedule for 1st or 2nd shift. Confidential interview with a staff member revealed: -When the facility had a dedicated laundry staff person they had "no problems" with laundry. -When laundry responsibilities were passed from a laundry staff person to housekeeping staff, they were able to "tread water" and keep up with it. -Now PCAs do the laundry and they are "drowning." -Residents were not getting their clothes back in a timely manner. Confidential interview with a resident revealed:	D 206		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 206	Continued From page 63 -They were out of clean underwear. -They had sent their "whites" to the laundry last week and still haven't gotten them back. -"All the whites had my name written in them." -Resident had told staff (unspecified) but so far nothing had been done. -My roommate sent his/her laundry home because of missing clothing items and delay in getting laundry back. Confidential interview with a second resident revealed: -They didn't have any clean clothes to wear and they had an appointment today. -They had been waiting 2 weeks on clothing to come back from the facility laundry. Confidential interview with a third resident revealed: -Clothing doesn't always come back from the laundry. -In the past month, "I've lost about 10 pairs of socks." -"I guess I'll have to go out and buy some more socks." -He informed staff (unspecified) of the missing items, but they had not been able to locate them. -All the missing items had the resident's name in them. Confidential interview with a fourth resident revealed: -He had been wearing the same pajama bottoms for five days. -He had no clean pants but plenty of clean shirts. -He had let staff know about having no clean pants and he was still waiting. -He was tired of wearing pajama bottoms and he would like a clean pair of jeans.	D 206		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 206	Continued From page 64 Confidential interviews with 4 other residents revealed: -They "don't get their clothes back," when staff do laundry. -Family member supplies all her linens and towels so they will be clean and in good repair. -Resident pays a "lady" to do all her laundry. -The facility only has one dryer for "78 residents." -The facility has "no staff" to do laundry. -Residents have a lot of clothes they never get back. -"I have been after [staff name] since before Christmas" about getting more dryers in the facility. -The facility only has 2 washing machines and "they break down." Telephone interview with the Administrator on 2/19/16 at 4:10pm revealed: -She thought housekeeping was doing the laundry. -She was not aware personal care aides were doing the laundry. Review of the resident roster on 2/9/16 revealed a census of 77 residents. Random observations during from 2/9/16 to 2/12/16 and 2/16/16 to 2/19/16 revealed: -Residents with no sheets and pillowcases on the beds. -A resident with a Wanderguard which per record review had not been removed for 20 days after he was admitted to the facility and this facility had no Wanderguard system. -A cup in a resident room with cigarette butts and ashes. -Residents who were asleep in their room at meal time who were not reminded to come to meals until surveyors questioned the staff.	D 206	All beds have available linen. We have a few resident that prefer to remove sheets and/or pillow case. PCA's are to leave sheets and pillow case in room in case resident changes his mind.	2/25/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 206	Continued From page 65 -No staff on halls where residents who required more supervision because of behavior. -Residents who needed nail care. -Two female residents who had facial hair that needed staff assistance to remove it. -One male resident cut his forehead with a razor while trying to cut his own hair. -There were no observed group activities facilitated by staff.	D 206	Adequate staff is available per staffing pattern to check residents every 1 hour Staff will ask why razor is needed and offer assistance with usage	3/1/16
D 215	10A NCAC 13F .0605 (d) Staffing Of Personal Care Aide Supervisors 10A NCAC 13F .0605 Staffing Of Personal Care Aide Supervisors (d) On third shift in facilities with a capacity or census of 61 to 90 residents, the supervisor shall be on duty in the facility for at least four hours and within 500 feet and immediately available, as defined in Rule .0601 of this Subchapter, for the remaining four hours. In facilities sprinklered for fire suppression with a capacity or census of 61 to 90 residents, the supervisor's time on duty in the facility on third shift may be counted as required aide duty. This Rule is not met as evidenced by: Based on interviews, observations, and record reviews, the facility failed to assure staffing met minimal requirements for one out of three shifts (3rd shift) according to the census for 71 to 80 from 1/24/16 through 2/7/16 placing residents at risk for their personal care and supervision needs. The findings are: Review of facility census for January 24 through	D 215	We are currently staffing per staffing requirements	2/22/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 215	Continued From page 66 February 7 revealed 76 to 77 residents. Review of resident roster on 2/9/16 revealed a census of 77 residents. Interview with Staff E, Medication Aide (MA), on 2/11/16 at 11:00am revealed 2 Personal Care Aides (PCAs) and one MA work from 11:00pm to 7:00am. Interview with the Operations Manager on 2/18/16 at 4:22pm revealed: -He verified that the facility had only been scheduling 2 PCAs and 1 MA for third shift. -He was not aware they were required to have more than 24 hours of staff on duty for third shift. -The Business Office Manager (BOM) was currently scheduling the staff since the Resident Care Coordinator (RCC) left in January 2016. -The doors to the outside smoking area were never locked and were not alarmed and residents did go outside at night to smoke. -The facility is not sprinklered. Interview with Staff E, MA, on 2/11/16 at 11:00am revealed: -On third shift, the PCAs take a 45 minute break, 1 at a time. -The MA's do not get to take breaks on 3rd shift. Observation of the building on 2/9/16 at 3:30pm revealed: -Five resident hallways -An outside smoking area accessed from two hallways. Interview with the BOM on 2/19/16 at 8:35am revealed: -She was not aware they were required to have more than 24 hours staffing on third shift.	D 215	All exit doors alarm when opened without keypad disarmed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 215	Continued From page 67 -She would begin to schedule 28 hours for third shift. Interview with a PCA, Staff I on 2/18/16 at 6:55am revealed: -Night shift housekeeping duties included cleaning bathrooms, gathering trash, and sweeping and mopping common area floors (hallways and dining rooms). -Night shift staff performed no laundry duties as they were required to be on the "floor" for resident care. -Normal night shift staffing (an 8 hour third shift) was 1 MA and 2 PCAs. -Sometimes there would be an additional PCA for training. -There were three residents requiring incontinence care during the shift. -Staff were required to perform one hour checks on residents. -There was currently a resident on a one-to one watch, with staff switching off every two hours. -Scheduled staff were providing the one-to-one watch with no additional staff scheduled, the remaining PCA on the hallway "does it all." -She felt there were enough staff on night shift to meet resident care needs. -If there was a call-out, the "Med Aide would start calling staff" to see if any could come in and work, which occurred most recently with a snow storm. Interview with a PCA, Staff J, on 2/18/15 at 7:45am revealed: -"I think there needs to be another PCA on third shift" now that there was a resident on a one-to-one watch. -First and second shifts did laundry, with residents bringing it up and if there was open washer then it was washed. -The dryer that was "broken" was now fixed.	D 215	If a resident requires 1:1 we will schedule staff for 1:1	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 215	Continued From page 68 -"We need better laundry equipment." -She had "volunteered" to do laundry on third shift because it had been so backed up. -She had not heard residents complain about laundry but they were inquiring about their clothes. -Residents received clean sheets and pillow cases. Confidential interview with a facility staff revealed: -There were six residents who required assistance with incontinent care. -"Half of the building" required close supervision. Telephone interview with the Administrator on 2/19/16 at 4:15pm revealed she was not aware the facility had not been staffed with sufficient hours on third shift.	D 215		
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure personal care needs including the removal of facial hair for 2 of 7 sampled residents (Resident #35 and #36), toenail care for 2 of 5 sampled residents (Resident #3 and #5), and supervision with	D 269	PCA's offer to assist females in removal of facial hair. Resident may allow and may not but PCA's have been instructed to gently ask later	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 269	Continued From page 69 haircuts (Resident #10) in accordance with the residents' care plans. The findings are: A. Review of Resident #3's current FL2 dated 9/10/15 revealed: -Diagnoses included: dementia, diabetes, unspecified nonpsychotic mental disorder, hypertension, arthritis, and renal disorder. -Resident #3 was documented constantly disoriented and ambulatory. -Resident #3 was documented as needing staff assistance with bathing, feeding, and dressing. Review of Resident #3's Resident Register revealed the resident was admitted to the facility on 9/9/15. Review of Resident #3's Care Plan dated 12/30/15 revealed: -Resident #3 required limited assistance with eating, toileting, ambulation, grooming, and transfer. -Resident #3 required extensive assistance with bathing and dressing. Interview with Resident #3 on 2/12/16 at 10:45am revealed: -"I do my own shower." -"I take my nails off with my hands...staff don't do it." Observation of Resident #3's feet with Staff H, Medication Aide (MA), present on 2/12/16 at 11:00am revealed: -All of the toenails on Resident #3's right foot were thickened and brown. -The right great toe toenail extended 1/4" over the end of the flesh of the toe.	D 269	The staff does provide extensive assistance with shower/bathing and dressing. Resident has a podiatry appointment on April 11, 2016	3/1/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 269	Continued From page 70 -The right 4th and 5th toes had toenails curved over the ends of the toes into the flesh. -All of the toenails on Resident #3's left foot were thickened and brown. -The left 2nd, 3rd, and 4th toes' toenails extended 1/4" over the end of the flesh of the toes and curved over into the flesh of the toes. Review of Resident #3's record revealed no documentation of podiatry care. Interview with Staff G, MA, on 2/17/16 at 8:32am revealed: -"When showering diabetics we let the people in the office know when [the residents] toenails need to be cut." -It was the responsibility of the Resident Care Coordinator (RCC) to arrange podiatry care for residents. -"We used to have a podiatrist who came here" to the facility to provide foot care for residents. Interview with Staff D, MA, on 2/17/16 at 8:50am revealed "I guess the RCC would need to get [Resident #3's] toenails and fingernails trimmed because he's diabetic." Interview with the facility Nurse on 2/17/16 at 10:10am revealed: -The facility had been sending residents out to two local podiatrists for care. -Bad weather had "delayed those visits recently." -Copies of any recent podiatry care would be filed in the residents' records. B. Review of current FL2 for Resident #5, dated 1/15/16, revealed diagnoses which included long term insulin use, type II diabetes, cognitive communication deficits, hypertension, encephalopathy, congestive heart failure, chronic	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 269	Continued From page 71 obstructive pulmonary disease, and mild intellectual disorder. Review of a physician visit History and Physical (from the facility where Resident #5 previously resided) revealed diagnoses of atrial fibrillation and previous cardiovascular accident. Review of the Resident Register revealed Resident #5 was admitted to the facility on 1/19/16 from a skilled facility. Observation of Resident #5 on 2/9/16 at 11:30am revealed: -Resident #5 appeared to be sleeping in bed, covered with a blanket but with no sheet on the mattress. -An electronic device, used to track residents who are prone to wander, was attached to a bracelet on the Resident's left ankle. -The Resident's feet were bare, exposing thick overgrown toenails on all his toes. -The nails were curling over the tips of some of his toes. -He had long fingernails. -The Resident's speech was halting and at times he appeared confused. Interview with Resident #5 on 2/9/16 at 11:30am revealed: -The Resident was unable to see out of his right eye. -He could not speak to the presence of the electronic device on his left ankle. -He denied any pain with his feet or toenails. Interview with Staff L, Personal Care Aide, on 2/18/16 at 6:55am revealed: -Resident #5 required some assistance with showering because he was blind in his right eye	D 269	Per policy & procedure All referral are to have a documented pre addmission assessment by RCC and or Administrator. At this time it is determined if referral is a good candidate for facility. The MAR, MD orders, notes are reviewed. This when wander guards are identified. Upon admission a head to toe skin assessment is completed as well as vital signs, history from family, validate FL2 with hard-scripts of all medications from MD that completed FL2. Clarification of diagnosis and medications are done at this time.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 269	Continued From page 72 and needed reminders. -He had not noticed Resident #5's long toenails or the electronic device on his left ankle, but Resident #5 was scheduled for showers when he was not on duty. Interview with the facility Licensed Health Professional Support Nurse on 2/18/16 at 8:10am revealed: -She was not aware of any facility policy which required facility staff to complete a full body assessment when residents were admitted to the facility. -She did not complete a full body assessment on Resident #5 when she completed the LHPS review. -She did not observe that Resident #5 had am electronic device on his left ankle and she did not observe his toenails. C. Review of Resident #10's current FL2 dated 01/14/16 revealed: -Diagnoses included schizoaffective disorder. -There was no documentation of Resident #10 requiring assistance with bathing or dressing. Review of Resident #10's Resident Register revealed an admission date of 1/12/16. Review of Resident #10's record revealed there was no documented care plan and assessment of resident's ability to cut his own hair. Observation on 2/10/16 at 5:50pm revealed: -A Personal Care Assistant (PCA) asked Resident #10 if he was okay. -Resident #10 had a band-aid approximately 1 inch wide by 3 inches long over his left eyebrow.	D 269	Once admitted, if diabetic a podiatry appoint is to be made by transportation person. 2/28/16 and follow up 5/5/16 Transportation making podiatry appointments for all diabetics that have payment source. RN will trim those that do not. Administrator searching for a podiatry group that will come to facility. LHPS RN has been trained on LHPS completion per DHHRS module This resident has been made aware that we will take him to a barber at his request. PCA's will assist to aide in hair grooming needs.	3/1/16 3/1/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 269	Continued From page 73 Interview with Resident #10 on 2/10/16 at 5:52pm revealed: -He cut his forehead attempting to cut his hair. -"At first I used somebody else's clippers and then I got a razor from staff." -"I did it because I needed a haircut and they don't have a barber here. -He had not asked staff for assistance with a haircut. -This was the first time he needed a haircut since being admitted to the facility. -He cut himself about 5:00pm. -The cut was bleeding, but was okay now. -The MA put an antibiotic ointment on the cut and then applied a band-aid. Interview with a MA on 2/10/16 at 5:55pm revealed: -"He cut a chunk out of his forehead." -"I guess staff thought he was going to shave when he asked them for a razor." -She had provided Resident #10 with a band-aid. -Staff would have assisted him with cutting his hair if he had requested it. Interview with the Operations Director on 2/19/16 at 3:25pm revealed: -The facility had a beauty shop, but did not have a beautician. -Some residents went out of the facility for haircuts and other residents were assisted by staff. -Staff could have assisted Resident #10 if he had requested assistance. -He had talked with a local beautician about coming to the facility 2 days a week, but this had not been confirmed. D. Review of Resident #35's current FL2 dated 1/11/16 revealed:	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 269	Continued From page 74 -Diagnoses which included unspecified neurocognitive disorder and schizophrenia. -Personal care assistance checked included bathing and dressing. Review of Resident #35's Resident Register revealed: -An admission date of 1/11/16. -No documentation of assistance requirementss. Review of Resident #35's Assessment and Care Plan dated 2/9/16 revealed: -No documented skin issues. -Supervision required for grooming and personal hygiene. Observation of Resident #35 on 2/9/16 at 12:25pm revealed the resident had a thick growth of long, visible facial hairs on her cheeks, under her chin, and under her nose with the appearance of a mustache. Interview with Resident #35 revealed "I need a shave" and she was not getting the help she needed. Observation of Resident #35 on 2/16/16 at 12:50pm revealed findings similar to those of 2/9/16 at 12:25pm. Interview with Resident #35 on 2/16/16 at 12:50pm revealed: -She did her own showers but one of the female staff did the cornrows in her hair. -She used a razor to remove facial hair but "I can't get it [facial hair] off me" and "no one wants to help me." -She would be open to someone helping her use a razor.	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 269	Continued From page 75 Telephone interview with Resident #35's Guardian on 2/16/16 at 4:00pm was unsuccessful. Telephone interview with a family member of Resident #35 on 2/16/16 at 4:00pm revealed: -She had last seen Resident #35 in November, 2015. -The Resident was known to grow facial hair "like a man" and knew the Resident would want someone to assist her with a razor to remove it. Interview with the Resident Care Coordinator (RCC) on 2/19/16 at 8:45am revealed: -PCAs were responsible for assisting residents with facial hair removal. -"Residents will tell you" if they want facial hair removed. -If men wanted beards they were to be kept trimmed and neat. -Any refusals from residents regarding facial hair removal were to be documented on the back of PCA care forms kept in the PCA room. -Regarding facial hair on women, "most of our women will tell us" and those that did not were politely asked. -"Some [women] did not want to be bothered" with facial hair removal. -Female residents that did want facial hair removal would ask for a razor and assistance, with staff referring to the residents' care plans. -The PCA book referred to by PCAs is based on care plans. -Mustaches and multiple facial hairs on female residents should be addressed by staff "gently." E. Review of Resident #36's current FL2 dated 10/8/15 revealed: -Diagnoses which included dementia, schizophrenia, anxiety and agitation.	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 269	Continued From page 76 -No check marks in the assistance section of the form. Review of Resident #36's Resident Register revealed an admission date of 2/14/11. Review of Resident #36's Assessment and Care Plan dated 12/16/15 revealed the resident documented as independent in grooming. Observation of Resident #36 on 2/11/16 at 3:30pm revealed the Resident to have multiple and visible long and thin facial hairs under her chin, some curling and all approximately 1 inch in length. Observation of Resident #36 on 2/18/16 at 11:25am revealed findings similar to those of 2/11/16 at 3:30pm. Interview with Resident #36 on 2/18/16 at 11:25am revealed: -She used a razor to remove chin hairs and last did this about 3 weeks prior. -She needed staff to get her a razor and help her so "I don't cut myself." -She would like to have someone help her remove her facial hairs. Telephone interview with the Responsible Person on 2/19/16 at 8:25am was unsuccessful. Interview with the Resident Care Coordinator (RCC) on 2/19/16 at 8:45am revealed: -PCAs were responsible for assisting residents with facial hair removal. -"Residents will tell you" if they want facial hair removed. -If men wanted beards they were to be kept trimmed and neat.	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 269	Continued From page 77 -Any refusals from residents regarding facial hair removal were to be documented on the back of PCA care forms kept in the PCA room. -Regarding facial hair on women, "most of our women will tell us" and those that did not were politely asked. -"Some [women] did not want to be bothered" with facial hair removal. -Female residents that did want facial hair removal would ask for a razor and assistance, with staff referring to the residents' care plans. -The PCA book referred to by PCAs is based on care plans. -Mustaches and multiple facial hairs on female residents should be addressed by staff "gently."	D 269		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure staff provided supervision in accordance with 9 of 11 residents (#3, #8, #9, #11, #12, #13, #20, #21, #26, and #34) assessed needs, care plan, and current symptoms resulting in Resident #12 leaving the building unsupervised and without staff knowledge which resulted in a fall, Resident #3 leaving the facility unsupervised and walking	D 270	Before present Administrator/RCC arrival MD was notified of bruises. MD and present management staff at that time with other incident occurrences made decision to upgrade to higher level of care. Until placement 1:1 care given.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 270	Continued From page 78 across a busy state highway and smoking inside the building, Resident #8 twice leaving the facility unsupervised and without staff knowledge, Resident #9 overdosing 3 times, Resident #11 smoking unsupervised resulting in injured fingertips, Resident #13 assaulting another resident, Resident #20 assaulting another resident, Resident #21 leaving the facility unsupervised, without staff knowledge, and arrest for vandalism and property damage, Resident #26 leaving the facility unsupervised and without staff knowledge and smoking inside the building, and Resident #34 smoking inside the building. The findings are: A. Review of current FL2 for Resident #12, dated 2/5/16, revealed: -Resident #12 had diagnoses which included dementia, hypertension, and anxiety. -There was no information on orientation or inappropriate behavior related to Resident #12 wandering. Review of Resident #12's Resident Register revealed she was admitted to the facility on 6/26/13. Review of the Assessment and Care Plan, dated 2/3/16 by the physician, revealed "ambulatory" with "wheel chair" written in. -"Orientation: sometimes disoriented." -"Memory: forgetful-needs reminders." -The Assessment and Care Plan had no signature or date on the last page where the name of the assessor and date were to be completed. Observation of Resident #12 on initial tour of the survey on 2/9/16 at 3:30pm revealed she was in	D 270	#8 has been discharged to another facility #9 has overdosed on cough medication, cold medication. Each time he has not been supervised 1:1 staff and obtained medication. He now has to have staff 1:1 with him at all times when leaves building. No reoccurred event have taken place in last 5 weeks. Resident has been discharged to a secured dementia unit. All exit doors have alarms sounding and alarm covers in place. All referral with diagnosis of dementia and wandering will be assessed for appropriate for facility as we are not a locked facility RCC, facility RN have been trained per Care Plan 3050 Module with DHHRS	4/6/16 2/22/16 2/28/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 79 the hallway, ambulatory at times near her wheel chair, sitting in a wheel chair at times, and had no visible bruising on her face. Observation on 2/11/16 at 12:40pm revealed: -Resident #12 walking in the hallway with a large blue/black bruise above/around, and below her left eye, at least one inch wide. -The area around her left eye appeared to be swollen. -The whites of her eyes appeared to be reddened. Interview with Resident #12 on 2/11/16 at 3:40pm revealed that her head was hurting. Observation of Resident #12 on 2/11/16 at 3:40pm revealed: -She went up to a male resident, put her hands on his chest, and told him her head was hurting. -The surveyor immediately informed the MA and the Regional Operations Manager. Confidential interview with a PCA on 2/11/15 at 12:10pm revealed: -Resident #12 was not safe to go outside alone. -Resident #12 wandered and had gotten out of the facility several times. -It had "been awhile" since she got out. -Resident #12 was "very confused". -The facility did not have Wanderguards to alert staff if a resident left the building. Interview with the Staff F the Medication Aide/Supervisor on 2/11/16 at 6:07pm revealed: -She was on duty the night of 2/10/16 when Resident #12 went outside unsupervised and fell. -Before Resident #12 fell, she was observed around 1:30am (the night of 2/10/16) sitting in her wheel chair in the hallway in front of the Resident	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 80 Care Coordinator (RCC) office. -Staff F reported that a resident (could not remember which one) was outside in the fenced smoking area and saw Resident #12 sitting down in the drive outside and reported to her (Staff F). -When Staff F came out of the RCC office, she saw Resident #12's empty wheel chair sitting in the hall in front of the Resident Care Coordinator's office. -Staff F reported that Resident #12 could not have been outside more than "two or three minutes" since she was last observed. -Staff F reported that Resident #12 was found sitting down outside on the drive in front of the facility, cold and shivering, and with a bruised eye and chin. -Resident #12 was assisted inside and kept repeating that she was cold. -Staff called Emergency Medical Services (EMS) Transport and Resident #12 was taken to the local emergency room (ER). -Resident #12 was wearing a pair of pants, black shoes, a top, a light sweater, but with no coat, scarf or hat. -The front exit door alarm was observed to be in the off position when Staff F came back into the facility from bringing Resident #12 inside. -Staff F said she did not know why the exit door alarm was in the off position when Resident #12 went outside. -Staff F reported that Resident #12 had never eloped before but she had gone to exit doors and looked outside. -Facility staff made rounds every hour to check on residents. Interview with the Operations Manager on 2/18/16 at 4:22pm revealed: -The six exit door alarms were supposed to be on 24 hours per day.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 81 -Staff entered and exited all six exit doors with a code. -He did not know why the front exit door alarm was not on the night of 2/10/16 when Resident #12 went outside unsupervised. -When the door alarm switches' protected covers were lifted to assess the switch, an alarm would sound. -On the front entrance door, some residents had discovered they could lift the protective cover slightly and access the switch to off without the alarm sounding, thus exit without using a code. -He was going to have the protective cover fixed so it no one could turn off the alarm. -He did not say when the residents first discovered they could lift the protective cover and access the switch without the alarm sounding. Review of the EMS report, dated 2/11/16, revealed: -The EMS received the telephone call at 1:00am and arrived at the facility at 1:17am. -Resident #12 "had an abrasion approx. size of a nickel on her left cheek and another abrasion approx,. size of a dime on her chin. ..Pt advised she had pain all over....During transport, patient only complained about being cold." -There was no documentation of Resident #12's body temperature. Review of the ER report, dated 2/11/16 revealed: -Resident #12 was treated at the ER and discharged back to the facility. -The ER report diagnosis revealed "Fall on same level from slipping, tripping, and stumbling: Facial contusion; Abrasion-face." Review of the historical underground weather data for the local vicinity for 2/11/16 at 12:55am revealed the temperature was 21.2 degrees F,	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 82 clear, and wind calm. Review of the incident/accident report completed for Resident #12 for the night of 2/10/16 and dated 2/11/16 at 1:20am revealed: -"Another resident came to staff and said the resident fell." -"Staff went and got the resident and brought her inside. The resident had a scrape on her eye and chin." -"She was sent to the ER by EMS." Review of a physician order for Resident #12, dated 2/11/16, revealed the facility requested and received an order from Resident #12's primary care physician, "to upgrade to skilled facility." Interview with Resident #12's Guardian on 2/12/16 10:05am revealed: -She had been telling the staff at the facility to "watch" Resident #12 and let her know when she could no longer be cared for there and she would make arrangements to have Resident #12 moved to a higher level of care. -Facility staff had not called her regarding Resident #12 since January 2016. -She was not aware Resident #12 went outside the facility doors, fell, and was sent to the local emergency room (ER) on the night of 2/10/16. -She was concerned that Resident #12 could have gone outside and "frozen to death." -Resident #12 gets confused and does not know how to get to the bathroom by herself. -She was not aware if Resident #12 had ever gone outside the building unsupervised before 2/11/12. Interview with PCA Staff J on 2/18/16 at 7:45am revealed: -On the night Resident #12 fell, she had been up	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 83 and down all night. -At that time, she had put Resident #12 into her wheelchair and placed her in the main hallway while she finished mopping the floor. -She had come back to the main hallway, found the Resident's wheelchair empty by the main entrance door and the door switch (which released the magnetic lock) was not flipped. -The Resident was found outside on the driveway, sitting on the ground and "cold." -The Resident had a "mark" on her face and chin, and the next day she was all bruised. -She believed the amount of time that had elapsed from when she left the Resident in her wheelchair by the main entrance door to the time the Resident was found outside was approximately 10 minutes. -The med aide would fill out a report. -A resident could have let Resident #12 out the door and she had never done that before. A subsequent observation of Resident #12 on 2/16/16 at 3:25pm revealed: -The Resident in her bed, lying on her right side with bed linens wrapped around her body and leg. -The Resident opened her eyes with verbal stimuli and stated she was not feeling well. -The left side of the Resident's face had a yellow-green appearance around her left eye, down her left temple and cheek to the corner of her mouth. -The right eye was swollen with red eye lids and a purple colored bruise approximately 1 1/2 inch wide by 2 inches long under her eye. -The Resident could not say how she got the bruise under her right eye. -A puddle of clear liquid was on the floor next to her bed and in front of her wheelchair. Interview on 2/16/16 at 3:25pm with the Resident	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 270	Continued From page 84 Care Coordinator (RCC), the Facility Nurse, the Operations Manager, Maintenance Staff 1, the Regional Operations Manager, and with Staff C, a Medication Aide revealed they did not know how Resident #12 had received a bruise on her right eye. Interviews with the Resident Care Coordinator (RCC) and Licensed Health Professional Support (LHPS) nurse, in Resident 12's room, on 2/16/16 at 3:25pm revealed: -The RCC stated she slept in the facility the previous night and as of approximately 1:00am on 2/16/16 (when she went to bed), Resident #12 did not have a bruise under her right eye. -The LHPS nurse stated she saw Resident #12 in the nurse's office "earlier this morning" on 2/16/16, she noticed the bruise under her right eye but she did not know how it occurred and staff did not tell her anything about it. -The RCC and the LHPS nurse stated Resident #12 was a fall risk and required more supervision to prevent falls. -The LHPS nurse stated staff should have reported the bruise when it was found as bruises of unknown origin required talking to staff who cared for the resident, to determine what they saw or noticed. -The LHPS nurse stated she had no accident/injury report on Resident #12's bruise and it had not been reported to the Health Care Personnel Registry. Observation of Resident #12 on 2/16/16 at 3:25pm revealed: -During the interview, Resident #12 started to sit up on the edge of her bed with bed linens twisted around her body and feet. -The RCC and the LHPS nurse removed the bed linens and assisted her to her wheelchair.	D 270	Facility will report all unknown injuries to residents to the health care registry.	2/28/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 85 Interview with PCA Staff J on 2/18/16 at 7:45am revealed: She knew nothing about the new bruise under her right eye. -She had been working straight for a couple of days, she first noticed the bruise under the right eye "a couple days ago" but she had not said anything. -She thought the bruise under the right eye occurred when the Resident fell and that "everybody knew about it." -She was required to report bruises or injuries and she thought Resident #12's bruise was already reported. Interview with Staff C on 2/16/16 at 3:25pm revealed she administered medications to Resident #12 that morning and did not notice her right eye was bruised. Interview with Resident #12's guardian on 2/17/16 at 10:15am revealed facility staff had not contacted her about the bruise to Resident #12's right eye. Review of Incident and Accident report (given to surveyor by the facility staff on 2/18/16 at 3:30pm) for Resident #12, dated 2/13/16, revealed: -When Medication Aide came on shift, she noticed the resident's "right eye was bruised." -The Medication Aide "questioned the resident asking if she had fell, the resident kept saying that she had not fell any." Review of record revealed no other documentation of Resident #12's bruise to the right eye. Interview with the RCC on 2/16/16 at 4:55pm	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 86 revealed they were going to place a one on one staff with Resident #12 until they could get her moved to a skilled facility. Interview with Staff I, a personal care aide (PCA) on 2/18/16 at 6:55am revealed: -Resident #12 fell "all the time." -Currently she had a one-on-one watch by a staff member, each staff member switching out every two hours. -Staff had to follow her around and were positioned either inside or outside her room. -At the time she fell outside two weeks prior, there were no watches. -She was working the night she fell outside, but another PCA (Staff J) was assigned to the Resident's wing. -Resident #12 was known to wander in her wheelchair and sometimes got up out of her wheelchair. -She was off the early morning of 2/16/16 and had no idea how she got the bruise under her eye. -If a resident experienced a bruise, tried to elope or had fallen, she was expected to tell the medication aide (Med Aide) who would further report it, staff would check on the resident, the med aide would document the event and leave a note for the doctor. Review of Resident #12's record revealed that prior to the 2/11/16 and the dated 2/13/16 incident revealed Resident #12 fell two times, on 1/10/16 and on 1/14/16. Review of Resident #12's local hospital visit, dated 1/10/16, revealed: -"Indications: head ache, fall." -"Presenting Complaint: EMS stated: patient was knocked down at [name of facility] by another	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 87 patient." -"Method of arrival: EMS." Review of Resident #12's record and review of Incident Accident Reports revealed no documentation of Resident #12's fall and transport to the ER on 1/10/16. Interview with the Resident Care Coordinator on 2/16/16 at 4:30pm revealed she had not found the Incident Accident report for Resident #12 for 1/10/16. Review of Incidents and Accidents Reports for Resident #12 for 1/14/16 revealed: -Incident occurred on 1/14/16 at 5:30pm an Resident #12 fell, had a "large knot on her head, but was alert and oriented." -Emergency medical transport was called. Review of the EMS report for Resident #12, dated 1/14/16, revealed: -The EMS was contacted at 5:42am on 1/14/16. -"Resident had a small hematoma to the left side of her forehead. -Resident #12 was transported to the local ER. Review of Resident #12's ER discharge instructions, dated 1/14/16, revealed: -Diagnosis: "fall: contusion, urinary tract infection." -"Bruise contusion hematoma" Review of Resident #12's primary physician orders, dated 1/14/16, revealed: -An order for Bactrim DS twice per day for 7 days. -Follow-up next visit. Interview with the Operations Manager on 2/18/16 at 4:22 pm revealed he was not aware of	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 88 residents who had injured Resident #12. Confidential interview with two personal care aides and one Medication Aide revealed they were not aware of any residents who had injured Resident #12. Telephone interview with the Administrator on 2/19/16 at 5:00pm revealed: - Resident #12 should have been provided with a one on one staff after Resident #12's second fall in January. -A fall assessment should have been completed after the first fall in January 2015. Interview with the facility Nurse on 2/19/16 at 11:55am revealed -She assessed Resident #12 after the falls in January 2016 and asked staff to keep a "closer" watch on her. -They also referred Resident #12 to the house physician who saw her on 1/14/16. Review of the Facility Contract (undated) revealed, under the heading of "House Rules" and subheading "Visitation," the statement "Any resident who desires to leave the facility must make the staff aware of his/her plans." Review of a corporate policy on elopement and wandering (undated) revealed: -Elopement was defined as to leave without notification and included residents who had not signed out and were noted to be gone greater than 6 hours without medications. -The definition of elopement also included non-demented residents whose guardians requested they not leave the property without their prior permission. -If a resident did not have a diagnosis of	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 89 Alzheimer's or Dementia and was not listed as a wanderer by a physician or psychiatrist and they were seen leaving the property, this served as notification of leaving. -Wandering was defined as to roam, to go about aimlessly, or who had been listed as a wanderer by a physician or psychiatrist. Telephone interview with the Administrator on 2/19/16 at 4:50pm revealed: -The facility had a corporate policy on elopement and wandering. -The facility was not a "locked facility." -Residents were to sign out if they were leaving the facility. -Residents had rights to leave the facility, but if they had a guardian, were defiant, had dementia they should "not be out alone." -They would be concerned if a resident was gone from the facility for more than a day and they did not know where they were. -The facility's policy was to notify the guardian, physician or psychiatrist, and the Administrator -Staff were to document the incident(s) and what actions they took on either the Nurse's Notes and/or an Incident Report. Refer to the review of the Facility Contract (undated). Refer to the corporate policy on elopement and wandering (undated). B. Resident #8 was admitted to the facility with a history of elopement and left the premises on 1/1/16 and 1/21/16. Review of Resident #8's current FL2 dated 11/10/15 revealed: -An admission date of 11/10/15.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 90 -The name and phone number of the Resident's guardian. -Diagnoses of cognitive disorder, schizophrenia, bipolar disorder and depression. Review of Resident #8's Resident Register revealed an admission date of 11/10/15. Review of Resident #8's medications on the current FL2 dated 11/10/15 revealed: -Zyprexa (an antipsychotic medication) 5mg one by mouth twice a day. -Gabapentin (an anticonvulsant sometimes used in controlling rapid cycling and mixed bipolar states) 800mg one by mouth three times a day. -Abilify Maintena (an antipsychotic medication) 400mg/ml, inject 400mg intramuscularly every month. Review of Resident #8's current assessment and care plan dated 1/28/16 revealed: -No problems with ambulation/locomotion. -Orientation checked as "sometimes disoriented." -Memory checked as "forgetful- needs reminders." -No additional comments in the narrative section of the document. Review of a hospital behavioral health assessment dated 11/7/15 revealed: -Resident #8 had left his previous group home and presented to the emergency room after walking in the rain all day. -"The patient has not had any of his regular medications for last several days." Review of a hospital progress note for Resident #8 dated 11/8/15 revealed "...he is no longer able to return to the group home where he was and in further discussion with his guardian there is	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 91 mention of completing [new FL2] and trying to get the patient into a locked type unit." Review of a hospital Discharge Placement Bed Confirmation form, received by the facility via fax on 11/9/15, revealed: -The handwritten statement "Yes!!" -An attached page with the handwritten comments of the name of Resident #8's guardian and the statement "Wander." Review of a previous hospital FL2 for Resident #8 dated 11/10/15 revealed: -Diagnoses and medications similar to those listed on the Resident's most current FL2 of 11/10/15. -In the information block the statement "Pt. [patient] with wandering d/t [due to] cognitive impairment needs locked facility and assistance with self-care and med. [medication] management." Review of Resident #8's Medication Administration Record (MAR) for the month of January, 2016 revealed: -Medications were documented as administered on 1/21/16 at 8am, but not at 2pm or 8pm (as indicated by a circle around the initials in the block). -No medications were documented as administered from 1/22/16 through 1/25/16 (as indicated by circles around initials in the blocks). -No medications were documented as administered (indicated by a lack of initials in the blocks) on 1/26/16 at 8am and 2pm. -Medications were documented as administered at 8pm on 1/26/16. -Comments on the back of the MAR for 1/21/16, 1/22/16, 1/24/16 and 1/25/16 were noted as "LOA" (leave of absence).	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 92 Review of Nurse's Notes, made available by the facility for Resident #8 since his admission, revealed no notes documenting the Resident leaving the facility in an unauthorized manner. Review of accident/injury reports made available by the facility revealed none documenting any concerns related to Resident #8. Review of a law enforcement Incident/Investigation Report for Resident #8 dated 1/1/16 revealed: -The incident was a "missing person." -The Resident Care Coordinator (RCC) was the named point of contact at the facility. -Resident #8 left the facility around 4:00pm and was last seen heading west on the local four lane divided highway near the facility. -The facility's Operations Manager called to report Resident #8 was found at a department store (located 6.9 miles from the facility) and safely returned to the facility. Review of a law enforcement Communications Event and Incident/Accident Report for Resident #8 dated 1/21/16 revealed: -The nature of the event was a "missing person." -The Resident had medical or mental conditions. -The incident occurred at 12:30pm. -The Resident Care Coordinator (RCC) was the named point of contact at the facility and she reported the Resident left without being permitted and his whereabouts were unknown. -The RCC reported the area around the local four lane divided highway was checked. -An addendum to the Report on 1/21/16 at 2:27pm noted Resident #8 was located in the county seat of a neighboring county (23.4 miles away) and was arrested on an outstanding	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 93 warrant. Interview with Resident #8's Guardian on 2/10/16 revealed: -The Resident's desire was to be "on the street" but his diagnoses required him to be monitored. -The Guardian was not sure if the Resident had the capacity to understand the gravity of his diagnoses or his actions. -It was because of the Resident's history of unauthorized leaving of facilities that the Guardian sought placement at the facility because it was "a locked facility." -The Resident "broke a window two weeks prior and hitch-hiked" to the county seat in a neighboring county where he spent time in jail before being returned to the facility. -The dates on the MAR showing missing medications coincided with the unauthorized leave, "5 to 6 days without medications" and "I tried to take some from his last family care home but the jail refused." Interview with Resident #8 on 2/11/16 at 8:25am revealed: -He "walked off" a few times and did not tell anyone he left. -He walked toward the county seat of the neighboring county and got a ride by hitch-hiking. -He was gone "five days" after which staff got him and returned him to the facility. -He had no medications with him when he left the facility. Interview with a MA Staff F on 2/11/16 at 6:25pm revealed: -PCAs were expected to do "hourly rounds" "all day long" and document this on a clipboard in their room. -She worked the second and third shifts on	D 270	Per policy all residents referred to facility will be assessed for appropriateness for facility as we are not a locked facility.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 94 1/21/16. -She was told at change of shift on 1/21/16 that Resident #8 was gone, and remained gone "4 to 5 days." Interview with Resident #8's Guardian on 2/12/16 at 12:35pm revealed: -The facility did not call him when Resident #8 was found to have left the facility on 1/21/16 but rather the jail in the neighboring county called him. -Upon being called by the jail, he called the facility's RCC who apologized and told him what was going on. Interview with Resident #8 on 2/17/16 at 11:45am revealed: -He did not want to live any longer at the facility but wanted to go back to his hometown. -He had spoken to his Guardian the day prior. -He never signed out when he left the facility, did not know where the sign-out book was located and staff had not told him about it. Interview with the Licensed Health Professional Support (LHPS) nurse on 2/17/16 at 2:25pm revealed: -When Resident #8 did not "get his way" he would make gestures to leave the facility. -She had seen him "thumb for a ride." -Per his Guardian the Resident was not permitted to leave the facility. -Staff were required to get permission from the Guardian for the Resident to leave the facility with staff to take him to the store. -MAs were responsible for completing accident/injury reports for the resident assigned to them and to follow the elopement/wandering policy. -The RP, guardian or the family contact were to	D 270	Per Policy all persons leaving without signing out responsible party or guardian will be notified by Administrator, Operation Director, or person designated.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 95 be notified when a resident left the facility in an unauthorized manner. -Calling the RP, guardian or sheriff was done once staff determined the resident was not in the facility and to give them notice "as soon as possible." -Documentation of the event was made on the Accident/Injury Report. Interview with PCA Staff I on 2/18/16 at 6:55am revealed: -It was "important for the door to be alarmed," mentioning three residents by name and one of the residents being Resident #8. -Residents would tell staff if a door alarm was going off and who is was that set off the alarm. -The MAs on third shift were usually on the floor with the PCAs. Observation of the 600 hall exit door with Staff I on 2/18/16 at 6:55am revealed: -Staff I flipped the switch to the right of the door to release the magnetic lock (the switch had no plastic cover). -The door was pushed open but the alarm (attached to the upper right doorframe) did not sound. Interview with Staff I, at the exit door on the 600 hallway, on 2/18/16 at 6:55am revealed: -The "alarm should have gone off when the door opened." -The residents were turning off the alarm with the "switch on the wall." -The switch on the wall had no cover, and the covers were also alarmed. -The switch in the down position "kills" the lock, and leaving it down keeps the door unlocked while a resident is outside. -If the resident "is thinking about it" they could flip	D 270	All exit doors have alarms4/1/16 sounding and covers	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 96 the switch up and reset the alarm on the door. -The alarms "have always worked" on the door. -She did not know who set the door alarms but thought they were set around 9:00pm. -Residents were not allowed to go outside after dark and if they did go, they had to be accompanied by a PCA. Interview with the Administrator on 2/19/16 at 3:55pm revealed: -The facility had a policy which defined elopement verses wandering. -The facility was not a locked facility and residents were free to leave. -For residents with a guardian and deemed "at risk," having mental instability or having dementia, staff were expected to follow protocol to determine if they could be out alone and to notify the guardian. -"Make the guardian aware, especially if no medications." -The Administrator, physician and mental health provider were also to be notified of residents with unauthorized leaves. -She was only aware of one resident with an elopement event (this was not Resident #8). -Any incident that was "out of norm should be documented." Interview with the RCC on 2/21/16 at 9:00am revealed: -When a resident eloped staff would "go after them" and could not force them to come back but staff would coax them to come back. -Documentation of elopements should be made in Nurse's Notes and "we don't use the Accident/Injury Report." -Guardians or the RPs were "always notified." -If the elopement occurred after hours staff would call her.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 97 -Staff "pretty much know" those residents more likely to "take off." -Doors were checked at set intervals to see if they were locked and alarmed as a part of staff rounds. -Regarding Resident #8 leaving the facility unauthorized on 1/1/16 she could not remember all the details but staff did a search checking every room and the area surrounding the premises. -Resident #8 was found on 1/1/16 at a nearby department store and returned to the facility by staff. -On 1/21/16 Resident #8 went towards the county seat in a nearby county and a missing person report was filed. -On 1/21/16 she thought law enforcement picked up Resident #8 on an outstanding arrest warrant with the guardian "notified" and spoken to extensively. Refer to telephone interview with the Administrator on 2/19/16 at 4:50pm.: Refer to the corporate policy on elopement and wandering (undated). Refer to the review of the Facility Contract (undated). C. Resident #11 was a known smoker with documentation of smoking in the facility. Resident #11 also repeatedly burned the tips of his fingers when smoking, resulting in dry gangrene. Review of Resident #11's current FL2 dated 2/5/16 revealed: -Diagnoses included "nicotine [addiction]," "neurocognitive" and paranoid schizophrenia.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 270	Continued From page 98 -The Resident was checked as constantly disoriented and a functional limitation of sight required glasses. Review of Resident #11's Resident Register revealed -An admission date of 11/22/14. -The name of the Resident's guardian. -The Resident was checked for requiring nail care. -Personal habits checked was "smoking." Review of Resident #11's assessment and care plan dated 12/30/15 revealed: -Upper Extremities assessment was checked as "no problems." -Orientation assessment was checked as "sometimes disoriented." -Vision assessment was checked as "adequate for daily activities." -No special care needs were documented in the care as related to safe smoking. Review of the Facility Contract (undated) revealed, under the heading of "House Rules" and subheading "Policies for use of tobacco" the statements: -"Due to concerns for resident safety, our entire Facility is designated as a 'Non-Smoking Facility.'" -"Residents who smoke safely, outside the building, may keep smoking materials in their possession. -"We reserve the right to confiscate smoking materials and tobacco products in the interests of fire safety and sanitation." Review of Nurse's Notes for Resident #11 dated 4/26/16 at 10:30am revealed: -An MA walked by the dining room and smelled	D 270	Residents that smoke are on supervised smoking, 1 cigarette per hour.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 99 smoke, returning there to find Resident #11 sitting there, smoking a cigar. -The Resident was told he could not smoke in building and his cigars were taken. -The Resident was told he could have a cigar in an hour. -A second note documented staff informed the MA that Resident #11 was smoking in the building again. -Staff took the cigar and when the Resident was asked if he had more, he gave the MA a box of half-smoked cigars. -The MA told the Resident that due to his smoking in the building he could not have anymore cigars until he talked to the Operations Manager. -A third note documented Resident #11 as seen to have been smoking in the B wing dining room. -Staff found a resident standing in the doorway to the dining room yelling that she saw Resident #11 was smoking but had put the cigarette out, dropping "fire" on his shirt and sticking the cigarette into his pocket. -A staff member attested to seeing the Resident putting the cigarette into his pocket. -Staff were directed to take his cigarettes. Review of an accident/injury report for Resident #11 dated 4/28/15 at 8:30am revealed: -The Resident was observed smoking in the living room. -The Resident was reported as saying he was smoking and did not want to go outside. Review of Nurse's Note for Resident #11 dated 4/28/16 at 5:15pm revealed: -A MA was checking a door switch for an exit in the 300 hall living room when she saw Resident #11 there, placing his hand over the other hand and looking away.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 100 -The MA did not notice he had a cigarette until he blew the smoke away. -The MA asked him for the cigarette and the Resident denied having any others. -The note continued that at 8:30pm she again saw the Resident smoking in the living room, this time a cigar. -The MA took the cigar from the Resident and put it out. Review of an Accident/Injury Report for Resident #11 dated 4/28/15 at 5:15pm revealed: -The Resident was observed smoking in the living room. -The Resident was reported as saying he was smoking and did not want to go outside. Review of a Nurse's Note for Resident #11 dated 4/29/16 at 4:30pm revealed: -The Resident was seen smoking in the "doctor's office" in the facility. -The staff member took the cigar and put it out, also took a pack of cigars the Resident had on him and placed these in the main medication room. Review of Nurse's Note for Resident #11 dated 5/1/15 at 4:00am or 5:00am (the numbers superimposed) revealed: -The Resident was found walking down the hall smoking. -The Resident rushed outside and was seen dropping the cigarette to the ground, still burning. -The Resident denied smoking in the hall or that the cigarette belonged to him. -The staff member checked for more cigarettes and was unable to find any. Review of Accident/Injury Reports for Resident #11 from 4/28/15 to the present did not reveal	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 101 documentation with unsafe smoking. Review of Nurse's Notes for Resident #11 from 5/11/15 to the present did not reveal documentation with unsafe smoking. Review of a Nurse Practitioner note for Resident #11 dated 2/2/16 revealed: -A previous history of tobacco use disorder with 160 pack year of cigarette smoking history. -An extremities assessment which showed no cyanosis, no erythema, no petechiae (pinpoint bruising), no edema and normal sensation. -A digits and nail assessment which was "unremarkable." -A musculoskeletal assessment which showed digits were "unremarkable." -An integumentary (skin) assessment which showed nails were "unremarkable." Review of a Physician Note for Resident #11 dated 2/5/16 revealed: -A musculoskeletal assessment with "digits unremarkable." -An extremities assessment "normal sensation" and "digits and nails unremarkable." -An integumentary assessment with "nails unremarkable." Observation of Resident #11 on 2/11/16 at 9:30am revealed: -The resident's nails appeared black underneath the tips of the nails on both hands. -The pad of the right index finger had a black oblong hardened area, raised higher than the skin surface across the width of the finger pad and measured approximately 1 cm in length. -The pad of the right thumb had a round hardened black area, raised higher than the skin surface and measured approximately 1.3cm by	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 102 1cm. -The pad of the left index finger had a brownish/black oblong hardened area across the width of the finger pad, raised higher than the skin surface and measured approximately 1 cm in length. -The pad of the left thumb had a black scab-like area measuring approximately 1/2 cm. -There was no odor, no drainage and no redness surrounding the blackened areas on the noted fingers of Resident #11. Interview with Resident #11 on 2/11/16 at 9:30am revealed: -The MAs cut his nails. -He smoked cigars all the way to the end of the cigar. -His finger tips had never bled. -His index finger on his right hand had a more sensitive feeling than the other fingers "almost like touching cotton." -The blackened areas would come off and then every two or three months his fingertips would become black again. -He had not reported this to the staff. -His right hand was worse than his left hand. -He held his cigars or cigarettes most of the time in his right hand. -His right index finger hurt if he put pressure on it. -His pain level on his right index finger was a 2 when pressed. -He did not have any pain on his right index finger when it did not have pressure on it. -His right thumb also hurt. -His left index finger had pain below the pad of his finger. -The pads of his fingers were very sensitive. -He did not have use of his fingertips to hold his eating utensils. -He did not think the doctor or nurse practitioner	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 103 had looked at his fingers. -He would like for the doctor or nurse practitioner to look at his fingers. Interview with a MA Staff G on 2/11/16 at 9:55am revealed: -Resident #11 would not let staff touch his fingernails and when asked to clean them the Resident would say no. -When smoking, the Resident would place the ends of his lit cigarettes at the tips of his fingers after removing the filters. -The Resident had never complained about his fingertips, nor had staff reported him having difficulty holding a spoon or a pen. -When she would administer medications, the Resident was able to pick them out of the medication cup one at a time without dropping them. Interview with the Resident Care Coordinator (RCC)on 2/11/16 at 12:20pm revealed: -Resident #11 was known to remove the filters from cigarettes and smoke them down to the very end, sometimes burning his fingertips. -Staff had to watch him closely Observation of Resident #11 by the state surveyor and the RCC on 2/11/16 at 11:45am revealed: -The Resident was seated in the Dining Room awaiting lunch. -The Resident was holding a clear plastic sandwich bag with a zipper closer full of pieces of cigarettes with no filters. Interview with the RCC on 2/11/16 at 11:45am revealed: -Resident #11's finger tips "always looked" like they did and were no worse than normal.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 104 -The physician was in the facility this same day and she would make sure the Resident was evaluated. Review of a Physician Note for Resident #11 dated 2/11/16 revealed: -A chief complaint of "patient noted to have burns on the right 1st, 2nd and 3rd fingers." -Social history had circled "smoker." -Extremities assessment had noted "burns on tip of rt [right] 1, 2nd and 4th fingers." -Overall assessment of "dry gangrene of fingers, right side" and "schizophrenia." -Overall plan of "silvadene cream topically to affected finger areas" and "refer to surgeon." Review of a Consultation Sheet for Resident #11, from his Physician and dated 2/11/16 revealed: -Order for application of "silvadene cream to affected areas BID [twice a day] on Rt [right] finger tips." -"Refer to surgeon for dry gangrene." Interview with Resident #11's Guardian on 12/12/16 at 10:00am revealed: -He was not aware of the condition of the Resident's fingertips and during his visits had never seen the Resident smoking to determine if he was not safe and required supervision. -He knew the Resident's fingertips appeared black, but he stated staff had not told him of any medical problems. Review of a hand-written note from an orthopedic surgeon for Resident #11 dated 2/17/16 revealed: -"Pt [patient] problem is a combination of staining of the skin from tobacco use and very distal ischemia (probably Beyer's disease related to smoking)." -"There is no infection and gangrene is dry" and	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 105 "no surgery." -Recommendations included discontinuing creams to fingers, following up in 6 weeks and if signs of infection to have the Resident follow up sooner. Interview of the Psychiatric Mental Health Nurse Practitioner on 2/17/16 at 10:30am revealed: -He monitored medications for Resident #11 and was very knowledgeable about his condition. -He was known to smoke a lot. -He was made aware of the Resident's recent doctor's visit and trip today to have his fingertips evaluated. -Due to the Resident's finger condition and history of smoking, he required more direct supervision by staff. Review of a hand-written list of residents (undated) whose smoking supplies were stored in the medication cart revealed the name of Resident #11. Interview with the Business Office Manager on 2/17/16 at 10:05am revealed: -The residents on the handwritten list were those whose smoking supplies were to be controlled. -Smoking supplies were to be handed out by staff to restrict access for those residents who had been caught smoking in their rooms. Confidential interview with a resident revealed: -The facility will often have "fire drills" because residents will smoke in their rooms, the most recent being "a month ago." -At that time, a fire truck arrived at approximately 11:30 to 12:00 at night because someone was smoking in their room, but there was no fire. Review of a spreadsheet of fire calls for the	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 106 facility provided by the local volunteer fire department for the period of 6/1/15 through 2/8/16 revealed a total of 19 calls noted as "fire alarm" between 6/20/15 and 1/24/16. Interview with a member of the local volunteer fire department on 2/18/16 at 4:01pm revealed: -The department "run there [to the facility] quite often" and he was familiar with the facility. -The 19 fire alarm calls did not involve any actual fires but were "false alarms" due to "smoking in the rooms." -During the fire calls he was present for, the facility always performed evacuation of the residents. Interview with the Facility Nurse on 12/19/16 at 2:05pm revealed: -She would expect staff to check resident's hands and fingers daily if not on shower days. -If residents refused this care, the PCAs should have reported it to the MA and if it persisted, the RCC and Facility Nurse should get involved. -Resident #11 would be caught smoking in his room, at which time his cigarettes would be taken away, placed in a medication cart and he would be given 1 cigarette at a time. -The Resident needed to be followed into the smoking area at which time he could light a cigarette and be watched, then be followed back into the building, making sure he does not return with a lit cigarette. Interview with the Administrator on 2/19/16 at 3:55pm revealed: -Residents not abiding by the facility's smoking policy gave grounds for discharge, which the Administrator was ultimately responsible to begin the process.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 107 Refer to the review of the Facility Contract (undated). D. Review of Resident #20's current FL2 dated 12/9/15 revealed: -Diagnoses included bipolar disorder with the most recent episode (MRE) as mixed, dependent personality disorder and history of traumatic brain injury. -No checks of any behaviors under the heading of "inappropriate behavior." Review of Resident #20's psychoactive medications listed on the current FL2 dated 12/9/15 revealed: -Celexa (an antidepressant) 20mg one every morning. -Depakote (an antiseizure medication used as a mood stabilizer) 500mg extended release 4 capsules at hour of sleep. -Neurontin (an anticonvulsant sometimes used in controlling rapid cycling and mixed bipolar states) 400mg one three times a day. -Valium (an antianxiety medication) 5mg one and half tablets every morning. -Valium 10mg one at hour of sleep. -Seroquel (an antipsychotic medication) 50mg half tablet at 8:00am and 4:00pm. -Seroquel 50mg half tablet twice a day as needed, not to exceed 2 tablets in 24 hours. Review of Resident #20's Resident Register revealed an admission date of 6/18/15. Review of the Assessment and Care Plan for Resident #20 date 2/4/16 revealed: -No behaviors checked nor any narrative documented regarding behaviors in the mental health and social history section of the	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 108 Assessment. -The Resident received mental health services with a named psychiatrist noted. -The Resident was assessed as having orientation (not elaborated upon) and adequate memory. Review of Medication Orders from the Psychiatrist for Resident #20 dated 1/13/16 revealed: -Seroquel 50mg one tablet by mouth at 8:00am and 4:00pm. -Seroquel 50mg one tablet by mouth twice a day as needed, not to exceed 2 tablets in 24 hours. -All other medication orders as noted on the current FL2 dated 12/9/15 were renewed. Review of a Nurse's Note for Resident #20 dated 1/18/16 at 4:00pm revealed: -MA Staff A heard yelling outside the main medication room. -She found Resident #20 in his room who threw another resident to the floor and told him to stay down. -The other resident grabbed Resident #20 by the throat. -Staff A separated them and took the other resident out of the room. -The other resident stated Resident #20 had hit him on the head and that Resident #20 had hit him first. -Resident #20 was unable to say why he hit the other resident. -Staff A told Resident #20 and the other resident they could not be hitting each other. Review of Nurse's Notes provided by the facility revealed no further notes for Resident #20 regarding any behaviors.	D 270	This resident was discharged to guardian for admission to group home closer to family	04/04/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 109 Review of Medication Orders from the psychiatrist for Resident #20 dated 2/2/16 revealed: -Valium 5mg one tablet every morning. -Valium 10mg one tablet at hour of sleep was renewed. Review of Medication Administration Records for the months of January and February 2016 for Resident #20 revealed all psychoactive medication orders were transcribed properly and medications given as ordered. Review of Accident/Injury Reports provided by the facility revealed no concerns reported with regard to Resident #20. Interview with Resident #20's Guardian on 2/12/16 at 12:35pm revealed: -Resident #20 was transferred to another guardian a few weeks prior. -A month prior based on a family request, the Guardian requested the former Resident Care Coordinator (RCC) to have the Resident evaluated as he was not doing well. -He made a second request for this evaluation before another guardian was assigned to Resident #20. -The Resident was "taken advantage" of by other residents, with clothing and a television provided by his family as missing. Observation of Resident #20 on 2/16/15 at 12:50pm revealed: -No response to a knock on his room door. -Upon opening the door, the Resident appeared to be sleeping in his bed, covered with a sheet but having no sheet on his mattress, and his pillow without a pillowcase. -The Resident did not respond to soft verbal stimuli.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 110 Observation of Resident #20 on 2/16/16 at 2:20pm revealed: -The Resident on the front porch off the 600 hallway outside. -The Resident had a calm affect, was alert and responsive to a request for an interview, to be held in his room. Interview with Resident #20 on 2/16/16 at 2:20pm revealed: -No one had abused him. -"Pushing" residents was "playful" and "I push people" and had done it "for years." -He had not pushed others for a while. Interview with MA Staff H on 2/16/16 at 2:55pm revealed: -Resident #20 would occasionally "act out" towards other residents. -This acting out was not provoked and would occur without warning. -The Resident was monitored closely for aggression. -The Resident would act out if he thought his parents were coming to visit but then told they were not coming. -The Resident was redirected, like a prior night when he was yelling at a MA. Interview with Resident #20's Guardian on 2/16/16 at 4:45pm revealed: -The name of the new guardian that was taking over for Resident #20. -He had read the mental health service notes that Resident #20 was aggressive, but the Resident was not aggressive when the Guardian visited the facility in December 2015 and January 2016. -The Resident was refusing to bathe and personal care was "going downhill."	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 111 -The Psychiatrist told the Guardian the Resident's Seroquel would be reduced. -The Resident admitted to the Guardian on a phone call at the end of December 2015 that he physically assaulted a female resident. Confidential interview with a resident revealed: -Two months prior Resident #20 had hit her. -The Resident was standing at the medication room door when he punched her in her chest. -Resident #20 had "been going around hitting people." -The Resident had hit a named staff member "with a pipe," which she had not seen herself but was told about. -Other residents witnessed Resident #20 hitting her. -Resident #20 had delusions "very bad." -He would hit someone "for no reason." -When she was hit by Resident #20 law enforcement came but she had no arrest warrant made as she knew his medications were being "switched." Telephone interview with the PCA (named by a resident as being hit by Resident #20) by phone was unsuccessful. Interview with PCA Staff I on 2/18/16 at 6:55am revealed: -All the residents were good for her, even the ones with behaviors. -She had no issues with Resident #20. Interview with PCA Staff J on 2/18/16 at 7:45am revealed Resident #20 sometimes got upset but she had not seen him do anything physical. Interview with Resident #20's new Guardian on 2/18/16 at 9:30am revealed:	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 112 -The previous guardian had reported to her that he requested the mental health provider adjust his medications as he was hard to wake up. -Resident #20 had a history of aggression with the trade-off to highly medicate him to keep the aggression in check. -If the Resident cannot be stabilized and not become aggressive, he will have to be moved out of the facility. -On 2/10/16 she requested a referral be made for the Resident to see a neurologist to determine if he had any early-onset dementia. -She was told the staff member responsible for scheduling would not be back until 2/22/16. -Resident #20 was the victim of "bullying" by other residents. -Family members reported that Resident 20's clothing was stolen, which was reported to the Business Office Manager but "she blew it off." -"I think he got his TV stolen." Interview with the psychiatrist for Resident #20 on 2/19/16 at 9:36am revealed: -He saw Resident #20 every month. -About a month ago he had a 2 to 3 week period of aggression. -His Seroquel was increased but the Resident experienced sedation, so his Valium was cut in half and he is now better. -This was the first time the Resident was aggressive. -Facility staff had access to him anytime and they called him with concerns. -The therapy team saw Resident #20 every two weeks. Interview with MA Staff A on 2/19/16 at 11:00am revealed: -She recalled the incident between Resident #20 and the other resident on 1/18/16 as documented	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 113 in nurse's notes. -She was not sure about completing an accident/injury report. -All incidents required documentation in the nurse's notes. -An accident/injury report was required in addition to the nurse's note "only if they [a resident] fell, required first aid and was taken to the hospital." -Resident #20 was "prone to aggression without being provoked." -Resident #20 attacked her and another MA around January, 2015 but "he is not like that all the time." E. Review of Resident #3's current FL2 dated 9/10/15 revealed: -Diagnoses included: dementia, diabetes, unspecified nonpsychotic mental disorder, hypertension, arthritis, and renal disorder. -Resident #3 was documented constantly disoriented and ambulatory. -Resident #3 was documented as needing staff assistance with bathing, feeding, and dressing. Review of Resident #3's Resident Register revealed an admission date of 9/9/15. Review of Resident #3's Care Plan dated 12/30/15 revealed: -Resident #3 required limited assistance with eating, toileting, ambulation, grooming, and transfer. -Resident #3 required extensive assistance with bathing and dressing. 1. Review of Resident #3's face sheet revealed the resident was his own responsible person. Review of Resident #3's Nurses Note entry dated 10/10/15 revealed:	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 114 -"Resident flipped the switch to get outside this morning." -"Resident ran across [a busy 4 lane highway in front of the facility] with cars coming in both directions." -"Staff went after resident, finally got him back into facility." -"Resident has cussed staff and other residents on 1st shift all day long." -Medication Aide "gave resident an [as needed medication] at 11am. Seemed to help very little." Review of Resident #3's Nurse Practitioner visit note dated 11/5/15 revealed Resident #3 was seen for "gait instability and has had several falls." Interview with Staff G, MA, on 2/17/16 at 8:32am revealed: -Staff G had gone to get Resident #3 on 10/10/15 when he crossed [a busy 4 lane highway in front of the facility] and went to the house across the road. -Staff G was unsure how long Resident #3 had been gone, because she was doing the morning medication pass however she "knew it was after 9am when it happened." -"When I went to get him, he said he was gonna rape me. I had another [male] resident with me." -"I told [BOM's name]." -"[BOM's name] said that she would get rid of him cause he threatened me." -"He used to be really bad to run, but he's not anymore." Observation of the highway in front of the facility on 2/17/16 at 1:30pm revealed: -The highway was a very busy 4 lane highway with turning lanes and a grassy median. -The highway was approximately 1/4 of a mile	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 115 from the facility. -The house across the highway that Resident #3 walked to was at least 1/2 mile from the entrance to the facility. Interview with Staff D, MA, on 2/17/16 at 8:50am revealed: -She was unaware of any incident with Resident #3 getting out of the facility on 10/10/15 and crossing the highway. -Resident #3 had "never had the tendency to wander as far as she [knew]." -"I have had to go get him out of the circle [in] front [of the facility] paved area before. He was lying out there playing like he was dead. One time when he first came here." Review of Resident #3's record revealed: -There were no other Nurses Notes in the resident record concerning incidences of him getting out of the facility. -There were no Incident and Accident Reports concerning any incidents of Resident #3 wandering outside the facility. Review of the law enforcement log of calls received from the facility from 6/4/15 to 2/7/15 revealed there was no report of an incident to law enforcement on 10/10/15 for any resident living in the facility. Refer of a corporate policy on elopement and wandering (undated). Refer to telephone interview with the Administrator on 2/19/16 at 4:50pm. 2. Observation of Resident #3 on 2/9/16 at 11:29am revealed: -The resident wheeled himself in his wheelchair	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 116 up the hallway to his room. -He was carrying in his hand a small red pipe filled with loose tobacco. Interview with Resident #3 on 2/9/16 at 11:30am revealed: -When asked if the resident ever smoked in his room, Resident #3 responded "A little bit. [His neighbor's name across the hall] told me to keep the door open." -He stated he would smoke in his room "early in the mornings." -He stated he had a lighter in his pants pocket. Review of Resident #3's record revealed: -There was no documented Nurses Notes related to the resident being caught smoking in his room. -There was no documented Incident and Accident report since admission concerning Resident #3 ever having been caught smoking inside the facility. Interview with Resident #3 on 2/12/16 at 10:45am revealed: -"I'm gonna stop doing that...smoking in my room." -"I go out to the other area to smoke." Interview with Staff C, MA, on 2/17/16 at 3:20pm revealed: -"I caught [Resident #3] one time smoking in his room." -The incident occurred on 1/1/16. -"I was walking down the hall and [Resident #3] asked me to close his window [in his room] cause he was cold and when I walked in there was cigarette smoke everywhere" in his room. -"He was then put on smoking restriction and he even now has to be supervised when smoking."	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 117 Interview with Housekeeper #1 on 2/17/16 at 8:20am revealed: -She had not seen any evidence of Resident #3 smoking in his room. -"Not saying he doesn't." Interview with Staff G, MA, on 2/17/16 at 8:32am revealed she had never caught Resident #3 smoking in his room. Interview with Staff D, MA, on 2/17/16 at 8:50am revealed she had never known Resident #3 to smoke in his room. Interview with Activities/Transportation on 2/18/16 at 7:55am revealed she had never caught Resident #3 smoking in his room "cause he's always asking for a lighter." Refer to interview with the Business Office Manager on 2/17/16 at 10:05am. Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm. Refer to telephone interview with the Administrator on 2/19/16 at 4:10pm. F. Review of Resident #9's current FL2 dated 2/5/16 revealed the following diagnoses: -Stimulant and cannabis abuse -Autism spectrum -Unspecified anxiety disorder -Bipolar disorder Review of Resident #9's Discharge Summary dated 9/9/15 revealed: -Resident #9 had been brought in on involuntary commitment. -He had a history of extensive drug use and was	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 118 reportedly obsessively trying to obtain drugs to the point of wanting his parents to send him to another state for long-term substance abuse treatment. Interview with Resident #9 on 2/9/16 at 2:50pm revealed: -He had lived in the facility "about 5 months now." -He had gone on a facility outing to a local discount store and had "bought 4 bottles of Delsym" and "I drank all 4 bottles." -"...My drug of choice is robotripping." Review of Resident #9's Nurses Note dated 11/10/15 at 10:45pm revealed: -"A [PCA] came to the [MA] and stated the resident had drank 5 3oz. bottles of cough syrup." -"PCA said that she was told by another resident that he had took the bottles while he was out shopping." -"Resident was not acting right." -"His eyes were dilated, he could barely talk, he was stumbling around, and his face was red and sweaty." -"[Emergency medical service (EMS)] was called and the resident was taken to the [emergency department]." Confidential interview with a MA revealed: -"[Resident #9] didn't tell us himself he had drank it." -Another "resident came and told us he had drank it." -"We went and checked his vitals and that's when he admitted to us." -"His heart rate was through the roof. Very high. So we called the RCC." -"Then we just sent him out" for evaluation at the local ED. -"All of the staff after the November overdose	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 119 incident were told not to let the resident out of their site when out on shopping trips." -"That's what happened with the November trip, [the Transportation staff] let him go into the [local discount store name] by himself while she took the other residents to [another local discount store's name]." Review of Resident #9's Discharge Summary dated 11/10/15 revealed: -Arrived to the emergency department on 11/10/15 at 11:40pm. -The facility had called in reference to overdose of Resident #9. -Resident #9 had drank 5 bottles of Delsym 3oz. tonight. -Poison control was called by EMS and told to monitor for hypertension (high blood pressure) and tachycardia (fast heart rate). -Resident #9's blood pressure was 156/102 and pulse 118 (A normal pulse is 60 to 100 beats per minute) on arrival to the emergency department (ED). -"The patient appears to be awake, in no acute distress, appears altered...." -Resident #9 was discharged from the ED on 11/11/15 at 7:02am. Review of Resident #9's Discharge Summary dated 1/20/16 revealed: -Arrived to the emergency department on 1/20/16 at 8:09pm. -Presenting complaint: Resident reportedly "drank an entire bottle of Robitussin around noon today.." -Resident #9's blood pressure was 136/75 and pulse 122 on arrival to the ED. -Poison control advised to check a Tylenol level and if the Tylenol level came back "normal" to continue to monitor the resident until his	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 120 increased pulse rate resolved. -Resident #9 was discharged from the ED on 1/20/16 at 11:01pm. Telephone interview with Resident #9's Guardian on 2/18/16 at 12:30pm revealed: -Facility staff had told him about two overdoses that had occurred with Resident #9. -The overdose occurrence on 1/20/16 was when Resident #9 had gone out with his mental health service worker to their office and while there Resident #9 had "went across the street to a pharmacy and stole cough medicine and took it." -"48 hours ago" Resident #9 had "took cough medicine off the Business Office Managers desk" at the facility and drank it. -"[Resident #9's name] is very hard to handle." -Resident #9 is "probably smarter than most of the staff." -Too his knowledge "its only been two overdoses." Interview with Resident #9 on 2/18/16 at 12:40pm revealed: -"Last night, well [BOM's name] had 2 bottles of Robitussin cough syrup on her desk and when she left her office, I went in there and stole it and drank it. A whole bottle." -"She had left her office unlocked." Interview with the BOM on 2/19/16 at 8:20am revealed: -"I don't know who put the cough medicine in my office." -"I was not here when he took the cough medicine from my office." -"My office is usually locked." -"Everybody was in and out of [my office]" that day. -Resident #9 was not allowed out shopping	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 121 without one on one supervision. -"In November, he went with a staff member and she had 6 other people too." -"He stole the bottles of cough medicine." -"We didn't know he was like that" when he was admitted. -In January his mental health provider came to take him and work with him one on one and somehow he got out and "he walked up the hill to [local pharmacy name] and [got cough medicine]." Telephone interview with the Administrator on 2/19/16 at 3:00pm revealed: -"There shouldn't have been over-the-counter meds on [the BOM's desk]." -Over-the-counter medications "shouldn't be accessible to residents." -She would expect staff to check Resident #9's room once per shift until they could find other placement for the resident because she felt they could not meet Resident #9's needs. -"We can't prevent him from going on outings." -"We will move for placement elsewhere." G. Review of Resident #13's current FL2 dated 11/6/15 revealed diagnoses included: -Dementia -Seizures -Hypertension Review of Resident #13's Resident Register revealed an admission date of 10/21/15. Review of Resident #13's Care Plan dated 12/30/15 revealed the resident required limited assistance from staff with eating, but required no other assistance with activities of daily living. Interview with Staff D, MA, on 2/17/16 at 8:50am	D 270	Resident only allowed to go out 1:1 with staff right with him. A room search is done unknown day or time no over the counter medication found. No events have occurred in 5 weeks	4/6/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 122 revealed: -Resident #13 "blacked" Resident #20's eye. -"Not long after [Resident #13] was discharged." -Incident occurred first of January 2015. -Resident #13 had "jumped on" [Resident #43's name] and he was punching Resident #43 and he caused a skin tear on Resident #43's hand. Interview with Resident #43 on 2/17/16 at 3:55pm revealed: -"I thought we was friends." -Resident #43 sat at the same table as Resident #13 to eat their meals together. -One day they were eating and Resident #13's family member "came up and [Staff D's name] was going by and I asked [Staff D's name] for another cup of coffee and [Resident #13] hit me with his fist in the back of my head." -"[Resident #13] went crazy." -"I think he's in jail now." -"I have to go to court now to testify against him." -"I took a warrant out on him." Confidential interview with a resident revealed: -"This place is awful," "they fight, they cuss" and she stays in her room all the time. -At night after the Operations Manager left the facility, residents would "yell" and "cuss" all night long. -She saw Resident #13 hit Resident #20's back "like a boxer." -Resident #13 was now "in jail." Review of an Accident/Injury Report dated 1/11/16 revealed: -Resident #43 "was asking for coffee when the other resident hit him in the head." -Resident #43 "put his hands up to try and protect his head." -Resident #43 received a skin tear to his left hand	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 123 that was documented cleaned and dressed by staff. Review of Resident #13's record revealed there were no additional Accident/Injury Reports or Nurses Notes regarding Resident #13's aggression towards other residents. Interview with Staff C, MA, on 2/17/16 at 3:20pm revealed: -Resident #13 "assaulted a lot of people." -Resident #13 had given Resident #20 a black eye. -Resident #13 had given Resident #43 a skin tear. -Resident #13 had hurt Resident #3, but she did not state if any injury had occurred. -She had to take Resident #13 to the courthouse several counties away where he was arrested by local authorities upon arrival. Interview with Staff A, MA, on 2/18/16 at 7:55am revealed: -"I didn't have any trouble with [Resident #13]." -"But one night he took the med cart from [Staff F's name] and pushed it into the shower room and soaked it." -Resident #13 "was arguing with [Staff F] that she didn't give him his medicine, but it was on the cameras that she did." Interview with the Operations Manager on 2/17/16 at 2:40pm revealed: -Resident #13 had no history of aggression with anyone other than his [family member]. -"The first time any aggression was shown I called the [county sheriff's department where he came from]." -"It took three incidences of aggression before [law enforcement] would come get him."	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 124 -"I finally got [local law enforcement] to pick him up and they brought him back" and that was the third incident. -"I held him in watch until" we could get him taken to the county he came from on bond. Telephone interview with the Administrator on 2/19/16 at 3:00pm revealed: -Admission screening of residents to decide appropriateness of placement in the facility had been going through the Regional Administrator and the Marketing Director. -"They know what we are looking for and what's appropriate for placement." -"I was not aware of [Resident #13's name] history or behaviors." -"The Administrative Team should have been made me aware." -"I do not approve all admissions." Attempted telephone interview with Resident #13's responsible person on 2/18/16 at 9:45am was unsuccessful by exit. H. Review of Resident #26's current FL2 dated 2/5/16 revealed diagnoses included alcohol and cocaine use, and schizophrenia. Review of Resident #26's Resident Register revealed an admission date of 9/3/15. 1. Review of Resident #26's record revealed: -The resident was deemed incompetent and had a court appointed Guardian. -The resident was not allowed to make decisions without the Guardian's knowledge. Review of a Sheriff's department missing persons report dated 12/11/15 at 9:01am revealed:	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 125 -A report was called to the Sheriff's department by the facility RN regarding Resident #26. -The last time Resident #26 was seen was 6:00am on 12/11/15. -Resident #26 was at risk. -Resident #26 had substance abuse issues. -Resident #26's clothing was appropriate for current weather conditions -A man's name and phone number was listed on the report as a person involved. -Resident #26 used another resident's cell phone to call for a ride. -The facility RN contacted the number Resident #26 had dialed. -She obtained the address of where the gentleman lived. -The Sheriff's deputy contacted the gentleman. -The gentleman informed the deputy Resident #26 was with him, but would not give their location. -The gentleman was advised to bring Resident #26 back to the facility. -Resident #26 was listed as a missing person by the Sheriff's department. Review of a Sheriff's department case supplemental report dated 12/15/16 at 12:34pm revealed the officer talked with the facility RN and Resident #26's family member, who was also her Guardian, brought her back to the facility (time not indicated). Interview with Resident #26 on 2/19/16 at 8:30am revealed: -She "walked off" from the facility on 12/11/15 and did not sign out of the facility. -She knew she was supposed to sign out if she were leaving the facility. -She was going to a family member's home. -She walked part of the way and then "got a ride."	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 126 -"I was only gone about two days." -She did not have any medications with her for the two days she was out of the facility. -She had not had any thoughts of leaving the facility since then. -She returned to the facility "because I wasn't feeling quite right." -She thought she needed her medicines. -After she returned, "I could not go outside for about a week and staff were watching me." Interview with Resident #26's Guardian on 2/22/16 at 12:00pm revealed: -She talked with Resident #26 daily by phone. -She would like for the facility to have more staff to focus on Resident #26's psychiatric condition and substance abuse issues. -She wanted Resident #26 to "stay put" as she had a long history of placements and treatments. -Resident #26 was a "flight risk" and had a history of elopements at the facility and previous facilities. -Resident #26 "does not follow rules well and has very little impulse control." -The facility did not take her on outings because they were afraid she would "run." Interview on 2/17/16 at 3:15pm with the facility RN revealed: -On 12/11/16, Resident #26 left the building without notifying staff. -Staff followed their procedure of searching from room to room, outside, and then searching the highway located in front of the facility. -She filed a missing person's report with the Sheriff's department on 12/11/15 at 9:01am and notified Resident #26's Guardian, who was also a relative. -Another resident told her Resident #26 had borrowed her phone and called someone.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 127 -She reported the number to the Sheriff's department and gave the number to Resident #26's Guardian. -The police called the phone number and said it was a person who allegedly was a drug dealer that was acquainted with Resident #26. -Resident #26's Guardian picked her up at the person's home where she was and brought her back to the facility. -When Resident #26 returned to the facility, they put her on a 15 minute watch for a week. -Resident #26 had not attempted to elope since that incident. Review of Resident #26's record revealed no documentation of 15 minute checks after her return to the facility. Interview on 2/17/16 at 12:25pm with Resident #26's physician revealed: -He was aware of Resident #26's elopement. -His colleague saw her on 12/31/15 after her elopement. -They were evaluating her psychiatric medications. -Resident #26 refused to see him on 1/14/16. Refer to Facility Contract (undated). Refer to Corporate Policy on Elopement and Wandering (undated). Refer to interview with the Business Office Manager on 2/19/16 at 11:25pm. Refer to interview with the Operations Manager on 2/18/16 at 4:22pm. Refer to telephone interview with the Administrator on 2/19/16 at 4:50pm.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 128 2. Review of Resident #26's Care Plan dated 12/30/15 revealed no assessment of supervision required for Resident #26 while smoking. Observation on 2/12/16 at 10:05am revealed: -Resident #26 was in her bedroom in the bed with covers pulled up. -There was a coffee cup on the night stand (beside Resident #26's bed) with at least 6 cigarette butts and a 1/4 inch deep area of ashes. Review of a Sheriff's missing persons report dated 12/11/15 at 9:01am revealed: -The facility RN reported that Resident #26 was missing from the facility. -The RN reported Resident #26 was smoking in her room and was told by staff to stop. -Staff took Resident #26's cigarettes. -Resident #26 became upset and left the building. Review of Nurse's Notes dated 12/15/15 for Resident #26 revealed: -The fire alarm went off and staff found Resident #26 smoking in her room. -Staff took the cigarette away from the resident and she said she was sorry. -The fire department arrived and "all was cleared". -No documentation of increased supervision of Resident #26. Review of Nurse's Notes dated 12/21/15 for Resident #26 revealed: -The fire alarm went off about 8:15pm because Resident #26 was smoking in the facility. -The resident said it wasn't her, but another staff said she saw her smoking in a room near where the detector was activated.	D 270	All smokers in facility on supervised smoking 1 cigarette per hour due to smoking in the building.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 129 Review of Nurse's Notes dated 1/15/16 for Resident #26 revealed: -Resident #26 found smoking in her room by staff. -Resident #26 was told by the staff about the facility policy. -The cigarette was taken out of the building by staff. -The Nurses Note was signed by the Resident Care Coordinator (RCC). -No documentation of increased supervision of Resident #26. Review of Nurses Notes from a hospital emergency room visit on 12/2/15 revealed: -Resident #26's valuables included 5 cigarettes and 2 lighters. -Resident #26 was discharged back to the facility on 12/2/15 with her valuables. Review of Resident #26's record revealed no documentation of increased supervision or 15 minute checks after any documented evidence of Resident #26 smoking in her room. Interview on 2/12/16 at 3:20pm with Resident #26 revealed: -"I smoke in my room when I feel like it." -She understood the facility's rule was "you are not supposed to." -The smoking areas were cold at times. -Staff kept her lighter and cigarettes on the medication cart. Interview on 2/22/16 at 12:00pm with Resident #26's Guardian revealed: -Resident #26 was a chronic smoker. -Resident #26 had a history of smoking in the room at the current facility and previous facilities where she resided.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 130 -A staff member contacted her on 2/21/16 to inform her Resident #26 had been found smoking in her room. -"Following rules has been difficult for her." -The Guardian was aware that the facility's policy was residents were not to smoke in their rooms for safety reasons. Interview with a resident on 2/11/16 at 11:35am revealed: -On several occasions, the fire alarm went off because of residents smoking in their rooms, including Resident #26. -"I don't feel like getting up when the fire alarm goes off in the middle of the night. I am just going to ignore it from now on." -She did not feel staff was doing anything about residents who smoked in their rooms. -She was afraid of losing smoking privileges because of residents who smoked in their rooms. Confidential interview with one resident revealed: -There were four residents who smoked in the facility. - Resident #26 had been given 3 or 4 warnings. Confidential interview with two staff revealed: -Resident #26 had been found smoking in her room "numerous times," usually at night. -Management warned Resident #26, but have not discharged her. Confidential interview with a resident on 2/11/16 at 11:30am revealed: -The resident had observed Resident #26 smoking in her room or other resident's rooms on several occasions. -"They need to give her a 30 day notice." -Resident #26 was observed smoking a pipe on 2/10/16 in another resident's room.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 131 -She reported to the Medication Aide (MA) each time she saw Resident #26 smoking. Refer to interview with the Business Office Manager on 2/17/16 at 10:05am. Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm. Refer to telephone interview with the Administrator on 2/19/16 at 4:10pm. I. Review of Resident #21's current FL2 dated 11/23/15 revealed: -Diagnoses included substance abuse and schizoaffective disorder -Resident #21 was a wanderer at times. -Resident #21 was injurious to others at times. -Resident #21 was injurious to property at times. Review of Resident #21's Resident Register revealed: -An admission date of 4/2/14. -Resident #21 had been declared incompetent and had a court appointed Guardian. Review of an Incident Report dated 12/10/15 at 8:00pm revealed: -Resident #21 was sitting in a chair near the medication cart and slid out of her chair. -The MA could smell alcohol on Resident #21's breath. -Resident #21 said she only drank 1/2 of a can. -The MA left a voice message for Resident #21's physician. Review of Nurses Notes for Resident #21 revealed: -On 1/17/16, at 8:20pm, facility staff were unable to locate Resident #21.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 132 -Staff did a complete building search and were unable to locate her. -The MA contacted the local police and made a missing persons report. -The MA called and left a message for Resident #21's Guardian. -On 1/19/16, Resident #21 was found in another county and was returned to the facility by the Sheriff's department. -Resident #21 was "okay and does not appear to have been drinking or using any other drugs." -Resident #21 "got a ride there and does not give any reason why she left." -Resident #21 was remorseful for running away. Review of a Sheriff's office arrest report dated 2/7/16 at 9:45pm revealed Resident #21 was arrested at the facility for vandalism and damage to property. Interview with the facility's Business Office Manager revealed: -Resident #21 went to jail on 2/7/16 and returned to the facility on 2/9/16. -She did not think Resident #21 had "eloped" in the past year. Review of Resident #21's record revealed: -No documentation of 15 minute checks after her return to the facility on 1/19/16. -No documentation by staff of the incident on 2/7/16. Interview with Resident #21's Guardian on 2/19/19 at 10:40am revealed: -The agency was the court appointed Guardian for Resident #21. -The scope of the Guardianship was "full Guardianship" of the person. -Their agency had been Resident #21's Guardian	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 133 "for a long time." -She was the Guardianship social worker assigned to Resident #21's case. -Resident #21 had left the facility many times. -The facility always called the police, the police find her, and they bring her back to the facility. -Resident #21 was "notorious" for getting upset and leaving the facility. -On 1/17/16, Resident #21 became angry at a MA, busted two pictures because she wanted to go to jail and leave the facility. -The facility contacted the Guardian to inform her of the incident. -The Guardian would have wanted the facility to have contacted the Mental Health Crisis team to see if they could assist with calming her down. -The facility "just doesn't do much with them." -"Just existing doesn't work for her because she is young." -Sometimes Resident #21 would receive alcohol "from other residents" at the facility. -Staff were very good to contact the Guardian regarding concerns with Resident #21's behaviors. -Resident #21 had been at this facility longer than other placements. Interview with Resident #21 on 2/17/16 at 8:45am revealed: -She had been at the facility for 2 years. -"I have had no hospitalizations." -Staff were excellent and she had no conces with being mistreated. -She had a court appointed Guardian who visited her at the facility. -She felt safe at the facility. Interview with Resident #1 on 2/9/16 at 2:20pm revealed: -Resident #21 had recently (date unknown)	D 270	Resident is actively involved with ACT team and learning independ-ant life skills, laundry, cooking, budgeting, etc. She is cooperative with assignments from the team. The guardian is aware of progress. This an on going process.	3/15/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 134 gotten upset and pulled 2 pictures off of the wall in the hall outside the main cafeteria. -Resident #21 threw the pictures in the direction of where Resident #39 was standing. -The glass panes on both pictures shattered and "there was glass everywhere." -She did not think anyone was injured. -Resident #21 was "taken to jail." Refer to Facility Contract (undated). Refer to Corporate Policy on Elopement and Wandering (undated). Refer to interview with the Business Office Manager on 2/19/16 at 11:25pm. Refer to interview with the Operations Manager on 2/18/16 at 4:22pm. Refer to telephone interview with the Administrator on 2/19/16 at 4:50pm. J. Review of Resident #34's current FL2 dated 11/23/15 revealed diagnoses included schizoaffective disorder with psychosis and confusion, nicotine abuse/dependence, and hypertension. Review of Resident #34's Resident Register revealed an admission date of 06/22/15. Review of Resident #34's Care Plan dated 2/4/16 revealed no assessment of supervision required for Resident #34 while smoking. Review of a Physician's Note on 11/12/15 revealed Resident #34 was a heavy smoker and the plan was to decrease cigarette use.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 135 A confidential interview with two residents revealed they had observed Resident #34 smoking in his room with Resident #26. Interview with Resident #34 on 2/17/16 at 4:55pm revealed: -He would smoke in his room at times. -He was aware the policy was residents were not to smoke in their rooms. An interview with a Personal Care Aide (PCA) on 2/18/16 at 6:55am revealed Resident #34 as one of the five residents she was aware of who smoked in their rooms. Refer to interview with the Business Office Manager on 2/17/16 at 10:05am. Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm. Refer to telephone interview with the Administrator on 2/19/16 at 4:10pm. _____ Review of the Facility Contract (undated) revealed, under the heading of "House Rules" and subheading "Visitation," the statement "Any resident who desires to leave the facility must make the staff aware of his/her plans." Review of a corporate policy on elopement and wandering (undated) revealed: -Elopement was defined as to leave without notification and included residents who had not signed out and were noted to be gone greater than 6 hours without medications. -The definition of elopement also included non-demented residents whose Guardians requested they not leave the property without their prior permission.	D 270	All smokers are on supervised smoking 1 cigarette an hour. No smoker has any tobacco products on person to prevent in house smoking.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 270	Continued From page 136 -If a resident did not have a diagnoses of Alzheimer's or Dementia and was not listed as a wanderer by a physician or psychiatrist and they were seen leaving the property, this served as notification of leaving. -Wandering was defined as to roam, to go about aimlessly, or who had been listed as a wanderer by a physician or psychiatrist. -If the resident has a diagnosis of dementia or is listed as a wanderer by a physician immediately contact the police then the legal guardian, responsible party or contact person to make then aware, print a picture of the resident from the MAR for the officers search team and send all available staff to form a search team within 5 miles radius of the building by foot.	D 270		
	Interview with the Business Office Manager on 2/19/16 at 11:25pm revealed: -The facility's policy was to do 15 minute checks following an elopement for 72 hours. -She could not locate the documentation for the 15 minute checks.		Per policy any hourly or 15 min watch documentation will be retained in RCC office.	4/1/16
	Interview with the Operations Manager on 2/18/16 at 4:22pm revealed: -The six exit door alarms were supposed to be on 24 hours per day. -Staff entered and exited all six exit doors with a code. -When the door alarm switches' protected covers were lifted to assess the switch, an alarm would sound. -On the front entrance door, some residents had discovered they could lift the protective cover slightly and access the switch to off without the alarm sounding, thus exit without using a code. -He was going to have the protective cover fixed so it no one could turn off the alarm.		all exit doors have active alarms 24 hours per day.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 270	Continued From page 137 Telephone interview with the Administrator on 2/19/16 at 4:50pm revealed: -The facility had a corporate policy on elopement and wandering. -The facility was not a "locked facility." -Residents were to sign out if they were leaving the facility. -Residents had rights to leave the facility, but if they had a Guardian, were defiant, had dementia they should "not be out alone." -They would be concerned if a resident was gone from the facility for more than a day and they did not know where they were. -The facility's policy was to notify the Guardian, physician or psychiatrist, and the Administrator -Staff were to document the incident(s) and what actions they took on either the Nurse's Notes and/or an Incident Report. Interview with the Business Office Manager on 2/17/16 at 10:05am revealed: -The residents on the handwritten list were those whose smoking supplies were to be controlled. -Smoking supplies were to be handed out by staff to restrict access for those residents who had been caught smoking in their rooms. Telephone interview with the Administrator on 2/19/16 at 3:55pm revealed residents not abiding by the facility's smoking policy gave grounds for discharge, which the Administrator was ultimately responsible to begin the process. Telephone interview with the Administrator on 2/19/16 at 4:10pm revealed: -The policy was to issue residents a warning for the first time they were caught smoking in the facility. -The policy was to issue an immediate discharge for the second time a resident was caught	D 270	All tobacco products are retained by facility with staff handing out 1 cigarette per hour with supervision of staff.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 270	Continued From page 138 smoking in the facility. _____ Review of the Plan of Protection provided by the facility 2/11/16 and 2/18/16 included: -The facility will provide supervision in accordance with the residents' assessed needs to ensure the safety of all residents (smokers, wanderers, and behavioral issues). -Calling staff member to do one on one with resident [Resident #12]. -Contacted Guardian to do a automatic discharge due to the safety of himself and others in the building [Resident #7]. -Immediately in a week, there will be a licensed Administrator in the building. -The facility will provide one on one supervision until adequate discharge given due to unable to provide medical needs due to resident consistent refusal of medication [Resident #7]. -The facility had gone to supervised smoking with one cigarette per resident per hour. -Supervise smoking ensures protection for all residents, smokers and non-smokers. DATE OF CORRECTION FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED MARCH 24, 2016.	D 270	PCA will be assigned to 1:1 not interrupting required staffing requirements, for safety until of resident and others. Guardian or responsible party will be notified of activity and a discharge per rules and regulations of facility unable to provide medical needs. Facility provides supervised smoking 1 cigarette per hour with staff present while residents smoke ensuring protection of all residents. A licensed Administrator was hired and in the building on	3/1/16 2/19/16
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE A2 VIOLATION	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 139 Based on observations, interviews, and record reviews, the facility failed to assure referral and follow-up for 8 of 9 residents; for Resident #3's low blood sugars, Resident #4's delay of 3 months for a neurologist consult and missed doses of Avonex, for Resident #5's referral for podiatry, for Resident #7's infection disease specialist referral and medication refusals with associated behaviors, for Resident #8 not receiving an ordered monthly injectable antipsychotic for 3 months, for Resident #11's burnt fingertips from smoking behaviors, Resident #14's request for birth control, and for Resident #30's order for a protective helmet to prevent injury from head banging. The findings are: A. Review of current FL2 for Resident #7, dated 7/23/15, revealed Resident #7 had diagnoses which included hepatitis C, seizures, anxiety, metabolic encephalopathy, and alcohol and substance abuse. Review of Resident #7's Resident Register revealed he was admitted to the facility on 7/22/15. Review of Resident #7's primary care physician visit, dated 11/5/15, revealed he had diagnoses which included: -A communicable disease. -A communicable disease "infection." -"Non compliance with medication regimen." Review of Resident #7's primary care physician visit, dated 12/3/15 revealed diagnoses included: -Major depressive disorder. -Alcohol dependence with withdrawal delirium.	D 273	Per policy Resident's will have appointments scheduled by transportation and documented. Residents will be notified of scheduled appointment. 24 for hours before posting of appointments for PCA's and MA to have resident bathed and clean cloths for appointment. Transportation will have: -MD or appointment sheet -face sheet -MAR -Insurance information Residents have right to refuse to attend appointment, which has occurred. Resident refused to take medications or attend MD appointments, per staff. Per policy All appointment and/or medication refused. - Notify RCC -Notify primary MD -Notify guardian or responsible	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 140 Review of Resident #7's current FL2, dated 7/23/15 revealed the following orders: -Truvada 200-300 1 daily (a medication to treat a communicable disease) -Prezista 800 mg 1 daily (a medication to treat a communicable disease) -Bactrim 800-160mg twice daily (an antibiotic and used to treat a communicable disease) -Sertraline 50 mg 1 daily (an anti-depressant) -Remeron 7.5 mg at bedtime (an anti-depressant) -Naltrexone 50 mg 1/2 table daily (used to prevent a relapse in people with a drug or alcohol dependence) -Thiamine 100 mg daily (a vitamin) -Daily vite, 1 daily (a vitamin). 1. Review of a mental health physician visit dated 12/3/15 revealed: -Resident #7 "is...complaining of agitation. The quality is best described as :physical aggression towards peer, irritability....the patient reported agitation as severe, impairment of function, some worsening in symptoms..the symptoms are constant...not taking medications as prescribed (non compliance of refusing meds)...The following findings or symptoms are associated with patient's chief complaint: worry, restlessness, no psychosis, inattention, irritability, impulsivity, increased energy, mood lability, racing thoughts, verbal aggression, irritability, refusal of care..." -"Per staff report: aggression, agitated, steals, acts out." Review of an unsigned handwritten note in Resident #7's record, dated 11/2/15, to a mental health provider revealed: -Resident #7 "noted to be threatening Residents and staff."	D 273	party -Administrator will issue a immediate discharge due to not available to met medical needs. Medication refusal are reported to MD and guardian if consistent refusals of life threatening medications x 3days. A care discussion with MD, RCC and Administrator will occur to discuss if we can meet residents needs. If medication refusals continue of non-threatening medications MD is asked to review need for medication and if unable to make adjustments management must look at meeting needs. Following discharge rules and regulations. Now, that Administrator is in place she is responsible to look at all incidents/accidents and using rules and regulations for discharge make decision if setting appropriate to meet residents needs.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 141 -A request for medication for Resident #7 "until other placement can be made." -"Noted to curse at Guardian on phone stating he will hurt someone if she does not get him out of here. -"Residents and staff are becoming fearful of" Resident #7. Subsequent physician orders, dated 11/12/15, in Resident #7's record revealed Lorazepam 1 mg, 1 and 1/2 tablets three times daily (used to treat anxiety) Review of physician orders, dated 11/23/15, revealed: -To "crush and put medications in food." -To "change all 8:00am medications to 12:00pm. -To "change all 8:00pm medications to 5:00pm. Interview with Staff H, Medication Aide on 2/10/16 at 5:15pm revealed: -She had placed the 5:00pm medications in Resident #7's soup. -The Personal Care Aides (PCAs) who supervised the dining room always let her know how much Resident #7 ate. -Resident #7 very often refused to eat his meals because he could taste the medications in his food. -The PCAs were supposed to offer Resident #5 another tray if he wanted one after he refused the meal with the medication in it. Observation of the evening meal on 2/10/16 at 5:50pm revealed: -Resident #7 was served chicken noodle soup, a ham and cheese sandwich, fruit cocktail, milk, and water. -Resident #7 ate only a few bites of the chicken noodle soup.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 142 -A Medication Aide was not in the dining room to observe how much of the soup was consumed by Resident #7. Resident #7 left the dining room with his sandwich in a napkin. Review of Medication Administration Records dated 1/11/16 (8:00am) through 1/31/16 2/10/16 (12:00pm) for Resident #7 revealed: -Bactrim DS 800-160, 1 tab twice daily initials circled as not administered at 8:00am and 8:00pm on 1/16, 8:00pm and on 1/27, and at 8:00am on 1/30. -Lorazepam 1 mg, 1 and 1/2 three times per day, circled as not administered at 8:00am on 1/19, 1/30, at 8:00pm on 1/16, 1/25, 1/27, and 1/28. -Sertraline 50 mg 1 daily circled as not administered at 12:00pm on 1/12, 1/27, 1/28, 1/29, and 1/30, -Divalproex cap 125 mg three capsules twice daily, circled as not administered at 12:00pm on 1/12, 1/20, 1/21, 1/23, 1/24, 1/25, 1.27, 1/28, 1/29, and 1/30, at 5:00pm on 1/19, 1/20, 1/21,1/30, and 1/31 No documentation of administration at 5:00pm on 1/16 and at 12:00pm on 1/30, and 1/31. -Prezista 800 mg one daily, circled as not administered at 12:00pm on 1/12, 1/13, 1/20, 1/21, 1/24, 1/25, 1/26, 1/27, 1/28, 1/29, and 1/30. No documentation of administration on 1/16 and 1/31. -Truvada 200-300, 1 daily, circled as not administered at 12:00pm on 1/12, 1/20, 1/21, 1/23, 1/24, 1/25, 1.27, 1/28, 1/29, and 1/30.. No documentation of administration on 1/31. -Thiamine 100 mg daily, circled as not administered at 12:00pm on 1/11, 1/19, 1/20, 1/22, 1/23, 1/24, 1/26, 1/27, 1/28, and 1/29. No documentation on 1/30. -Multivitamin 1 daily, circled as not administered	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 143 on 1/20, 1/21, 1/23, 1/24, 1/25, 1/27, 1/28, 1/29, and 1/30. Review of the back of the January 2016 MAR for Resident #7 revealed "Meds refused" on: -1/19 at 5:00pm -1/20 at 12:00pm and 5:00pm. -1/21 at 12:00pm and 5:00pm -1/23 at 12:00pm and 5:00pm -1/24 at 12:00pm at 12:00pm and 5:00pm -1/30 at 5:00pm Review of Medication Administration Records dated 2/1/16 (8:00am) through 2/10/16 (12:00pm) for Resident #7 revealed: -Bactrim DS 800-160, 1 tab twice daily initials circled as not administered at 8:00pm on 2/1, 2/2, and 2/3, and at 8:00am on 2/2 and 2/4. -Lorazepam 1 mg, 1 and 1/2 three times per day, circled as not administered at 8:00am on 2/2, and 2/4; at 2:00pm on 2/4, and 2/6; at 8:00pm on 2/1, and 2/3. -Sertraline 50 mg 1 daily circled as not administered at 12:00pm on 2/3, 2/4, 2/6, 2/8, 2/9, and 2/10. No documentation of administration on 2/2, 2/5, and 2/7. -Divalproex cap 125 mg three capsules twice daily, circled as not administered at 12:00pm on 2/1, 2/4, 2/6, 2/8, 2/9, and 2/10; at 5:00pm on 2/3, 2/4, 2/5, 2/6, 2/7, and 2/9. No documentation of administration at 12:00pm on 2/2, 2/3, 2/5 and 2/7. -Prezista 800 mg one daily, circled as not administered at 12:00pm on 2/3, 2/4, 2/6, 2/8, 2/9, and 2/10. No documentation of administration on 2/2, 2/5, and 2/7. -Truvada 200-300, 1 daily, circled as not administered at 12:00pm on 2/3, 2/4, 2/6, 2/8, 2/9, and 2/10. No documentaion of administration on 2/2, 2/5, and 2/7.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 144 -Thiamine 100 mg daily, circled as not administered at 12:00pm on 2/3, 2/4, 2/8, 2/9, and 2/10. No documentation on 2/2, 2/5, and 2/7. -Multivitamin 1 daily, circled as not administered on 2/2, 2/5, and 2/7. Review of the back of the February 2016 MAR for Resident #7 revealed "Meds refused" on: -2/3: 12:00pm and 8:00pm -2/4: 8:00 am 12:00pm -2/8: 12:00pm and 4:00pm -2/9: 12:00pm Observation of Resident #7's medications on hand in the medication cart on 2/10/16 at 4:10pm revealed all medications available for administration. Review of Resident #7's record revealed no documentation that the primary care physician or the mental health provider had been contacted for Resident #7's refusals of medications in January or February 2016. Interview with Resident #7's primary care physician on 2/11/16 at 12:20pm revealed: -The facility had not made him aware Resident #7 had been refusing his medications in January and February 2016. -Resident #7 needs to see his mental health provider because of his medication refusals. -The primary care physician said he could not help Resident #7 if he refused to take his medications. Interview with Resident #7's mental health care provider on 2/16/16 at 12:20pm revealed: -He saw Resident #7 twice, but not in January or February 2016. -The facility did not notify him before the survey	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 145 began to let him know Resident #7 was refusing his medications, but called him on 2/10/16. -He thought of increasing some of Resident #7's medication when the facility called him on 2/10/16 but did not because of the refusals.. -Resident #7 "is refusing" to see him today. -He knew Resident #7 refused to see him on 2/11/16, the last time the mental health care provider was in the facility. Observation of Resident #7 on 2/19/16 at 9:45am revealed: -Resident #7 was visibly very agitated and verbally threatening, stating, "They won't give me my money." -Resident #7 stood up from his wheelchair over desk where surveyor was seated and stated, I am going to burn this [expletive] down if they don't give me my money. -Resident #7's behavior was reported to management. Observation of Resident #7 on 2/19/16 at 10:55am revealed Resident #7 was walking down the A Wing hall away from the on-site Adminstrator saying in a very loud voice and repeating it at least 8 times, "Leave me the [expletive] alone." Observation of Resident #6 on 2/19/16 at 10:57am in her room revealed: -Resident #7's verbal outburst could be heard in Resident #6's room even with the door closed. -Resident #6 was seated in her room in a chair and visibly shaking all over and said she was afraid. -Resident #6 asked surveyor to please not let Resident #7 in her room. -Resident #6 reported that she and other residents should not have to listen to Resident	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 146 #7. -Resident #6 requested that surveyor ask the medication aide to come see her so she could request a prn (as needed) anti-anxiety medication. Interview with Resident #15 on 2/19/16 at 3:07pm revealed: -During a fire drill when all the residents were outside, Resident #7 hit her with his fist on her jaw after she called Resident #7 a [expletive]. -She reported she did not go to the ER. -She did go to the "magistrate's office" afterwards and filed charges against Resident #7. -No one has contacted her regarding a court date. -She does not remember if Resident #7 ever hit anyone else. Interview with the RCC on 2/19/16 at 3:20pm revealed: -She did witness Resident #7 hit Resident #15. -Before the incident, Resident #7 kept telling Resident t#15 to quit calling him [explicative]. -After the incident, staff attempted to keep Resident #7 away from Resident #15. Interview with the facility Nurse on 2/17/16 at 9:10am revealed: -She was aware Resident #7 had been refusing his medications but he had also refused to see the physician, which was not documented. -The previous RCC had gone to the magistrates office and tried to get Resident #7 committed for a psychiatric evaluation, date not sure. -The magistrate refused to commit Resident #7. -They had not discharged Resident #7 because they had not found placement, but they had been trying to find placement for Resident #7. -Facility staff were supposed to notify the	D 273	Refusal of medications & inappropriate behavior can activate discharge due to facility unable to meet resident needs. Physical violence toward another resident is immediate discharge.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 147 physician after 3 medication refusals and for one refusal, depending on the medication. -MAs were supposed to make 3 attempts to administer medications to any resident who refused their medications and then notify the physician and management. -She was not aware of a written medication refusal policy and procedure. Review of the policies and procedures provided by the facility to surveyors revealed no policy and procedure related to medication refusals. Review of an Incident/Accident report completed on 12/15/15 at 8:30pm by the current RCC revealed: -"Resident [#15] was arguing with another resident when she was hit by another resident. -First aid was not administered. Interview with the Operations Manager on 2/19/16 at 2:45pm revealed: -When Resident #7 was first admitted, he had a different mental health provider and that provider would not assist with getting Resident #7 committed for a psychiatric evaluation. -He did not know why Resident #7 had not been referred to the physican for the medication refusals. Telephone interview with the Administrator on 2/19/16 at 4:10pm revealed: -Their policy is to immediately discharge any resident who hits another resident. -She was not aware that Resident #7 hit Resident #15. -She was not aware Resident #7 was refusing his medications until "last week," (after surveyors asked facility staff). -It was the responsibility of the Operations	D 273	Per policy in medication manual Staff has been instructed on manual usage. A copy is in Administrators office, RCC office, and each medication room.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 148 Manager to inform her what was going on in the facility. Telephone interview with the Operations Manager on 2/22/16 at 3:30pm revealed: -Resident #7 got in an altercation with Resident #42 on 2/20/16 about 9:00pm and hit Resident #39. -Staff called the local sheriff, who took Resident #7 to jail. -Staff issued an immediate discharge for Resident #7 and informed his guardian, the ombudsman, and the county adult home specialist. -At the time of Resident #7's altercation, he was on a 15 minute watch by staff. 2. Review of physican orders for Resident #7 revealed: -An order, dated 10/13/15, "to send resident to infectious disease center to be seen for a [communicable disease]." -An order, dated 7/21/15 (1 day before resident was admitted to this facility), to " follow-up with [name of physician and telephone number], for infectious disease appt." Interview with the facility Nurse on 2/18/16 at 8:10am revealed: -She was not aware Resident #7 had an order to see an infectious disease physician. -Facility staff who provided transportation in July and October 2015 when the referral was ordered no longer worked at that facility. -The Resident Care Coordinator (RCC) who was in that position in July 2015 left the facility in January 2015 and the new RCC was still in training for that position. -It was the RCC's responsibility to schedule the referral and follow-up appointments.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 273	Continued From page 149 -They were in the process of obtaining an appointment for Resident #5 with an infectious disease specialist. Telephone interview with the Infectious Disease Physician specified on the referral (dated 7/21/15) on 2/17/16 at 10:30am revealed they had no documentation the facility had attempted to schedule an appointment for Resident #7. B. Review of current FL2 for Resident #5, dated 1/15/16, revealed diagnoses which included long term insulin use, type II diabetes, cognitive communication deficits, hypertension, encephalopathy, congestive heart failure, chronic obstructive pulmonary disease, and mild intellectual disorder. Review of the Resident #5's FL2, dated 1/15/16, revealed a physician order for Coumadin 2.5mg at bedtime. Review of a physician visit History and Physical (from the facility where Resident #5 previously resided) revealed additional diagnoses of atrial fibrillation and previous cardiovascular accident. Review of the the Resident Register revealed Resident #5 was admitted to the facility on 1/19/16 from a skilled facility. 1. Review of Resident #5's record revealed an order for an INR lab, dated 1/23/16 to check INR. Review of Resident #5's record on 2/10/16 at 9:10am revealed no documentation of an INR lab value. Interview with the facility Home Health Nurse on 2/10/16 at 9:55am revealed:	D 273	Per policy All orders are validated by RCC using a order process. All lab orders are to be referred to Home Health Nurse or MD will draw labs per appointment. RCC is responsible to obtain copies of labs.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 150 -She had never been contacted by the facility to draw labs on Resident #5 for an INR and was not aware Resident #5 had an order for Coumadin. -The Home Health protocol required the facility fax any new orders to their office 24-48 hours before the labs were drawn. Review of Resident #5's INR lab value drawn on 2/11/16 revealed 2.1 with recommended value for standard dose therapeutic range 2.0-3.0. Interview with the facility Nurse on 2/18/16 at 8:10am revealed: -She did not know why there was a delay in notifying Home Health of the INR lab order but it was the responsibility of the RCC or the medication aide on duty. -The current RCC started in that position about 4 weeks ago because the other RCC left in January 2016. 2. Review of physician orders dated 2/5/16 revealed "Referral for Podiatry." Observation of Resident #5 on 2/9/16 at 11:30am revealed: -Resident #5 appeared to be sleeping in bed. -The Resident's feet were bare, exposing thick overgrown toenails on all his toes, the nails curling over the tips of some of his toes. -The Resident had long fingernails. Interview with Resident #5 on 2/9/16 at 11:30am revealed: -The Resident was unable to see out of his right eye. -He denied any pain with his feet or toenails. Interview with the facility and Licensed Health Professional Support Nurse on 2/18/16 at 8:10am	D 273	Resident saw podiatry on 2/28/16 and has follow-up appointment in May.	2/28/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 151 revealed: -She did not complete a full body assessment on Resident #5 when she completed the LHPS review. -She did not observe Resident #5's toenails. C. Review of Resident #3's current FL2 dated 9/10/15 revealed: -Diagnoses included: dementia, diabetes, unspecified nonpsychotic mental disorder, hypertension, arthritis, and renal disorder. -Resident #3 was documented constantly disoriented and ambulatory. -Resident #3 was documented as needing staff assistance with bathing, feeding, and dressing. -A physician's order for Fingerstick Blood Sugar (FSBS) tests twice daily. -A physician's order for Levemir (used to control blood sugar) 22 units injected daily at bedtime. Review of Resident #3's Resident Register revealed an admission date of 9/9/15. Review of Resident #3's signed physician order sheet dated 2/1/16 revealed FSBS twice a day at 6:30am and every night at bedtime. Normal blood sugar is considered 80-100 according to the National Institute of Health. Review of Resident #3's November 2015 Medication Administration Record (MAR) revealed: -A computer generated entry for FSBS twice a day at 6:30am and at bedtime scheduled for 8pm. -The 6:30am FSBS range was 34-161. -FSBS results were below 60 for 13 occurrences out of 29 opportunities. -On 11/3/15, FSBS=41 -On 11/5/15, FSBS=36, documented intervention	D 273	Per policy All admissions have a full body assessment.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 273	Continued From page 152 "gave OJ and sugar" -On 11/7/15, FSBS=43 -On 11/21/15, FSBS=49 -On 11/30/15, FSBS=42 Review of Resident #3's December 2015 MAR revealed: -A computer generated entry for FSBS twice a day at 6:30am and at bedtime scheduled for 8pm. -The 6:30am FSBS range was 47-149 with FSBS results below 60 for 7 occurrences out of 27 opportunities. -On 12/8/15, FSBS=47 -On 12/18/15, FSBS=49 -On 12/25/15, FSBS=49 -No documented interventions on the back of the MAR. Review of Resident #3's January 2016 MAR revealed: -A computer generated entry for FSBS twice a day at 6:30am and at bedtime scheduled for 8pm. -The 6:30am FSBS range was 36-157 with FSBS results below 60 for 7 occurrences out of 22 opportunities. -On 1/4/16, FSBS=48 -On 1/8/16, FSBS=44 -On 1/17/16, FSBS=49 -On 1/27/16, FSBS=36 -No documented interventions on the back of the MAR. Review of Resident #3's February 2016 MAR revealed: -A computer generated entry for FSBS twice a day at 6:30am and at bedtime scheduled for 8pm. -From 2/1/16 to 2/7/16 the 6:30am range was 47-139. with FSBS results below 60 on 1 occurrence out of 7 opportunities. -On 2/4/16, FSBS=47	D 273	Per policy All diabetic finger sticks below 50 must be called to MD after giving 4oz OJ and 3 packs of sugar. All diabetic are given a peanut butter sandwich as a bedtime snack. This resident must be supervised to eat sandwich.	3/1/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 153 -No documented interventions on the back of the MAR. Interview with Staff E, Medication Aide, on 2/10/16 at 10:20am revealed: -Resident #3's "FSBS are doing better." -She did not remember Resident #3 having any low FSBS less than 50. -"We are supposed to contact the doctor if the blood sugar is less than 50 and ask what to do." -"We have glucose tabs on the cart or may give orange juice and a peanut butter sandwich" to a resident with a low blood sugar. -After giving glucose tab, orange juice, or peanut butter sandwich "we are supposed to recheck FSBS and call the doctor back." -There "should be verbal doctor's orders in [Resident #3's] chart and on the back of the MARs any interventions given for low blood sugars." -Resident #3 "does not have a call parameter." -"I would call the doctor for [FSBS result] of anything below 50." Interview with the facility Nurse on 2/10/16 at 10:10am revealed: -Resident #3's was followed by the facility physician group that came into the facility weekly for his healthcare needs. -"When they see [Resident #3] they ask for the MARs to see what [medications] the resident is on and if anything needs to be adjusted." -Staff were supposed to document any physician contact concerning a resident and interventions in the resident's record. Interview with the RCC on 2/10/16 at 11:40am revealed: -Medication Aides were supposed to document FSBS interventions on the back of the residents'	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 273	Continued From page 154 MARs whether intervention for low or high result. -"I am not sure if [Resident #3's physician] knows about the low sugars or not." -The physician looked at the MARs when they were seeing the residents. Telephone interview with Resident #3's primary care physician on 2/10/16 at 11:45am revealed: -With low FSBS results in the 30's and 40's "I always tell [staff] to send [the resident] to the hospital." -"I know they called me about the [FSBS result of] 34 and I told them to send him to the hospital." -"I wasn't aware of repeated low FSBS values." -"I would have liked to have known from staff to look at adjusting his medications." D . Review of Resident #4's current FL2 dated 2/5/16 revealed: -Diagnoses included Multiple Sclerosis, migraine headaches, schizophrenia, and posterior manic stress disorder. -The resident required supervised feeding assistance. Review of Resident #4's Resident Register revealed an admission date of 6/17/15. Review of Resident #4's Care Plan dated 2/3/16 revealed: -The resident required staff supervision for bathing and dressing. -The resident required limited assistance from staff with eating. 1. Review of Resident #4's clinical note dated 11/5/15 with a Nurse Practitioner (NP) revealed: -"Would refer her to a Neurologist to follow up with her Multiple Sclerosis." -The order was electronically signed by the NP on	D 273	Residents primary physician is in building weekly. RCC will report all FSBS that have a pattern of low results for medication assess ment.	4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 155 11/5/16 at 11:46am. Interview with Resident #4 on 2/9/16 at 10:44am revealed: -"I was supposed to see a Neurologist about [Multiple Sclerosis], but I don't know what happened to that." Interview with the BOM on 2/11/16 at 10:09am revealed: -There was an order for a Neurology consult for Resident #4 dated 11/5/15 for Multiple Sclerosis diagnosis. -The RCC was responsible for informing the transportation staff of a new order for a consult. -Then the transportation staff was responsible for scheduling the appointment with the Neurologist for the resident. Interview with Resident #4's Primary Care Physician on 2/11/16 at 12:35pm revealed: -"We can't change her meds until she sees the Neurologist." -The physician was unaware that the resident had missed her original appointment on 1/6/16 with the Neurologist, but he was not concerned that the rescheduled appointment would not occur until 2/22/16. -He stated it typically took several months to obtain a Neurology appointment. Interview with the BOM on 2/11/16 at 12:40pm revealed: -She would not have known the Neurology Consult for Resident #4 had not been rescheduled until she went through the resident charts to check orders which "I do once a month." -"I look at orders, [Medication Administration Records (MARs)], and meds on the carts. Usually takes 2 full nights."	D 273	An appointment was scheduled and the resident refused to go because she did not feel well. Appointment on 2/22/16 resident attended. Neurologist informed he could not offer her any new or different therapy. Medicaid will not pay for ordered IM med-cation. Pharmacy stated no other substitution available. BOM is searching why Medicaid has lapsed.	1/6/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 156 -She performed these chart and medication cart audits "when the new printed MARs come in from the pharmacy." -"If I have a referral, I check to make sure there's a referral appointment scheduled in the book and the report from the physician" concerning the results of the appointment. Refer to interview with the BOM on 2/11/16 at 10:15am. Refer to interview with the BOM on 2/11/16 at 10:17am. 2. Review of Resident #4's current FL2 dated 2/5/16 revealed: -A physician's order for Avonex (used to treat relapsing Multiple Sclerosis) pen 30mcg inj. intramuscular (IM) every week. Review of Resident #4's FL2 dated 11/23/15 revealed a physician's order for Avonex pen 30mcg inj. IM every week. Review of Resident #4's signed Physician Order Sheet dated 12/30/15 revealed a renewed order for Avonex pen 30mcg inj. IM every week. Review of Resident #4's November 2015 MAR revealed: -A computer generated entry for Avonex pen 30mcg (0.5ml) inject IM weekly with an order origination date of 8/17/15. -The Avonex was documented as administered 4 occurrences out of 5 opportunities (11/2/15, 11/16/15, 11/23/15, and 11/30/15.) Review of Resident #4's December 2015 MAR revealed: -A computer generated entry for Avonex pen	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 157 30mcg (0.5ml) inject IM weekly with an order origination date of 8/17/15. -The Avonex was documented as administered 4 occurrences out of 4 opportunities (12/7/15, 12/14/15, 12/21/15, and 12/28/15.) Review of Resident #4's January 2016 MAR revealed: -A computer generated entry for Avonex pen 30mcg (0.5ml) inject IM weekly with an order origination date of 8/17/15. -The Avonex was documented as administered 4 occurrences out of 4 opportunities (1/4/16, 1/11/16, 1/18/16, 1/25/16). Review of Resident #4's February 2016 MAR on 2/10/16 revealed: -A computer generated entry for Avonex pen 30mcg (0.5ml) inject IM weekly with an order origination date of 8/17/15. -The Avonex was documented as administered 1 occurrence out of 2 opportunities (2/1/16). Telephone interview with the facility pharmacy on 2/10/16 at 4:07pm revealed: -24 doses of Avonex injections had been dispensed from their pharmacy for Resident #4. -A 4 dose package had been dispensed from the pharmacy on 8/17/15, 9/8/15, 10/5/15, 11/9/15, 12/8/15, and 1/11/16. Interview with Resident #4 on 2/9/16 at 10:44am revealed: -She was scheduled to receive her weekly injection of Avonex on 2/8/16, but she had not received the injection on 2/8/16. -The injection was administered to her by a nurse from Home Health. -She thought the delay in her getting the injection had to do with the cost of the medication which	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 158 was "$7000.00 a shot." -Symptoms that she could have if she did not receive the weekly injection included cramping "all through my body", facial jerking, intensive numbness, and muscle pain throughout her body. -She had not yet experienced any of these symptoms as a result of missing the injection on 2/8/16, but "I will if they don't get me my shot." Telephone interview with the Home Health Agency that administered Resident #4's Avonex injections on 2/10/16 at 4:22pm revealed: -Resident #4 was documented to have received Avonex injections every Monday beginning June 2015. -Resident #4 should have last had an Avonex injection 2/8/16, however the resident's Medicaid had lapsed and so the resident had no insurance to cover the cost of the medication or the Home Health service to come out to administer the medication. A second interview with Resident #4 on 2/10/16 at 5:25pm revealed: -Her Multiple Sclerosis was currently in remission, but she had relapsed in the past. -She needed the Avonex injection to prevent a relapse of the Multiple Sclerosis. Telephone interview on 2/11/16 at 9:25am with the Home Health Nurse who had administered Resident #4's Avonex injections since June 2015 revealed: -She had placed an order for the Avonex injection for Resident #4 on 2/3/16 to be sent from the facility pharmacy. -This dose was ordered in preparation for the injection that was due to be administered on 2/8/16. -She found out when she placed the call to the	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 159 pharmacy that Resident #4's Medicaid insurance had lapsed. -She immediately notified the facility staff to let them know. -The Business Office Manager (BOM) was "not in that day, but staff said they would let her know about the Medicaid lapse." -Resident #4 also missed another Avonex injection on 11/9/15 due to a problem with insurance non-payment. -Those were the only two missed doses of Avonex that had occurred since she began administering the injections. Interview with the BOM on 2/11/16 at 9:40am revealed: -Resident #4's Medicaid had lapsed in January 2016. -She had mailed the paperwork to reinstate it on 1/27/16 or 1/28/16. -The facility had taken Resident #4 to the local emergency room (ER) on the evening of 2/10/16 to see if they would administer the Avonex injection or recommend an alternative medication, however the injection cost $9000 there and they did not administer the injection or make any recommendations as to an alternate medication. -The local ER discharge instructions were for the resident to follow up with her primary care physician in 3-5 days. -Resident #4's primary care physician would be in the facility that day and she had put Resident #4 on the list to be seen by him to see if there was another medication that could be substituted for the Avonex. Telephone interview with the facility pharmacy on 2/11/16 at 9:49am revealed: -Resident #4's Avonex had been ordered on	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 273	Continued From page 160 2/3/16, but had not yet been filled pending insurance non-payment and no agreement reached with the facility for payment or recommendation from a physician for an alternative to the medication. Interview with Resident #4's Primary Care Physician on 2/11/16 at 12:35pm revealed: -"We can't change her meds until she sees the Neurologist." -"She can't be off her Avonex. There is no alternative med without a recommendation from a Neurologist." -"She has taken Avonex for a long time." Refer to interview with the BOM on 2/11/16 at 10:15am. Refer to interview with the BOM on 2/11/16 at 10:17am. E. Review of Resident #30's current FL2 dated 11/23/15 revealed a diagnosis of schizoaffective disorder bipolar type. Review of Resident #30's Resident Register revealed an admission date of 11/10/15. Review of Resident #30's record revealed: -A physician's order dated 1/8/16 for "protective helmet ?". -A physician's order dated 1/23/16 to "provide a protective helmet for head banging activity." -On 2/4/16 at 4:00am, Resident #30 was attempting to leave the facility and called 911. -Law enforcement informed her if she did not calm down, she would be taken to jail. -As the sheriff was leaving, Resident #30 stated she wanted to run away and was upset because	D 273	MD canceled order due to no seizure activity or behaviors that showed need for helmet. Facility attempted to order helmet from DMA company. Medicaid refused to pay for helmet. MD ordered helmet at resident request. No family contact to pay for helmet. Resident received substantial spend ing money from trust each month but refused to pay for helmet.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 273	Continued From page 161 the Medication Aide (MA) would not allow her to go out the door. -Resident #30 started beating her head against the wall beside the medication room, causing a dent in the wall. -There was no documentation Resident #30 was taken to the Emergency Room for evaluation. -There was no documentation in Resident #30's record regarding attempts to obtain a protective helmet for Resident #30. Interview with Resident #30 on 2/17/17 at 4:10pm revealed: -The facility was supposed to get her a helmet. -"The doctor has ordered it." -"The home won't do what they need to, to get it for me." -The doctor at the facility had diagnosed her with "head banging." -The helmet helped her stay more in control. -She felt pressure in her head and spasms in her back which went up to her head. -"I can't cognitively think" and had poor impulse control. -She felt like she had "popping rocks" in her head every now and then. -The head banging helped relieve pressure. -She started head banging at age 2. -The last time she wore a helmet was when she was 17 years old (5 years ago). -To her knowledge the facility had not made a referral to get the helmet. Interview with Resident #30's Guardian on 2/18/16 at 11:05am revealed: -The agency she was employed by was the Guardian for Resident #30. -She was the Guardianship Case Manager for Resident #30. -The agency had been her Guardian for a few	D 273	Per policy Guardians are to be notified of all inappropriate behaviors.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 162 years. -Resident #30 did not have a seizure disorder. -Resident #30 used to have a protective helmet. -Resident #30 was prone to have "temper tantrums". -She did not think Resident #30 had any recent head banging behaviors. -She was unaware of the incident on 2/2/16 when Resident #30 banged her head. Interview with the facility RN on 1/22/16 at 1:30pm revealed: -When the first order for a protective helmet was written on 1/8/16, the facility faxed the paperwork (the order and resident's information) to a durable medical equipment (DME) company that they frequently used. -The DME company usually sent papers for the protective helmet to the facility for the physician to complete. -TheDME company was unable to provide a helmet and "I didn't know who else to call." -The facility RN informed the Operations Manager (date unknown) and he told her if they could not locate a helmet, "the facility would buy one." -The Operations Manager had the names of two other companies. -When the order for 1/28/16 was written, she was unsure as to "what happened after that." -She did not know the current status of obtaining a protective helmet for Resident #30. -She had not followed up with the Operations Manager to find out the status of ordering a protective helmet. Interview with the Operations Manager on 2/23/16 at 11:00am revealed: -The Resident Care Coordinator was responsible for making referrals for medical equipment. -The Business Office Manager (formerly the	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 273	Continued From page 163 Resident Care Coordinator) told him the insurance would not pay for the helmet and the guardian had contacted the facility to let them know she would pay for the helmet. -The doctor told them today he was going to discontinue the order because there was no financial source to pay for the helmet. -"The order was discontinued today, but the guardian is going to send an agreement to pay for the helmet." -"When we receive the agreement from the guardian, we will have the doctor to reorder it." -He had information about another DME company and he was going to call them today. Interview with the Guardian for Resident #30 on 2/23/16 at 11:10am revealed: -She had never talked with anyone at the facility to say the Guardian would pay for a helmet for Resident #30. -Their agency was only responsible for being the guardian of the person and did not cover items that were not covered by Resident #30's insurance. -She had previously talked with the former Resident Care Coordinator about the helmet during a visit to the facility, but did not agree to pay for the helmet. F. Review of Resident #14's current FL2 dated 9/24/15 revealed: -Diagnoses included unspecified schizophrenia spectrum and unspecified depressive disorder. -No order for birth control medication. Review of Resident #14's Resident Register revealed an admission date of 9/22/15. Review of Resident #14's record revealed: -The resident was deemed incompetent and had	D 273	Transportation has made an appointment with gynecologist for exam and order for birth control needs.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 164 a court appointed Guardian. -The Guardian was to be informed and involved with the resident's decisions. Interview with Resident #14 on 2/11/16 at 3:15pm revealed: -She had resided at the facility for "4 months and 2 weeks." -She had a boyfriend at the facility (Resident #41), but they were not having sexual relations. -"I wish I was on birth control." -She had received the Depo-Provera birth control injection every three months before she came to the facility. -She received a Depo-Provera injection in May 2015 while she was at an inpatient facility and had another one in June 2015. -She had not had the Depo-Provera injection since being at the facility. -She told the facility RN she wanted the Depo-Provera shot "when I came in." -She had not heard back from the facility RN to see if the doctor had ordered the Depo-Provera shot. -The facility RN or the home health RN "are the ones who could give it." -"I don't need a child right now." -She was not aware the facility had condoms available. Interview with Resident #14's Guardian on 2/12/16 at 12:30pm revealed: -Resident #14 had been deemed incompetent and she had full Guardianship of Resident #14. -Resident #14 needed supervision for her medications. -She was not aware Resident #14 was not receiving her birth control shots. -She was concerned if Resident #14 was not receiving her birth control shots.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 165 -Resident #14 was young and everyone had sexual needs, so she needed to be on birth control as a precaution. -Resident #14 had previously had one child and "she is not able to take care of a child." -She had advised "Resident #14 "for a long time" she should carry condoms. Interview with Resident #14 on 2/17/16 at 9:05am revealed: -She had blood drawn by a home health nurse on 2/15/16 for a pregnancy test. -"This a test I have to have before they can start me on the birth control shots." -She had not received the results of the test yet, but "it is impossible that I would be pregnant" because she had not had intercourse. Interview with the facility RN on 2/17/16 at 11:10am revealed: -The physician had been notified of Resident #14's request for birth control. -The physician ordered for Resident #14 to have a pregnancy test before starting the Depo-Provera injections. -Women of the facility were encouraged to discuss birth control issues with the physician. -Women of the facility were informed if they because pregnant, they could not remain at the facility. A second interview with the facility RN on 2/17/16 at 4:45pm revealed the pregnancy test for Resident #14 was negative. Review of the pregnancy test for Resident #14 completed on 2/15/16 was negative. Interview with the Administrator on 2/19/16 at 4:50pm revealed:	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 166 -The facility had condoms available for residents. -The facility RN, who was responsible for doing LHPS assessments, was responsible for following up if medical needs were identified. G. Review of Resident #8's current FL2 dated 11/10/15 revealed: -Diagnoses included: cognitive disorder, schizophrenia, bipolar disorder and depression. -Medications which included Abilify Maintena (generic name aripiprazole, an antipsychotic medication used in the treatment of schizophrenia and bipolar disorder), 400mg/ml, inject 400mg intramuscularly (IM)every month. -In a grey shaded box the computer-printed statement in capital letters "WHEN IS INJECTION GOING TO BE GIVEN?" -A physician's signature with the date 11/10/15. Review of a previous hospital FL2 for Resident #8 dated 11/10/15 revealed: -Medications which included Abilify Maintena, 400mg/ml, inject 400mg intramuscularly every month. -In the information section the statement "Pt. [patient] with wandering d/t [due to] cognitive impairment needs locked facility and assistance with self-care and med. [medication] management." Review of Resident #8's Resident Register revealed an admission date of 11/10/15. Review of a Licensed Health Professional Support (LHPS) note for Resident #8 dated 11/17/15 revealed: -The LHPS task of "medication administration through injection" checked. -In the narrative the statement "continues on Abilify Maintena 400mg IM Q month per HHRN	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 273	Continued From page 167 [home health registered nurse]- tolerates injections well." -The signature and date of 11/17/15 of the LHPS nurse. Review of a hand-written MAR for Resident #8 for the month of November, 2015 revealed: -The order for "Abilify Maintena 400mg Home Health to inject 400mg IM Q month." -The letters "HH" in the hour column. -No initials in any of the date blocks for the month. Review of a pharmacy refill sheet for Resident #8 dated 12/01/15 revealed: -A list of the Resident's ordered medications which included "Abilify Main inj 400mg, with a last filled date of 11/10/15 and expiration date of 12/10/15, quantity of 1." -The computer-printed statement, in parentheses and capital letters, next to the Abilify order of "NEED START DATE." -The physician's signature and date of 12/11/15 authorizing renewal of the medications listed. Review of computer-printed MARs for Resident #8 for the months of December, 2015 and January and February, 2016 revealed: -The order for "Abilify Main inject 1ml (400mg) intramuscularly every month (need start date)" with the original order date of 11/10/15. -The time of 8am crossed out and the letters "HH" handwritten in the hour column. -No initials in any of the date blocks for any of the months reviewed. Interview with Resident #8's guardian on 2/10/16 at 4:55pm revealed: -A care coordinator was involved in his care. -Named mental health services were approached	D 273	All MAR's reviewed by RCC and designator any note entered by pharmacy are to be validated on back of MAR	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 273	Continued From page 168 as another "turned him down." Interview with Resident #8 on 2/11/16 at 8:25am revealed: -He had "missed" his shots, "Abilify." -He last received his Abilify at a previous location but not since arriving at the facility. Interview with the Home Health Nurse on 2/12/16 at 9:30am revealed: -Staff for the "[named] mental health team" give injections. -She has had no interactions with Resident #8 but he might have been a patient with the named mental health provider. Interview with Resident #8's guardian on 2/12/16 at 11:30am revealed: -Resident #8 was set up with a named mental health provider a few days prior to the interview. -The facility was supposed to have taken Resident #8 to Winston-Salem, per the Business Office Manager, to receive his Abilify, and had asked of these plans "about a week ago." Interview with a representative from the Contract Pharmacy on 2/12/16 at 1:25PM revealed: -Resident #8's Abilify was "profiled" on 11/10/15 but was never sent to the facility. -The Pharmacy put on his Abilify order and communicated to the facility "need start date," but the facility never called back or ordered the medication. -A start date was required as the medication was expensive. Interview with a Medication Aide Staff D on 2/17/16 at 8:50am revealed: -If a resident was on an injectable medication, the Med Aide ordered it from the Pharmacy.	D 273	ACT team nurse administers inject able medication ordered by over site mental health MD	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 169 -The Resident Care Coordinator (RCC) and the nurse might order some medications, but she was not sure. -She knew nothing about Resident #8's Abilify. Observation of Staff D on 2/17/16 at 8:50am revealed: -Her looking through a large grey plastic bin full of medications. -No Abilify was located for Resident #8. Interview with the LHPS Nurse on 2/17/16 at 2:25PM revealed: -Injectable psychoactive medications were administered either by Home Health or the mental health provider for the resident. -Staff from these services were expected to document on the MAR when medications were administered but she had to have them come back to the facility to do this. -Staff from these services had their own documentation. -Nurses from these services would call the day before to make sure the medications were available for administration. -Medication Aides were expected to have the medications available and reordered. -A Pharmacy Technician from the Contract Pharmacy had put together a list of residents on injectable medication. -If the medication was not documented on the MAR the Medication Aides would be expected to follow up to see if it was given, or to see the RCC or nurse to figure out what happened. -Regarding Resident #8 it was "very important for him to get Abilify" and she had conversations with his guardian regarding this. -Upon reviewing Resident #8's MARs and other documents, she stated it did appear as if Resident #8 did not get his Abilify as ordered.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 170 -She could not account for her documenting on 11/17/15 that the Resident received his Abilify when in fact he did not. Interview with the Vocational Specialist from Resident #8's mental health service provider on 2/18/16 at 10:50pm revealed: -Resident #8 was not currently being seen but the provider's therapist may have been to the facility to evaluate him. -It would be "very important" and a "top priority" for someone with an order for Abilify to receive it. Interview with a Nurse Practitioner from Resident #8's physician practice on 2/19/16 at 11:15am revealed: -He was not aware of Resident #8, but if a resident was showing signs of psychosis it would be better for them to receive Abilify and if ordered, he "probably should have been getting it." -"Staff should have caught it [the Resident not getting Abilify as ordered]." Interview with the Therapist from Resident #8's mental health service provider on 2/19/16 at 3:30pm revealed: -She had evaluated Resident #8 and hoped to have him established for mental health services by the following week. -Resident #8's medications would be reviewed but based on his current orders and past history of being on Abilify, it should have been given as ordered. -She did not detect Resident #8 having hallucinations or delusions during her interviews. H. Review of Resident #11's current FL2 dated 2/5/16 revealed:	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 171 -Diagnoses included "nicotine [addiction]," "neurocognitive" and paranoid schizophrenia. -The Resident was checked as constantly disoriented and a functional limitation of sight required glasses. Review of Resident #11's Resident Register revealed: -An admission date of 12/22/14. -The Resident was checked for requiring nail care. -Personal habits checked was "smoking." Review of Resident #11's assessment and care plan dated 12/30/15 revealed: -Upper Extremities assessment was checked as "no problems." -Orientation assessment was checked as "sometimes disoriented." -Vision assessment was checked as "adequate for daily activities." -No special care needs were documented in the care as related to safe smoking. Review of a Nurse Practitioner note for Resident #11 dated 2/2/16 revealed: -A previous history of tobacco use disorder with 160 pack year of cigarette smoking history. -An extremities assessment which showed no cyanosis, no erythema, no petechiae (pinpoint bruising), no edema and normal sensation. -A digits and nail assessment which was "unremarkable." -A musculoskeletal assessment which showed digits were "unremarkable." -An integumentary (skin) assessment which showed nails were "unremarkable." Review of a physician note for Resident #11 dated 2/5/16 revealed:	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 172 -A musculoskeletal assessment with "digits unremarkable." -An extremities assessment "normal sensation" and "digits and nails unremarkable." -An integumentary assessment with "nails unremarkable." Interview with a MA Staff G on 2/11/16 at 9:55am revealed: -Resident #11 would not let staff touch his fingernails and when asked to clean them the Resident would say no. -When smoking, the Resident would place the ends of his lit cigarettes at the tips of his fingers after removing the filters. -The Resident had never complained about his fingertips, nor had staff reported him having difficulty holding a spoon or a pen. -When she would administer to him medications, the Resident was able to pick them out of the medication cup one at a time without dropping them. Interview with the BOM on 2/11/16 at 10:15am revealed: -Resident #4 had an appointment to see a Neurologist scheduled on 1/6/16 in the afternoon, however the resident "didn't go because she had her teeth pulled that morning at the dental clinic" and she didn't go because she didn't feel like going. -No appointment had been rescheduled, but she would immediately call and get a new appointment. Interview with the BOM on 2/11/16 at 10:17am revealed she was able to get Resident #4 an appointment scheduled with a Neurologist for 2/22/16.	D 273	Resident is on supervised smoking 1 cigarette per hour.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 173 Observation of Resident #11 by the state surveyor and the Resident Care Coordinator (RCC) on 2/11/16 at 12:30am revealed: -The Resident was seated in the dining room awaiting lunch. -The Resident was holding a clear plastic sandwich bag full of pieces of cigarettes with no filters. Interview with the RCC on 2/11/16 at 11:45am revealed: -Resident #11's finger tips "always looked" like they did and were no worse than normal. -The physician was in the facility this same day and she would make sure the Resident was evaluated. Review of a Physician Note for Resident #11 dated 2/11/16 revealed: -A chief complaint of "patient noted to have burns on the right 1st, 2nd and 3rd fingers." -Social history had circled "smoker." -Extremities assessment had noted "burns on tip of rt [right] 1st, 2nd and 4th fingers." -Overall assessment of "dry gangrene of fingers, right side" and "schizophrenia." -Overall plan of "silvedene cream topically to affected finger areas" and "refer to surgeon." Review of a Consultation Sheet from the Physician for Resident #11 dated 2/11/16 revealed: -Order for application of "silvedene cream to affected areas BID [twice a day] on Rt [right] finger tips." -"Refer to surgeon for dry gangrene." Interview with Resident #11's Guardian on 12/12/16 at 10:00am revealed: -He was not aware of the condition of the	D 273	Per policy Staff will search room for tobacco products randomly to keep resident, other residents and staff safe.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 273	Continued From page 174 Resident's fingertips and during his visits had never seen the Resident smoking to determine if he was not safe and required supervision. -He knew the Resident's fingertips appeared black, but he stated staff had not told him of any medical problems. Review of a hand-written note from an Orthopedic Surgeon for Resident #11 dated 2/17/16 revealed: -"Pt [patient] problem is a combination of staining of the skin from tobacco use and very distal ischemia (probably Beyer's disease related to smoking)." -"There is no infection and gangrene is dry" and "no surgery." -Recommendations included discontinuing creams to fingers, following up in 6 weeks and if signs of infection to have the Resident follow up sooner. Interview of the Psychiatric Mental Health Nurse Practitioner on 2/17/16 at 10:30am revealed: -He monitored medications for Resident #11 but was very knowledgeable about his condition. -He was known to smoke a lot. -He was made aware of the Resident's recent doctor's visit and trip today to have his fingertips evaluated. -Due to the Resident's finger condition and history of smoking, he required more direct supervision by staff. Interview with the LHPS nurse on 2/19/16 at 2:05pm revealed: -She would expect staff to check resident's hands and fingers daily if not on shower days. -If residents refused this care, the personal care aide should report it to the Med Aide and if it persisted, the RCC and LHPS nurse should get involved.	D 273	Per Policy Guardian or RP will be notified of all appointments referrals and follow up visits. Note will be documented in residents chart if spoke to guardian or left message by transportation person Supervised smoking 1 cigarette per hour. Facility RN is to add this to Care Plan and put on MAR	3/1/16 3/1/16 4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 273	Continued From page 175 The Plan of Protection provided by the facility on 2/19/16 revealed: -Create schedule for appointments with transportation available. -All healthcare treatments to be added to Medication Administration Record (MAR) and check for completeness. -The Resident Care Coordinator will monitor MARs weekly. -The Executive Director will randomly check daily to weekly. -Facility took Resident #4 to the emergency room for evaluation on 2/11/16. DATE OF CORRECTION FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED MARCH 24, 2016.	D 273	All treatments added to MARS MAR's are audited weekly by RCC and medication carts 2 times monthly for accurate medication and documentation	3/24/16
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews the facility failed to assure complete dialysis treatments were received for 1 of 1	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 276	Continued From page 176 sampled resident (Resident #28) with a physician's order for dialysis. The findings are: Review of Resident #28's current FL2 dated 1/21/16 revealed: -Diagnoses included: end stage renal disease (ESRD) dialysis dependent, type II diabetes mellitus, peripheral vascular disease, acquired absence of right leg, and anxiety disorder. -Medications included sodium polystyrene (a medication used to treat high high potassium levels related to ESRD) one tablespoon daily, calcium acetate (a medication used to treat ESRD) 1,334 mg three times daily, amlodipine besylate (a medication used to treat high blood pressure) 10 mg daily, hydralazine (a medication used to treat high blood pressure) 50 mg three times daily, and lisinopril (a medication used to treat high blood pressure) 20 mg twice daily. Review of Resident #28's Resident Register revealed: -An admission date of 1/21/16. -Resident did not have a guardian. Resident #28's Care Plan dated 2/9/16 revealed: -He was ambulatory with the use of a wheelchair. -He was totally dependent with toileting, ambulation, bathing, dressing, grooming, and transferring. Review of Resident #28's Primary Care Physician (PCP) visit, dated 1/28/16, revealed additional diagnoses of hypertension (high blood pressure) and below knee amputation of right leg. Interview with Resident #28 on 2/18/16 at 8:52am revealed:	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 276	Continued From page 177 -The resident had seen the facility physician once since he had been admitted to the facility. -"I have dialysis Monday, Wednesday, Friday, and Saturday. I didn't get to go to dialysis two times on Saturday because [the facility] didn't have anyone to take me. Its a bad situation for me." Telephone interview with the Nurse at the local dialysis facility on 2/19/16 at 2:50pm revealed: -Resident #28 was scheduled to have 4 hour dialysis treatments on Mondays, Wednesdays, and Fridays, and 3 hour treatments on Saturdays. -On Friday 1/29/16 the dialysis treatment time was 2 hours and 54 minutes due to arriving late to the appointment. -On Tuesday 2/2/16 the dialysis treatment time was 3 hours due to arriving late to the appointment. -On Wednesday 2/3/16 he was a "no show" and had refused to come per facility staff. -On Saturday 2/6/16 he was a "no show" due to no transportation available per facility staff. -On Monday 2/15/16 the dialysis treatment time was 2 hours and 45 minutes due to arriving late to the appointment. -On Wednesday 2/17/16 the dialysis treatment time was 1 hour due to arriving late to the appointment, using the restroom and smoking upon arrival to the appointment. -On Friday 2/19/16 he was a "no show". Confidential interview with a staff member revealed: -Resident #28 missed dialysis a few times. -Staff A was asked to come in and take him, but it was her day off. -The Personal Care Aides (PCAs) that were working on 2/6/16 were asked to take him to the appointment, but could not leave the facility due	D 276	Dialysis is a life threatening health care treatment which has to be implemented. All transportation needs Will be available per orders. Resident and staff will be ready to transport allowing time to be on time. Residents that refuse to go to appointment. -Notify dialysis -Notify MD -document refusal in chart If refusals are consistent make referral to APS and implement 30 day discharge due to inability to provide medical needs.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 276	Continued From page 178 to staffing requirements. -Transportation was unavailable on the weekends. Interview with Staff A, Medication Aide on 2/19/16 at 11:07am revealed: -Resident #28 had refused dialysis once. -He had missed one appointment on Saturday "because there was no one to take him." -He was scheduled to go to dialysis on Mondays, Wednesdays, Fridays, and Saturdays. -He was the only resident that had transportation needs on the weekend. -Staff A kept an appointment book for all residents in the Resident Care Coordinator's office. Review of the facility's appointment calendar on 2/19/16 at 2:40pm revealed documentation was absent for Resident #28's dialysis appointments for January and February 2016. Interview with the Business Office Manager on 2/19/16 at 10:00am revealed: -Resident #28 was scheduled to go to dialysis on Mondays, Wednesdays, Fridays, and Saturdays. -He had refused to go on Wednesday 2/3/16. -He had refused to go "several times." -Resident #28 was discharged from the facility (at his request) on 2/18/16 and was going to live in a hotel. -She did not have a current phone number for him. Interview with the facility Nurse on 2/19/16 at 2:15pm revealed: -Resident #28 was scheduled to go to dialysis on Mondays, Wednesdays, Fridays, and Saturdays. -He had refused to go to dialysis one Wednesday.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 276	Continued From page 179 -The facility tried to send him to the local emergency room the following day due to the missed dialysis treatment and increased swelling, but he refused to go. -She had called Adult Protective Services on 2/18/16 regarding Resident #28 after he was discharged from the facility. Telephone interview with the Administrator on 2/19/16 at 4:32pm revealed the facility was aware that Resident #28 needed dialysis on Saturdays and should have scheduled an extra staff person to transport him to his appointments. Attempted telephone interview with Resident #28's PCP on 2/23/16 at 1:00pm was unsuccessful by exit. _____ The Plan of Protection provided by the facility on 2/19/16 revealed: -Create schedule for appointments with transportation available. -All healthcare treatments to be added to Medication Administration Record (MAR) and check for completeness. -The Resident Care Coordinator will monitor MARs weekly. -The Executive Director will randomly check daily to weekly. DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED APRIL 15, 2016.	D 276	All health care treatments are added to MAR's, including dialysis as scheduled. MA will initial if resident transported or refused. We currently have no resident on dialysis	4/1/16
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 280	Continued From page 180 (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure that the Licensed Health Professional Support staff performed accurate assessments on 2 of 5 sampled residents (Resident #8 for a missed monthly medication injection and Resident #5 for toenail care and the removal of an alarm device placed on his ankle at a previous facility). The findings are: Review of Resident #8's current FL2 dated 11/10/15 revealed: -The name and phone number of the Resident's guardian. -Diagnoses included cognitive disorder,	D 280	LHPS RN has be trained in how to properly document LHPS assessments per DHHRS module training on LHPS Admission process begins with referral, visual assessment of potential resident, review of MARs, treatments, MD orders, and nursing notes. The Administrator or RCC will complete visual assessment before bed offer. Upon admission a head to toe assessment will be performed by RCC or RN, to start care plan process. A copy of H & P, current MARS and FL2 will accompany all new admissions.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 280	Continued From page 181 schizophrenia, bipolar disorder and depression. -Medications which included Abilify Maintena (generic name aripiprazole, an antipsychotic medication used in the treatment of schizophrenia and bipolar disorder), 400mg/ml, inject 400mg intramuscularly (IM)every month (Q month). -In a grey shaded box the computer-printed statement in capital letters "WHEN IS INJECTION GOING TO BE GIVEN?" -Fax transmittal date and time stamps in the upper and lower margins, dated 11/10/15 with various times. -A physician's signature with the date 11/10/15. Review of a previous hospital FL2 for Resident #8 dated 11/10/15 revealed: -Diagnoses similar to those listed on the Resident's most current FL2 of 11/10/15. -Medications which included Abilify Maintena, 400mg/ml, inject 400mg intramuscularly every month. -In the information block the statement "Pt. [patient] with wandering d/t [due to] cognitive impairment needs locked facility and assistance with self-care and med. [medication] management." Review of Resident #8's Resident Register revealed an admission date of 11/10/15. Review of a Licensed Health Professional Support (LHPS) note for Resident #8 dated 11/17/15 revealed: -Diagnoses similar to those listed on the Resident's most current FL2 of 11/10/15. -The LHPS task of "medication administration through injection" checked. -In the narrative the statement "continues on Abilify Maintena 400mg IM Q [every] month per HHRN [home health registered nurse]- tolerates	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 280	Continued From page 182	D 280		

injections well."
-The signature and date of 11/17/15 of the LHPS nurse.

Review of a hand-written medication administration record (MAR) for Resident #8 for the month of November, 2015 revealed:
-The order for "Abilify Maintena 400mg Home Health to inject 400mg IM Q month."
-The letters "HH" in the hour column.
-No initials in any of the date blocks for the month.

Review of a pharmacy refill sheet for Resident #8 dated 12/01/15 revealed:
-A list of his ordered medications which included Abilify Main[tena] inj[ectable] 400mg, with a last filled date of 11/10/15 and expiration date of 12/10/15, quantity of 1.
-The statement, in parentheses and capital letters, next to the Abilify order of "NEED START DATE."
-The physician's signature and date of 12/11/15 authorizing renewal of the medications listed.

Review of computer-printed MARs for Resident #8 for the months of December, 2015 and January and February, 2016 revealed:
-The order for "Abilify Main[tena] inject 1ml (400mg) intramuscularly every month (need start date)" with the original order date of 11/10/15.
-The time of 8am crossed out and the letters "HH" handwritten in the hour column.
-No initials in any of the date blocks for any of the months reviewed.

Interview with Resident #8's Guardian on 2/10/16 at 4:55pm revealed:
-A care coordinator was involved in his care.
-Named mental health services were approached

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 280	Continued From page 183 as another "turned him down." Interview with Resident #8 on 2/11/16 at 8:25am revealed: -He had "missed" his shots, "Abilify." -He last received his Abilify at a previous location but not since arriving at the facility. Interview with the Home Health Nurse on 2/12/16 at 9:30am revealed: -Staff for the "[named] mental health team" gave injections. -She has had no interactions with Resident #8 but he might have been a patient with the named mental health provider. Interview with Resident #8's Guardian on 2/12/16 at 11:30am revealed: -Resident #8 was set up with a named mental health provider a few days prior. -The facility was supposed to have taken Resident #8 to Winston-Salem, per the Business Office Manager, to receive his Abilify, and had asked of these plans "about a week ago." Interview with a representative from the Contract Pharmacy on 2/12/16 at 1:25PM revealed: -Resident #8's Abilify was "profiled" on 11/10/15 but was never sent to the facility. -The Pharmacy put on the Abilify order and communicated to the facility "need start date," but the facility never called back or ordered the medication. -A start date was required as the medication was expensive. Interview with a Staff D MA on 2/17/16 at 8:50am revealed: -If a resident was on an injectable medication, the MA ordered it from the pharmacy.	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 280	Continued From page 184 -The Resident Care Coordinator (RCC) and the nurse might order some medications, but she was not sure. -She knew nothing about Resident #8's Abilify. Observation of Staff D on 2/17/16 at 8:50am revealed: -Her looking through a large grey plastic bin full of medications. -No Abilify was located for Resident #8. Interview with the LHPS Nurse on 2/17/16 at 2:25PM revealed: -Injectable psychoactive medications were administered either by Home Health or the mental health provider for the resident. -Staff from these services were expected to document on the MAR when medications were administered but she had to have them come back to the facility do do this. -Staff from these services had their own documentation. -Nurses from these services would call the day before to make sure the medications were available for administration. -MAs were expected to have the medications available and reordered. -A Pharmacy Technician from the Contract Pharmacy had put together a list of residents on injectable medication. -If the medication was not documented on the MAR the MAs would be expected to follow up to see if it was given, or to see the RCC or nurse to figure out what happened. -Regarding Resident #8 it was "very important for him to get Abilify" and she had conversations with his guardian regarding this (no specific dates were mentioned). -Upon reviewing Resident #8's MARs and other documents, she stated it did appear as if	D 280	Injectable psychoactive medications may be administered by HH nurses or the RN with mental health team. Medication is added to MAR and ever administered MAR and medication cart audits will assure medications available and given. RCC will assure all medications are available for administration. RCC verifies all orders and packing slips of medications delivered. RCC verifies all MARS each month.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 280	Continued From page 185 Resident #8 did not get his Abilify as ordered. B. Review of current FL2 for Resident #5, dated 1/15/16, revealed diagnoses which included long term insulin use, type II diabetes, cognitive communication deficits, hypertension, encephalopathy, congestive heart failure, chronic obstructive pulmonary disease, and mild intellectual disorder. Review of a physician visit History and Physical (from the facility where Resident #5 previously resided) revealed diagnoses of atrial fibrillation and previous cardiovascular accident. Review of Resident Register revealed Resident #5 was admitted to the facility on 1/19/16 from a skilled facility. Review of the Licensed Health Professional Support (LHPS) review, completed on 1/26/16, for Resident #5, revealed: -Fingerstick blood sugars (FSBS) noted with no discussion. -No discussion of Resident #5's skin, nails, or Wanderguard on Resident #5's left ankle (left there by the previous facility before his admission to this facility). Review of the facility's policy and procedures revealed no policy and procedure for completing an assessment on residents upon admission. Observation of Resident #5 on 2/9/16 at 11:30am revealed: -Resident #5 appeared to be sleeping in bed, covered with a blanket but with no sheet on the mattress. -The Resident easily awakened to a softly spoken verbal greeting.	D 280	LHPS RN trained in the correct documentation of LHPS	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 280	Continued From page 186 -The Resident pulled himself up to a sitting position on the edge of his bed. -His right eyelid was closed with an approximately 1 centimeter bump visible under the eyelid. -An electronic device, used to track residents who are prone to wander, was attached to a bracelet on the Resident's left ankle. -The Resident's feet were bare, exposing thick overgrown toenails on all his toes, the nails curling over the tips of some of his toes. -The Resident had long fingernails. -The Resident's speech was halting and at times he appeared confused. Interview with Resident #5 on 2/9/16 at 11:30am revealed: -The Resident was unable to see out of his right eye. -He could not speak to the presence of the electronic device on his left ankle. -He denied any pain with his feet or toenails. Interview with a family member of Resident #5 on 2/9/16 at 11:45am revealed: -Resident #5 had a history of a stroke and did not comprehend things well. -The Resident's toenails were "not always like that." -They thought the nursing home the Resident came from would have taken care of his toenails. -The Resident was diabetic. Interview with the facility LHPS Nurse on 2/18/16 at 8:10am revealed: -She was not aware Resident #5 was a diabetic until she completed Resident #5's Licensed Health Professional Review on 1/26/16. -She informed Resident #5's primary care physician of his diabetes diagnoses and he ordered "Check FSBS one week and get back	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 280	Continued From page 187 with him." -She was not aware of any facility policy which required facility staff to complete a full body assessment when residents were admitted to the facility. -She did not complete a full body assessment on Resident #5 when she completed the LHPS review. -She did not observe that Resident #5 had a Wanderguard on his left ankle and she did not observe his toenails. -She was not aware of any written policy and procedure for assessing residents upon admission. -She was not working the day Resident #5 was admitted to the facility and did not know who was working that day.	D 280	Per policy All admissions are to have a head to toe assessment by LHPS nurse to complete documentation of care plan and LHPS	3/1/16
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure food was prevented from contamination related to storing chemicals on the food cart with plated meals to be served to residents. The findings are: A. Observation on 2/10/16 between 12:30pm and 1:05pm of the lunch meal revealed:	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 283	Continued From page 188 -A 3 shelf metal cart was used to bring covered meal plates to the dining rooms on 100 hall. -The cart was brought to the dining room by a Medication Aide (MA). -On the bottom shelf of the cart, there were 5 covered meal plates, a silver container holding a metal ice scoop, and a plastic quart size bottle with a sprayer. -The plastic bottle was almost full with a clear colored liquid. -Ice, drinks, and glasses were stored on the top shelf of the cart. -Staff prepared and served the drinks from the top shelf of the cart. -The ice scoop was used to put ice in the glasses. -Staff did not use the clear colored liquid in the spray bottle during the meal. Interview with a MA on 2/10/16 at 1:00pm revealed: -She thought the liquid in the bottle was half bleach and half water. -The diluted bleach was used by staff to clean the dining room tables after residents finished their meals. -The bleach mixture was always stored on the cart when staff brought the cart to the dining rooms. -Dietary staff prepared the cart for floor staff to deliver to the dining rooms. -Floor staff served the covered meals and drinks from the cart to the residents. -The covered meals would not all fit on the large sectioned cart, so the cart was used for additional meals. -The 5 covered meal plates on the third shelf that were not served were "extras" in case they were needed. Observation on 2/17/16 of the evening meal	D 283	House keeping is responsible for cleaning tables with disinfectant. Mopping floors with disinfectant. No chemicals are to stored on the cart that comes from dining room. Carts are delivered from dietary staff to dinning room. Ice is in glasses. PCA's will pour beverages.	3/1/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 283	Continued From page 189 revealed no chemicals were being stored on the serving cart. Interview with Cook #3 on 2/19/16 at 11:26am revealed: -The squirt bottle that was placed on the food cart contained a mixture of water and 2% chlorine bleach. -It was used to disinfect the carts and tables in the dining room. -They also placed a clean cloth on the cart as well so staff would have something to use to wipe down surfaces. Interview with Staff K, Personal Care Aide on 2/19/16 at 11:21am revealed the squirt bottle with the bleach and water cleaner was routinely stored on the bottom of the meal tray cart during meal times. Interview with the Regional Operations Manager on 2/11/16 revealed: -She was unaware a bottle containing chemicals was being stored on a cart with prepared meals for residents. -She would ensure the chemicals were not stored on the cart. B. Observation of lunch service, in the dining room adjacent to the main entrance, on 2/9/16 from 12:35pm to 12:45pm revealed: -Personal Care Aide (PCA) Staff L scooping ice with a metal scoop into red plastic cups. -The ice was in a rectangular plastic container that appeared clean and Staff L was wearing gloves. -The ice container, empty cups and beverages were resting on the top shelf of a wheeled cart. -Between his scooping of ice into cups, Staff L rested the metal scoop in the container of ice, the	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 283	Continued From page 190 handle of the scoop making contact with the ice. -After filling the cups of ice with a beverage, Staff L would push the cart to the next table and repeat the process, each time placing the ice scoop in the container of ice. -With his gloved hands, Staff L was observed touching the handle of the wheeled cart and pushing a chair towards a table. Interview with Staff L on 2/9/15 at 12:56pm revealed: -The ice scoop was clean when he started, provided by the kitchen and wrapped in clear plastic wrap. -He had no clean container to place the ice scoop in so as to prevent the handle from touching the ice. -"I try to keep my gloves on at all times." Observation of Staff L on 2/9/16 at 12:56pm revealed him removing the container of ice from the wheeled cart. Observation of lunch service, in the dining room adjacent to the main entrance, on 2/10/16 at 12:40pm revealed: -Staff L, wearing gloves and scooping ice into cups. -After scooping ice, Staff L placed the scoop in a clean plastic mug with the handle of the scoop pointing up. Observation of lunch service, in the dining room adjacent to the main entrance, on 2/10/16 at 1:05pm revealed: -An open metal rack approximately five feet tall with open sides. -On the lowest positions of the rack sat 2 uneaten and covered lunch trays. -On the upper positions of the rack sat 7 dirty	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 283	Continued From page 191 trays, placed there once residents indicated they were completed with their meals. -Approximately 3 feet of space separated the dirty trays from the uneaten trays. Interview with Staff L on 2/10/16 at 12:40pm revealed: -Dirty trays were kept separated from uneaten trays. -The tray rack was returned to the kitchen upon completion of a meal, where kitchen staff would remove the dirty trays for dishwashing. -The uneaten trays would be kept "for an hour" and heated as necessary by kitchen staff for residents late in coming to a meal, or delivered to them if they were in their rooms not feeling well. Interview with Cook 1 on 2/21/16 at 9:30am revealed: -He took over as supervisor of the kitchen a week and a half prior. -Ice scoops should be placed in containers on the side of the ice containers so as not to contaminate the ice. -Once a tray rack leaves a dining room and returned to the kitchen, every tray on the rack would be considered dirty. -"Technically" uneaten trays should not be mixed on the tray racks with dirty trays. -Uneaten trays should be removed from the tray racks, delivered to resident rooms or returned to the kitchen.	D 283		
D 285	10A NCAC 13F .0904(a)(4) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (a) Food Procurement and Safety in Adult Care Homes:	D 285		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 285	Continued From page 192 (4) There shall be at least a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus, for both regular and therapeutic diets. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure there was a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus. The findings are: Observation of the food supply at 8:40am on 2/11/16 compared to the facility's menus for Week 2 revealed the facility did not have the following perishable and non-perishable food items for the census of 77 residents to match the facility regular menus for the day of the survey and the next three days: -Breakfast on 2/11/16: sausage -Lunch on 2/11/16: beef stew with vegetables, emerald island salad -Dinner on 2/11/16: chicken, carrots, mixed fruit, sherbet, milk (only 3 gallons-insufficient amount for census) -Breakfast on 2/12/16: orange juice and milk -Lunch on 2/12/16: turkey, and ingredients for waldorf salad -Dinner on 2/12/16: Fish, french fries, peas and onions, ingredients for strawberry cream dessert, and milk. -Breakfast on 2/13/16: pineapple juice and milk. -Lunch: ground beef for meatloaf, green beans, fruit cocktail, -Dinner: ingredients for bean soup, cheese for sandwiches and milk. Breakfast on 2/14/16: Canadian bacon, Danish, and milk.	D 285	Facility has 3day supply of perishable foods are available on going in food service. 5 day supply of non-perishable foods on going in food service. Operation Director orders food. He make sure food is ordered per menu assuring that menu is followed. Operation Director is responsible for assuring food supply appropriate per dietary rules and regulations.	3/12/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 285	Continued From page 193 -Lunch on 2/14/16: roast beef, potatoes, California mixed vegetables, lemon tart. Interview with Cook #2 on 2/11/16 at 8:40am revealed: -She started work there about three weeks ago and she just started ordering the food. -She was not aware of the licensure rule that the facility should always have a three day supply of perishable food and a five day supply of non-perishable foods. -The food truck always came on Thursday and would come "today," since it was Thursday. -They would have to order for more than a seven day supply on the next order to get a food supply which would be available for more than one week. Interview with the Operations Manager on 2/19/16 at 2:50pm revealed: -He was not aware the dietary staff were not maintaining a three day supply of perishable and a five day supply of non-perishable. -He would assure when the next order was placed that it would be sufficient to be the required supply. -They had some instability with food service staff and they now had another dietary staff that would be doing the ordering.	D 285		
D 287	10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage	D 287		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 287	Continued From page 194 containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure that each table place setting included a knife. The findings are: Observation of the noon meal and evening meal on 2/9/16 and the noon meal on 2/10/16 revealed the table place setting consisted of a fork and a spoon, with no knife. Observation of the noon meal on 2/9/16 at 12:30pm revealed the residents were served chicken livers and cooked vegetables and had no difficulties observed with residents eating them without a knife. Observation of the noon meal on 2/10/16 at 12:30pm revealed: -The residents were served thin breaded veal patties and buttered noodles. -Observation of a resident revealed she left 1/2 the veal patty but it was not known if she did not eat it because it was cooked crisp or because she did not have a knife. Interview with the Operations Manager on 2/19/16 at 2:45pm revealed: -He made the decision "a long time ago" to not give the residents any knives because they would take them to their room and felt it was a potential danger to other residents. -They had no table knives in the facility available	D 287		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 287	Continued From page 195 to put at the place settings. -They tried to assure the food served did not require the use of a knife and if any residents needed a knife, the staff would assist them with cutting it up. Interview with the On-Site Administrator on 2/19/16 at 3:10pm revealed if any resident asked for a knife, a staff would provide one and stand with the resident while they used it. Interviews with residents during the initial tour and during the on-site survey revealed no comments or complaints related to table service. Confidential interview with three residents on 2/9/16 at 12:40pm revealed they did not care whether they were served a knife with the place setting.	D 287	Food service has knives available upon request. Staff will give knife to resident, supervise knife usage and retrieve knife for resident safety.	2/20/16
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and	D 317	A activity director has been hired. Various activities have been planned at various times, dancing, mens coffee and current events, bingo and parties. Attendance has been good.	3/15/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 317	Continued From page 196 spelling bees. This Rule is not met as evidenced by: Based on interview and observation, the facility failed to assure at least 14 hours of a variety of planned group activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. The findings are: Observation of the 100 hallway on 2/10/16 at 10:08am revealed: -A slotted wood board with cards for days of the week across the top row and spaces to hold index cards underneath the days in five rows. -18 index cards with various activities were noted in slots across the three rows immediately under the row with days of the weeks, each with numbers in the lower right hand corner. -The index cards were not in numbered chronological order, nor did the numbers correlate to the day of the week based on their placement under the days. -For the slot position for February, 2016 for the date 2/10/16 was the index card labeled "Picking and Grinning 9:30-11:00" and "Bingo 2:00-3:00." Observations of the dining rooms and living rooms on 2/10/16 at various times revealed no structured group activities facilitated by a staff member. Observation of the 100 hallway on 2/11/16 at 10:15am revealed: -The same slotted wood board as observed on 2/10/16 at 10:08am but with 14 index cards with various activities in slots across the three rows immediately under the days of the week.	D 317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 317	Continued From page 197 -The index cards were not in numbered chronological order, nor did the numbers correlate to the day of the week based on their placement under the days. -For the slot position for February, 2016 for the date 2/11/16 there was no index card. Observation of the dining rooms and living rooms on 2/11/16 at various times revealed no structured group activities facilitated by a staff member. Observation of the 100 hallway on 2/17/16 at 8:10am revealed: -The same slotted wood board as observed on 2/10/16 at 10:08am but with two index cards with various activities in slots immediately under the row with days of the week. -Under the Sunday heading was "Sunday Worship Services" with a number 3 in the lower right corner and no times. -Under the Thursday heading was "9:30-12:00 Hair Care-Facial Fun" and "2:00-3:00 Resident Council Meeting" with a 28 in the lower right hand corner. Observation of dining rooms and living rooms on 2/17/16 at various times revealed no structured group activities facilitated by a staff member. Confidential interviews with 3 residents revealed: - "Whatever is on the [index] cards they don't do." -Staff would take the resident to a nearby department store sometimes, but "it's hard to get them to take you anywhere." -The Operations Manager or the Maintenance Supervisor would take him in their personal cars. -A resident was told she would be taken to a local department store once a month, but "they have not taken me out."	D 317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 317	Continued From page 198 -The facility's former Activity Director had left employment "a couple of weeks" prior. -The former Activity Director would inform the resident of scheduled activities and they would "paint nails which she enjoyed." -For church activities, residents had to "go on their own." Interview on 2/19/16 at 10:45am with a resident's Guardian revealed: -The facility "just doesn't do much with them." -"Just existing doesn't work for her because she is young." Interview on 2/22/16 at 12:15pm with a resident's Guardian revealed: -The resident had never mentioned any planned activities at the facility. -"The idle time there is really bad." -There was nothing for residents to do during the day except "walk the halls, eat, and smoke." -The resident needed to stay busy and needed structured activities to reduce impulsiveness and help keep the resident focused. Interview with Resident #1 on 2/11/16 at 11:28am revealed: -The facility didn't provide any activities. -The Activity Director quit a few weeks ago. -The facility had a new Activity Director, "but she's just getting started." Interview with Resident #39 on 2/9/16 at 2:47pm revealed: -He did not know if they had an Activity Director since the previous one left. -Staff took them on the 10th of the month to the store. -Staff took them in their own cars because the facility did not have a vehicle.	D 317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 317	Continued From page 199 -"They used to have a green company car, but it broke down." Confidential interviews with three residents revealed the following comments: -"I ain't seen no activities. We just sit here and watch TV all day." -"I get pretty depressed in here." -"There's no activities at all. We can't even go out there and play games or cards. All we do is watch TV. Lucky I got this TV." -There are "zero, none" activities. Confidential interview with 2 residents -The Activity Director left about"2 months ago." -They have "not started" activities since the Activity Director left. -A family member brought coloring books for the residents. Interview with the Activity Director on 2/11/16 at 3:20pm revealed: -She was new to this job, "had only been doing it about a week or two." -She was also the scheduler and transportation person. -She also worked occasionally as a Medication Aide. Interview with the Activity Director on 2/18/16 at 7:55am revealed: -She was responsible for transporting residents all the resident to appointments and outings as well as planning and leading activities in the facility. -"They put me into transportation and activities a couple weeks ago." -Before her there had been one staff who had been the activities and transportation staff for 1	D 317	Facility has a 15 passenger van which is being repaired and a car which needs minor repairs to tune it up. Staff is using own vehicle and facility provides gas until vehicles are repaired. We have hired a Activity Director.	5/15/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 317	Continued From page 200 week. -Other than the one staff who had worked for a week, there hadn't been an Activity Director for 3 months. -She had not received any training or guidance as to what she was supposed to do with activities. -She was unaware she was supposed to have 14 hours of planned group activities offered to residents in the facility every week. -"The appointments and the transportation ties you up. There's no time to do activities." Interview with the Maintenance 2 staff on 2/9/16 at 11:20am revealed they have a room on the B wing which is supposed to be used to store activity material, but "is" currently being used as storage. Telephone interview with the Administrator on 2/19/16 at 5:00pm revealed: -The facility had a budget of $250.00 per week for an activities person to provide 14 hours a week activities. -She understood the Operations Director had hired someone to do the activities. Interview with the on-site Administrator on 2/19/16 at 5:05pm revealed: -The Operations Director hired a person to do transportation and activities. -The person had only been in the position three weeks. -The previous Activities Director had resigned recently.	D 317	New activity director has been trained per DHHRS module and spending time for training with another facility activity director. Clarification amount $250.00 a month	4/1/16 3/1/16
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 201 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: TYPE A2 VIOLATION Based on observations, record reviews, and interviews, the facility failed to assume its responsibility for caring for individuals with communicable diseases and those with diminished mental capacity, addressing the care needs and interventions for monitoring and reporting of communicable diseases, and by failing to make available and implement preventative measures to protect residents from transmission of a communicable disease for 4 sampled residents (# 1, #7, #26 and # 34); and failed to ensure residents were treated with respect, consideration, dignity, and right to privacy related to lack of staff response to an inappropriate touch of Resident #9 and privacy during showers and respect and privacy for a roommate (Resident #35) and failed to provide responses to reasonable requests in the areas of providing a therapeutic plate (Resident #6), allowing residents to have locks on their doors (Resident #6, #17, #20, #24, and #32). The findings are: A. Review of the facility's Contract (undated) under the "House Rules" and subheading "Policies on Sexual Activity of Residents" revealed: -"The ownership and management of this facility does not permit or support indiscreet sexual activity by residents of the facility." -The management is not authorized to act as law	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 338	Continued From page 202 officials or act in any way that violates the individual rights of our residents and their right to privacy." Interview with a Medication Aide (MA) on 2/11/16 at 10:30am revealed: -She was aware of four residents who had a communicable disease that was sexually transmitted. -One of the four residents (Resident #26) "told everyone" she had a communicable disease and she had a "boyfriend," but they did not have sexual intercourse. -The other three residents thought their communicable disease was "cured" of the disease because they did not have symptoms. -Another two residents had recently asked her for a condom. -If she was told by a resident they were having sex, she "talks to them," instructs them to tell their partner if they have history of a sexually transmitted disease and offers them condoms. Interview with the Infectious Disease Nurse at the local county health department on 2/12/16 at 9:45am revealed: -She was unaware there were residents at the facility with communicable diseases. -She had not been contacted by the facility to provide training with staff or residents related to how to practice safe sex to prevent the transmission of communicable diseases. -Anyone who had a communicable disease should inform their sexual partner and wear condoms. -The facility had not notified the local health department of residents who had communicable disease or communicable infection, being sexually active, not using protection, and not telling their partner.	D 338	Health Department Infection Control Sexually Transmitted Disease Educator was contacted and came to facility. She met with residents to educate on safe sex. Informing residents we have condoms available on all medication carts. Residents need to request from medication aide or PCA. Health Department also met	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 203 -She would be available to provide education, if requested by the facility. Interview with a Physician on 2/23/16 at 9:33am revealed: -His practice saw residents at the facility weekly. -He was aware there were residents at the facility who had communicable diseases. -He tried to talk with residents about their sexual activity and safe sex, but "most of the time they will not admit they are having sex." -There was a law if someone had a communicable disease, they had to let their partner know. -It was difficult for the facility to monitor the sexual activity of residents, because residents did not let staff know they were having sexual relations. -The facility was not a locked facility and some residents, even some with Guardians, could leave the facility and may engage in sexual activity when they leave. -The facility could not stop residents from having sexual relations. -He was not aware of the facility providing condoms to residents. -He was aware the facility could obtain condoms from the health department. Observations, record reviews and interviews related to 2 residents with a diagnosis of a communicable infection revealed the following: 1. Review of Resident #7's current FL2 dated 7/23/15 revealed: -Diagnoses included a communicable disease, hepatitis C, poly substance abuse, and alcohol abuse. -Resident #7 required assistance with bathing, feeding, and dressing.	D 338	with staff and instructed in Infectious Communicable Disease and Sexual transmitted diseases. This will be an ongoing education process for staff. All residents whom are sexually active may obtain condoms from facility.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 338	Continued From page 204 Review of Resident #7's primary care physician visit, dated 11/5/15, revealed he had diagnoses which included: -A communicable disease. -A communicable disease "infection." -"Non-compliance with medication regimen." Review of Resident #7's current FL2, dated 7/23/15 revealed the following orders: -Truvada 200-300 1 daily (a medication to treat a communicable disease). -Prezista 800 mg 1 daily (a medication to treat a communicable disease). -Bactrim 800-160mg twice daily (an antibiotic used to treat a communicable disease). Review of Medication Administration Records dated 1/11/16 (8:00am) through 1/31/16 2/10/16 (12:00pm) for Resident #7 revealed: -Truvada 200-300, 1 daily, circled as not administered at 12:00pm on 1/12, 1/20, 1/21, 1/23, 1/24, 1/25, 1.27, 1/28, 1/29, and 1/30. There was no documentation of administration of Truvada on 1/31. Record review and interviews with staff revealed Resident #7 was non-compliant with medications for the communicable disease. Observations, record reviews, and interviews with staff revealed Resident #7 would not have the ability to recognize the need to practice safe sex, including asking for a condom. It was determined through observation, interview, and record review Resident #7 was not interviewable. Review of Resident #7's record revealed: -The resident was deemed incompetent and had	D 338	A resident whom refuses to consistent medical appointments and or medication refusal. Per facility policy guardian is to be notified each occurrence. Facility will issue a discharge due to not able to meet resident needs.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 205 a Guardian. -The Guardian was to be informed and involved with the resident's decisions. Review of Resident #7's Care Plan dated 12/30/15 revealed: -He was oriented, but forgetful at times. -He required assistance with eating and supervision with bathing, dressing, and ambulation. Review of a staff note in Resident #1's record dated 11/15/15 at 6:30pm revealed: -Resident #7 had unprotected sex with Resident #1. -Resident #1 told staff her boyfriend (Resident #7) informed her he had a communicable disease, but it was curable. Interview with the Guardian of Resident #7 on 2/18/16 at 12:25pm revealed: -Resident #7 was legally deemed incompetent and had a Guardian. -The agency she was employed with had full Guardianship for Resident #7. -To her knowledge, Resident #7 was not having sexual relations and did not know that, if he were, if he would practice safe sex. -Resident had periodic confusion, but was alert and oriented. -Resident #7 became upset when his diagnosis of a communicable disease was mentioned. 2. Review of Resident #1's current FL2 dated 2/5/16 revealed: -Diagnoses included psychotic disorder not otherwise specified deferred, depressive disorder, and seizures. -The resident needed assistance with bathing and dressing.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 338	Continued From page 206 -The resident needed supervision with feeding. -The resident was incontinent of bladder and incontinent of bowels at times. Review of Resident #1's record revealed: -The resident was deemed incompetent and had a court appointed Guardian. -The Guardian was to be informed and involved with the resident's decisions. Review of Resident #1's current care plan signed by the physician on 2/5/16 revealed: -The resident currently received medications for mental illness/behavior. -The resident had a history of mental illness and received mental health services. -The resident was oriented and memory was adequate. Review of a staff note dated 11/15/15 at 6:30pm revealed: -Resident #1 was found outside walking back to the facility from the bushes near the road. -Resident #1 was upset because she and her boyfriend (Resident #7) had a fight and also had unprotected sex. -Resident #1 stated her boyfriend, Resident #7, told her he had a communicable disease, but it was curable. -The Medication Aide (MA) explained to Resident #1 staff could not tell a resident about another resident's medical history. -The MA informed Resident #1 a communicable disease was not curable. -The MA informed Resident #1 she would need to have blood work ordered to find out if she had become infected with the communicable disease. Review of results of a lab test for a communicable disease dated 11/12/15 for	D 338	Residents guardian and MD notified to assure proper follow up be provided.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 207 Resident #1 revealed: -The lab test was ordered by Resident #1's physician on 11/12/15. -The blood for the lab test was collected on 11/12/15 at 5:16pm. -The results of the lab test for the communicable disease was negative. Interview with Resident #1's legal Guardian on 2/17/16 at 3:08pm revealed: -Resident #1 was legally deemed incompetent and had a Guardian. -Resident #1 currently had a boyfriend, but the Guardian was not sure if they were having sexual relations. -Resident #1 contacted the Guardian "a while back" and was concerned about contracting a communicable disease after having unprotected sex with another male resident. -The Guardian was not sure if Resident #1 had been offered protection (condoms) while at the facility. Interview with Resident #1 on 2/11/16 at 11:28am revealed: -She had a boyfriend, but they are not having sexual relations. -She denied ever having sexual relations with anyone in the facility. -Her Guardian had never talked to her about having safe sex because "she knows I won't do it, too many people here have [a communicable disease]. " -Her doctor had talked to her about safe sex and offered birth control. -"I've had my tubes tied and don't need birth control." -The facility had never offered her any kind of protection such as condoms.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 208 A second interview with Resident #1 on 2/17/16 at 3:30pm revealed: -She had unprotected sex with Resident #7 once. -The sexual activity was consensual. -She and Resident #7 did not use any protection (condoms). -Resident #7 did not inform her he had a communicable disease until "after we had done it." -Her doctor ordered a lab test to see if she had contracted the disease and "it came back negative." -"I have to go back to the gynecologist in March for them to test me again." -She had not had other sexual relations with Resident #7, but was currently having sexual relations with her current boyfriend (Resident #39). -She did not know if the facility had condoms for residents. -She had never asked the facility for a condom. Interview with Resident #39 on 2/9/16 at 2:47pm revealed: -He was the boyfriend of Resident #1. -He was not having sexual relations with Resident #1. Interview with a MA on 2/16/16 at 2:40pm revealed: -Resident #1 and Resident #7 "were together for a few weeks, but Resident #1 became afraid of " Resident #7. -Since the sexual encounter with Resident #7, Resident #1 had relationships with Resident # 39, then Resident #19, and then "returned back to" Resident #39. -Resident #1 had never indicated the sexual relations were not consensual. -The MA had not seen Resident #1 engaged in	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 209 sexual relations with another person, but Resident #39 was in the resident's room often and she had seen them lying in the bed together. -At first, Resident #1 told them she had been using protection. -Staff had stressed to Resident #1 they had condoms available and she needed to use them for protection. -The MA was not sure how long there had been condoms available. -They were kept in the medication room. Interview with Resident #1's physician on 2/23/16 at 9:33am revealed: -He was notified by staff of Resident #1's concern about being exposed to a communicable disease during intercourse with another resident. -He ordered the lab test to be done as soon as he was notified by the staff. Interview with a Nurse Practitioner on 2/19/16 at 11:35am revealed: -He was not familiar with Resident #1 as this was only his second visit to the facility. -The lab test for the communicable disease, previously ordered by Resident #1's physician, should be repeated in six months from the initial test. -Sometimes the initial lab test would return a negative result because there had not been enough time for the disease to be detected. 3. Review of Resident #26's current FL2 dated 2/5/16 revealed: -Diagnoses included a communicable disease, cocaine use, and schizophrenia. -Medication orders included Atripla 1/1 daily (a medication used to treat a communicable disease).	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 210 Review of Resident #26's record revealed: -The resident was deemed incompetent and had a Guardian. -The Guardian was to be informed and involved with the resident's decisions. Record review and interview with staff revealed Resident #7 was non-compliant with medications for the communicable disease. Interview with Resident #26 on 2/19/16 at 8:30am revealed: -She "walked off" from the facility on 12/11/15 and did not sign out of the facility. -"I was only gone about two days." -She did not have any medications with her for the two days she was out of the facility. -She returned to the facility "because I wasn't feeling quite right." -She thought she needed her medicines. Interview with Resident #26's Guardian on 2/22/16 at 12:15pm revealed: -Resident #26 was legally deemed incompetent and had a court appointed Guardian. -She had full Guardianship of the person for Resident #26. -She talked with Resident #26 on the phone daily and visited her "as often as I can." -She was aware Resident #26 had a communicable disease. -She thought Resident #26 had previously been taught about having safe sex. -Resident #26 was very impulsive and she did not know if the resident would request a condom if she engaged in sexual activity. -Resident #26 was very private and guarded about discussing her history or current sexual activity. -"She gets an urge and she follows it."	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 211 -Resident #26 had a history of prostitution and was at high risk for performing sexual acts in order to obtain items she wanted, such as cigarettes. -The Guardian thought a "sex education class" should be mandatory for residents because of the risk of communicable diseases. Interview with Resident #26 on 2/12/16 at 3:25pm revealed: -She had a boyfriend (Resident #34) at the facility. -She could not recall when she received education about how to have safe sex to prevent the transmission of diseases, but she was sure she had. -She and Resident #34 did not have sex. -She was unaware the facility had condoms available. -She was "fixed" so she could not get pregnant. Interview with Resident #34 on 2/17/16 at 4:55pm revealed: -Regarding sexual activity that "I am covered" and "I hope I don't catch something." -He did not know if the facility provided condoms, but he had seen them around and did not know where they came from. -He had not been educated by the facility on safe sex practices. -He had a "girlfriend" (Resident #26) and she was on birth control. -He was seen by his mental health provider team. -He had sexual relations with Resident #26 "about three times," the last time being one month prior. -He did not use a condom. -He denied symptoms of a sexually-transmitted disease. -He had never talked about sexual relations with	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 338	Continued From page 212 the facility doctor. Review of the Resident #34's record revealed: -A current FL2 with diagnoses of schizoaffective disorder with psychosis and confusion. -Resident Register documented Resident #34 was his own responsible person. Resident #26, while being non-compliant with medications for a communicable disease, had unprotected sex with Resident #34. Observations revealed the following: Observation of the A wing medication cart on 2/11/16 at 9:55am revealed, in the top right hand corner of the drawer, a box of 3 lubricated condoms with an expiration date of October 2015. Observation of the B wing medication cart, on 2/11/16 at 10:30am revealed in the top drawer of the cart a sealed box of 3 condoms, expiration date of 2020. Observation on 2/19/16 at 2:10pm of the medication cart on 200 Hall revealed two boxes of commercial condoms on hand for resident use with expiration dates of March 2016. Additional interviews with other residents during the survey revealed: Confidential interview with a resident revealed: -He had a court appointed Guardian. -He had a boyfriend who was a resident of the facility, but denied they had sexual relations. -He had a communicable disease and "takes pills every morning." -No one at the facility had informed him the facility could take him to the health department or	D 338	Condoms will be checked when medication carts are audited by RCC Health Department will supply condoms to facility	3/1/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 213 the facility had condoms available. -"I think they should give us free condoms and keep them in the med[ication] room." Confidential interviews with 3 residents revealed: -One resident kept a condom "just in case," but staff had never offered him a condom. -One resident did not know if the facility had condoms available for residents. -One resident stated "I think they expect us to have our own things." -One resident was aware the facility had condoms and staff had given him some. Confidential interviews with 2 staff persons revealed: -One staff person was not aware of any condoms being given out by the MAs. -One staff person had at least 1 resident to ask her for a condom, but "we don't have any (condoms) as far as I know." Additional interviews with other staff during the survey revealed: Confidential interviews with 2 staff persons revealed: -One staff person said condoms were kept on the medication cart. -"Residents have a right to have sex" was stated by 2 staff persons. -Two staff persons had seen residents in bed together, but they were keeping their clothes on. -Two staff persons had not witnessed any residents engaged in sexual intercourse. Interview with a PCA on 2/18/16 at 6:55am revealed: -She had seen residents in bed together, but they were keeping their clothes on and she had not	D 338	Residents have been made aware of condom availability in facility. This will be an on going information awareness for residents All staff have been informed of the availability of condoms for residents	3/1/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 214 witnessed residents engaged in sexual activities. -Residents had a right to have sex. -She knew of only two resident couples. -Medication aides knew what residents needed to do for protection during sex. -She did not know if any residents had a sexually transmitted disease. Interview with a MA on 2/11/16 at 9:55am revealed: -Condoms could be found on the medication carts "a long time ago," over a year. -No resident had ever asked her for condoms. -She had seen residents masturbate, but no couples engaged in sexual activity. -She was not aware of any couples having sexual activity. -If she was became aware of residents wanting to have sex, she would send them to the nurse. Interview with a MA on 2/11/16 at 6:15pm revealed she put a pack of condoms on the medication cart this week for residents. -The Operations Director went this week to get more condoms to put on the medication carts. -She did not know how residents knew the facility had condoms available. -She had observed couples in the bed together, but had not seen residents having intimate sexual relations. -"I know through hearing from others." Interview on 2/19/16 with a MA at 2:05pm revealed there were condoms available for resident use located in her medication cart. Interview with the facility Registered Nurse (RN) on 2/17/16 at 2:25pm revealed: -She had been the nurse at the facility for several months.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 215 -To her knowledge, the local health department had not been consulted regarding sexual activity involving residents with a known communicable disease. -Regarding residents with a known communicable disease, "we don't usually bring it to the forefront if it's not an issue" and the facility discouraged direct care staff knowledge of this to prevent residents from being "shunned." -She was aware of "hearsay" regarding sexual activity among residents. -The facility had "prophylactics on the medication carts" with staff sent to a store to buy more when supply was low. -There were several residents who were sexually active and if any were positive for a communicable disease that was sexually transmitted, they would talk to the doctor and any partners would be tested for the communicable disease. -The facility's doctor would order pregnancy testing and give orders for an injectable form of birth control. -The facility could not prevent sexual relations, but did stress protection and birth control, telling females that if they got pregnant they could no longer live at the facility. Interview with the Operations Manager on 2/17/16 at 4:03pm revealed: -The facility kept condoms on the medication cart to hand out to residents if they ask for them. -Staff tried to encourage all residents, whether or not they have exposure to a communicable disease, to use condoms. A second interview on 2/17/16 at 6:10pm with the Operations Manager revealed: -The Guardians of the residents involved would be contacted regarding concerns with the	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 216 engagement in unprotected sex with other residents. -The facility had not contacted the local health department to inform them there were residents at the facility with communicable diseases. -He thought the health department could assist the facility with resident and staff education. -He would contact the Infectious Disease Nurse at the local county health department on 2/18/16. Interview on 2/19/16 at 3:25pm with the Operations Manager revealed: -The facility always notified the Guardian if they had concerns a resident would not be able to give their consent for sexual relations. -"We can't stop the residents from having sex if they choose to." -The facility did not have a policy as to residents not sleeping in others beds, but "we encourage them to sleep in their own beds because of fire drill regulations." -The facility would contact the local health department to request assistance with staff and resident education regarding safe sex practices. Interview on 2/19/16 at 4:50pm with the Administrator revealed: -It was up to the Resident Care Coordinator and the facility RN to make referrals to the health department if residents were having unprotected sex and one of the partners had a communicable disease. -The facility was obtaining condoms for residents from the health department if they needed them. -"It is the resident's right to have the condoms." -She was unaware some residents and staff did not know the facility had condoms available for residents. -The communication about the availability of condoms "has slipped" and they needed to do a	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 217 better job of communicating with the staff and residents. -"We went and got more condoms last week" to have available for residents. -As a result of the survey, the facility had a meeting last week with the residents and staff regarding practicing safe sex and the availability of condoms. B. [Refer to Tag 911 G.S. 131D-21 (1) Declaration of Resident Rights] Based on observations and interviews, the facility failed to ensure residents were treated with respect, consideration, dignity, and right to privacy related to lack of staff response to an inappropriate touch of Resident #9 and privacy during showers and respect and privacy for a roommate (Resident #35). C. [Refer to Tag 917 G.S. 131D-21 (7) Declaration of Resident Rights.] Based on observation, record review and interviews, the facility failed to provide responses to residents' requests related to the provisions of a therapeutic plate (Resident #6), allowing residents to have locks on their doors (Resident #6, #17, #20, #24, and #32). _____ On 2/11/16, the facility provided the following Plan of Protection: -The Administrator-in-Charge (AIC) will have an immediate mandatory staff meeting in regards to any resident complaints. -Resident complaints must be documented and turn in to the AIC immediately. -The AIC will have a resident council meeting to ensure residents are aware of procedures on communicating complaints to staff. -Facility Activity Director will interview all residents to ensure residents feel safe and cared for and	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 218 report to the AIC. -There will be a number posted for the resident's complaint line at the corporate office throughout the building that is available to all residents 24 hours a day. On 2/17/16, the facility provided an addendum to the plan of protection: -Facility will immediately contact the physician to notify him of residents being exposed to infectious disease and follow physicians instruction. -Facility will immediately notify guardians of residents known to have unprotected sex. -The facility RN will immediately ensure all staff are aware of protection located on the medication cart. -The facility Operations Director will immediately ensure all protection is on the medication cart and ensure dates are not expired. -The facility RN will contact the health department 2/18/16 to notify them or residents being exposed to infectious disease. -The facility Resident Care Coordinator will contact the Health Department in the event the facility is made aware a residents has been exposed to an infectious disease. -The Administrator will be responsible for monitoring ongoing. -Facility will immediately contact the physician to notify him of residents being exposed to infectious disease and follow physician's instruction. -Facility will immediately notify guardians of residents known to have unprotected sex. -The facility RN will immediately ensure all staff are aware of protection located on the medication cart. -The facility Operations Director will immediately ensure all protection is on the medication cart and	D 338	Corporate complaint phone number is posted on hallway where private phone is available for resident usage.	3/9/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 338	Continued From page 219 ensure dates are not expired. -The facility RN will contact the health department 2/18/16 to notify them of residents being exposed to infectious disease. -The facility Resident Care Coordinator will contact the Health Department in the event the facility is made aware a residents has been exposed to an infectious disease. -The Administrator will be responsible for monitoring ongoing. THE CORRECTION DATE FOR THE A2 VIOLATION SHALL NOT EXCEED MARCH 24, 2016.	D 338		
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure verification or	D 344	Per policy All medication or health care treatment orders are to be validated and or clarified per RCC or designated person. Ultimately RCC will sign off orders	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 344	Continued From page 220 clarification of medications of sliding scale Novolin Insulin, Levemir, and Depakote Sprinkles and implementation of fingerstick blood sugars for 1 of 5 sampled residents (#5). Physician orders were not dated within 24 hours of admission for Resident #5. The findings are: Review of Resident #5's Resident Register revealed Resident #5 was admitted to the facility on 1/19/16 from a skilled facility. Review of Resident #5's current FL2, dated 2/15/16, revealed: -Diagnoses which included long term insulin use, Type II diabetes, cognitive communication deficits, hypertension, encephalopathy, congestive heart failure, chronic obstructive pulmonary disease, and mild intellectual disorder. -"Intermittently disoriented," under patient information. -"Functional limitations: speech," under patient information. Review of a physician visit History and Physical, dated 12/22/15, (from the facility where Resident #5 previously resided), revealed: -Diagnoses of atrial fibrillation and previous cardiovascular accident. -"Continue to monitor diabetes." -"Patient is unable to converse and seems to have some expressive aphasia. He can follow simple commands but has nonsensical speech at times." Review of a hospital progress note (from the facility where Resident #5 previously resided which was in the admission records when Resident #5 was admitted to this facility), dated	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 344	Continued From page 221 1/8/16, revealed: -"Attempt resuscitation, CPR,...blood sugars are elevated." -"Patient is receiving Levemir and review of patient's fingerstick blood sugars (FSBS), they're ranging from 200-331." -"Will add FSBS before meals and daily at bedtime, sliding scale insulin house protocol." -Medications included Levemir 30 units daily and Humulin R, 1 unit before meals (injection medication to lower FSBS.) Review of a prior FL2, dated 12/21/15, (from the facility where Resident #5 previously resided which was in the admission records when Resident #5 was admitted to this facility), revealed: -"Special care received during last 7 days: Sliding scale insulin given 1 time per day (on average). -Physician orders for Levemir 30 units daily, Humulin R 1 unit before meals. Review of a physician order (from the facility where Resident #5 previously resided which was in the admission records when Resident #5 was admitted to this facility), dated 1/15/16, revealed: -Finger stick blood sugars before meals and at bedtime. -Sliding scale insulin orders: <60 RPT, 60-200 O units, 201-250 4 units, 251-300 6 units, 301-350 8 units, 351-400 10 units, >400 12 units, recheck in 1 hour, if still > 400, call MD. Telephone interview with the Administrator from the skilled facility (where Resident # 5 previously resided) on 2/17/16 at 12:30pm revealed: -The transportation staff who works for the skilled facility reported to the skilled facility Administrator that he brought Resident #5 to this facility and handed a facility staff "nurse" a bag of Resident	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 344	Continued From page 222 #5's medications which included insulin,along with January MARs. -The skilled facility Administrator reported their facility did not document the quantity of each medication when they transferred a resident to another long term care facility. -The January 2016 Medication Administration Record (MAR), which accompanied Resident #5 upon admission to this facility, had a check beside each medication that was brought to the facility. She would fax that MAR to the surveyor. -The skilled facility Administrator did not know if a glucometer was in the bag of medications brought to the facility. Review of Resident #5's January 2016 MAR from the previous facility revealed: -Entry for FSBS before meals and at bedtime. -Entry for Novolin SS insulin with parameters with the stated above 1/15/16 orders (a medication to lower blood sugar). -Entry for Levemir 30 units daily (a medication to lower blood sugar). -Entry for Depakote Sprinkles 125 mg 2 tablets at bed time (a medication to treat behavior and/or seizures). Review of Resident #5's current FL2, dated 1/15/16, revealed: -No orders for Novolin insulin. -No orders for FSBS. -No orders for Levemir insulin. -Order for Depakote Sprinkles 125mg 1 tablet daily. Review of Resident #5's record revealed no documentation related to staff attempting to call the prescribing physician to clarify the 1/15/16 FL2.	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 344	Continued From page 223 Review of record revealed no documentation of the medications which the previous facility sent with Resident #5 when they transferred him to this facility. Interview with the facility Nurse on 2/18/16 at 8:10am revealed: -She did not know which staff was on duty when Resident #5 was admitted, but the Medication Aide on duty or the Resident Care Coordinator should have clarified the FL2. -She was not aware Resident #5 was a diabetic until she completed Resident #5's Licensed Health Professional Support review and evaluation on 1/26/16. -She informed Resident #5's primary care physician of the diabetic diagnosis and the physician ordered to check FSBS daily for 1 week, dated 1/26/16. -She was not aware of any facility staff who had contacted the previous facility or physician for clarification of orders. -The Business Office Manager (BOM) does approvals for resident admissions. -The BOM sends the information to a corporate manager for approval. Interview with the BOM on 2/10/16 at 3:55pm revealed: -She did not send the information to admit Resident #5 to corporate management for approval, but the Operations Manager approved it and "looked over the orders." -No one looked at the MARs which accompanied the FL2 to compare orders because "We usually don't get MARs from another facility." -Resident #5 was supposed to have been admitted earlier than 1/19/16, but was delayed because of the "big snow," The physician did not come into the facility until 2/5/16.	D 344	RCC will review all admission paperwork accompanying new admission. She will verify orders and clarify if needed.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 344	Continued From page 224 -The BOM said she prepared the 1/15/16 FL2 for the physician to sign and when he signed it, she (the BOM) "must have put the wrong date on it." -The BOM reported that the FL2, dated 1/15/16, was signed by their house physician, but no provider saw Resident #5 until 2/5/16. Interview with the house physician on 2/11/16 at 12:33pm revealed the signature on Resident #5's current FL2, dated 1/15/16, was his signature. Telephone interview on 2/10/16 at 3:55pm with a prescribing practitioner who works with Resident #5's primary care physician revealed: -The prescribing practitioner stated he remembered ordering the oral medication for diabetes, Tradjenta, on 2/5/16. -When asked of the significance of the delay of Resident #5 receiving his diabetes medication after admission to this facility, he replied, "He is a diabetic." Based on Resident #5's diagnosis of intellectual disorder, an attempted interview with Resident #5 on 2/11/16 at 10:05am was not successful. Telephone interview with the Administrator on 2/19/16 at 4:10pm revealed: -The Medication Aides (MAs) or the Resident Care Coordinator were supposed to clarify medication orders on the FL2 when it was signed more than 24 hours of admission. -The MA on duty upon admission was supposed to document any medications brought to the facility when a resident was admitted. 1. Observation of medications on hand for Resident #5 on 2/10/16 at 8:55am revealed no Novolin insulin available for administration for Resident #5.	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 344	Continued From page 225 Review of a handwritten entry for SS (sliding scale) Novolin insulin on Resident #5's MARs for February 2016 on 2/10/16 at 8:55am revealed: -Staff had written in the order date of 2/5/16 and that it was ordered by their house physician. -The insulin orders were the same as the parameters ordered on 1/15/16 as stated above. -Staff had documented the administration of SS Novolin insulin beginning at 6:00am on 2/6/16 through 5:00pm on 2/9/16. -Staff H, Medication Aide (MA), had documented the administration of Novolin insulin at 6:00am on the 6th and at 8:00pm on the 6th and 7th with none of her initials circled. -Staff D, MA, had documented the administration of SS Novolin insulin at 12:00pm on the 7th, 8th, and 9th and at 5:00pm on the 6th with none of her initials circled. -Staff F, MA, had documented the administration of SS Novolin insulin at 5:00pm on the 7th and 8th with her initials circled, at 5:00pm on the 9th with initials not circled, and at 8:00pm on the 8th with initials not circled. -There was no documentation of a FSBS or the administration of SS Novolin insulin at 6:00am on the 7th or at 6:00am on the 9th. Interview with Staff H on 2/11/16 at 9:50am revealed: -She had administered SS Novolin Insulin to Resident #5 but "I borrowed it." -She did not know which resident she borrowed it from and had not documented the borrowing. Interview with Staff D on 2/10/16 at 12:10pm revealed: -She had documented the administration of SS Novolin Insulin to Resident #5 as indicated on the MAR, but there was no Novolin Insulin for	D 344	Medication cart audits will verify adequate medication in cart for administration.	4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 344	Continued From page 226 Resident #5. She forgot to go back and circle her initials. -The MAs were also supposed to document on the back of the MAR when their initials were circled that the medication was not available. Observation of Staff D on 2/10/16 at 12:10pm revealed that she circled her initials on the February MAR for the administration of SS insulin and documented on the back of the MAR that the medication was not in the facility. Interview with Staff F on 2/11/16 at 6:00pm revealed: -There was no SS insulin available for Resident #5. She documented that on some of the administrations, but forgot to circle her initials on others and document that none was available. -She said she knew she was supposed to circle her initials on the front of the MAR and document on the back of the MAR when medications were not available. Review of Resident #5's laboratory value for Hemoglobin A1c, dated 2/11/16, revealed a level of 10.3 with normal range of 4.8-5.6. (The A1c test is their average blood sugar control for the past 2 to 3 months and 10.3 translates to an average of 249 blood glucose level per the American Diabetes Association.) Review of Resident #5's laboratory value, dated 2/5/16, revealed glucose level of 275 with an "H" designating high and reference range of 70-105. Telephone interview with Resident #5's family member on 2/10/16 at 4:30pm revealed -She was not familiar with all of Resident #5's medications but he had been on insulin "a long time." -Resident #5 had resided with her in the past two	D 344	Per policy Medication is to be available 24 hours. MA is to notify RCC if medication needs to be ordered, if RCC not available MA is to notify pharmacy to call medication to 24 hour back up pharmacy.	3/1/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 344	Continued From page 227 years and "was always on insulin." 2. Observation of medications on hand for Resident #5 on 2/10/16 at 8:55am revealed Levemir 15 units dispensed on 2/9/16. Review of Resident #5's MARs for February 2016 on 2/10/16 at 8:55am revealed: -An handwritten entry for Levemir injections 15 units daily. -Daily documentation of administration at 8:00pm from the 6th through the 9th (although the Levemir was not dispensed until 2/9/16). Interview with Staff H, Medication Aide on 2/11/16 at 9:50am revealed she could not remember if any Levemir was available when she documented the administration of Levemir 15 units daily at 8:00pm on the 2/6/16 and 2/7/16. Telephone interview with a pharmacy staff on 2/12/16 at 1:45pm revealed: -They had an order for Levemir, dated 2/5/16, but it was not entered in the computer until 2/8/16 and was not dispensed until 2/9/16. -The pharmacy staff did not know why the Levemir 15 units daily was delayed in being dispensed, because they usually send it out the next day. Review of Resident #5's laboratory value for Hemoglobin A1c, dated 2/11/16, revealed a level of 10.3 with normal range of 4.8-5.6. (The A1c test is their average blood sugar control for the past 2 to 3 months and 10.3 translates to an average of 249 blood glucose level per the American Diabetes Association.) Review of Resident #5's laboratory value, dated 2/5/16, revealed glucose level of 275 with an "H"	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 344	Continued From page 228 designating high and reference range of 70-105. Telephone interview with Resident #5's family member on 2/10/16 at 4:30pm revealed: -She was not familiar with all of his medications but he had been on insulin "a long time." -Resident #5 had resided with her in the past two years and "was always on insulin." 3. Review of the 1/15/1 FL2 revealed an order for Depakote Sprinkles 125mg 1 tablet daily. Observations of medications on hand for Resident #5 on 2/10/16 at 8:55am revealed Depakote Sprinkles 125 mg 1 tablet at bed time dispensed on 1/20/16. Review of the January and February 2016 MARs revealed the administration of Depakote Sprinkles 125 mg 1 tablet daily from 1/19/16 through 2/10/16. Review of Resident #5's record revealed no documentation of clarification for the Depakote Sprinkles 125 mg 2 tablets daily which was listed on the previous facility's January 2016 MAR. Review of laboratory value for Valproic Acid level, dated 2/5/16, revealed a level of 6.3 which was designated "L" for low with a reference range of 50.0-100.0. (Valproic acid is a lab value which measures Depakote blood level.) Review of Resident #5's record revealed no documentation which correlated the order for Depakote Sprinkles 125 mg daily with a diagnosis. _____ The Plan of Protection provided by the facility on 2/11/16 revealed:	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 344	Continued From page 229 -The Regional Director and the Regional Resident Care Coordinator will audit all resident charts to ensure all orders were clarified. -The Regional Director and the Regional Resident Care Coordinator will ensure all medications are in the building. -Admission or readmission orders for medications and treatments will be clarified with the prescribing Practioner within 24 hours. DATE OF CORRECTION FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED MARCH 24, 2016.	D 344	Regional Director and Regional Resident Care Director have audited resident charts Admission and readmission orders will be clarified or verified within 24 hrs per RCC	3/1/16 3/1/16
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 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 facility's policies and procedures. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure medications were administered as ordered by a licensed prescribing practitioner to 2 of 6 residents (#6 and #33) observed during a medication pass, and 6 of 9 (#1, #3, #5, #12, #25 and #32) sampled residents. (Diabetic medications, narcotic pain medications, topical creams, Cogentin, Guaifenesin, Levsin SL, Levothyroxine, and	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 230 Xanax). The findings are: A. Review of Resident #6's current FL2 dated 10/8/15 revealed: -Diagnoses included dementia, lupus, hypothyroidism, and fibromyalgia. -An admission date of 12/11/13. -Medication orders for Synthroid (brand name for Levothyroxine) 50mcg, 1 tablet daily and Oxycodone 5/325, 1 tablet three times a day. (Synthroid is a thyroid replacement hormone and Oxycodone 5mg/325 is a narcotic analgesic used for moderate to severe pain.) Review of Resident #6's record revealed a subsequent medication order dated 1/8/16 to change the Oxycodone to 7.5/325 to 1 tablet three times a day as needed. Observation of the morning medication pass on 2/10/16 at 8:05am revealed: -Resident #6 received 8 oral medications including 1 tablet of Levothyroxine 50mcg and 1 tablet of Oxycodone 7.5/325. -Resident #6 did not request the Oxycodone 7.5/325. -Resident #6 did not receive the Bactroban ointment. Review of the February 2016 Medication Administration Record (MAR) revealed: -A computer generated entry for Levothyroxine 50mcg, 1 tablet daily scheduled for administration at 6am. -The Levothyroxine had been initialed as administered daily at 6am, and the entry on 2/10/16 appeared to have one set of initials over another set of initials.	D 358	All MA's have attended 15 hour Medication training provided by DHHRS and revalidated passing medications. This will be an on going training. RCC is responsible for ordering medications. We are on monthly cycle fill. RCC reviews packing slip for medication delivery and verifies in building.	4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 231 -A computer generated entry for Bactroban ointment, apply to sore daily, scheduled at 8am, with no Bactroban documented as administered the entire month. -A handwritten entry for Oxycodone 7.5/325, three times a day with scheduled administration times of 8am, 2pm, and 8pm. -The Oxycodone 7.5/325 had been initialed as administered daily at 8am, 2pm, and 8pm. Record review revealed no order to change the Oxycodone 7.5/325 from prn (as needed) to routine and no order to discontinue the Bactroban. Interview with Medication Aide (Staff E) on 2/10/16 at 9:30am revealed: -She normally does treatments after she finishes administering oral medications. -She did not believe Resident #6 had her Levothyroxine at 6am this morning. -She believed the writing under her initials for Levothyroxine were from the previous day's Medication Aide's initials. -The Resident Care Coordinator (RCC) was responsible for changing the MARs when there was a new medication order, although the Medication Aides could change the MARs. -Staff E could not explain why the Bactroban had not been documented as administered the entire month of February 2016. Interview with the RCC at 9:45am on 2/10/16 revealed: -The Medication Aides were responsible for changing the MARs. -The Business Office Manager was responsible for checking the accuracy of MARs. Interview with Medication Aide (Staff H) on	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 232 2/10/16 at 3:17pm revealed: -She had administered Resident #6's Synthroid at 6am this morning while working third shift and had initialed the MAR. -Resident #6 always got her Synthroid at 6am. Based on observation of the morning medication pass on 2/10/16, and interviews with Resident #6 and Staff H, Resident #6 received a double dose of her Synthroid on the morning of 2/10/16. Review of Resident #6's medications on hand on the morning of 2/10/16 revealed: -No Bactroban available to administer to Resident #6. -The label on the Oxycodone 7.5/325 read, take 1 tablet by mouth three times a day as needed, with a dispense date of 2/3/16. Interview with the Pharmacist at the provider pharmacy on 2/11/16 at 9:12am revealed: -The most recent order they had for Resident #6's Oxycodone 7.5/325 was dated 2/3/16, and read Percocet (Oxycodone) 7.5/325, 1 tablet three times a day as needed. -The Oxycodone 7.5/325 was dispensed on 2/3/16. -The most recent Bactroban refill was sent to the facility on 6/1/15 for a 22 gram tube. -The original order for Bactroban was dated 2/4/15. Interview with Resident #6's physician on 2/11/16 at 12:38pm revealed: -The facility called yesterday about the extra dose of Synthroid Resident #6 received and he was not concerned about it. -The Bactroban should have been discontinued. -The physician did not want Resident #6's Oxycodone 7.5/325 changed to routine dosing.	D 358	Per policy Medication manual policy Medication error MA is to notify RCC MD will be notified and receive any new orders Medication Error Form is to be complete The medication cart audit will identify clarification need for Oxycodone order.	3/1/16 4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 358	Continued From page 233 Interview with Resident #6 on 2/10/16 at 10:07am revealed: -She kept the Bactroban in her room and applied it to a sore on her foot when needed. -The sore on her foot had healed. -She was currently out of her Bactroban and had told one of the Medication Aides she needed a refill. -She wasn't sure how long she had been out of the Bactroban. -Her doctor had told her to apply the Bactroban just when she needed it. -"At first they (Medication Aides) kept the Bactroban in the med cart, but I wanted to do it myself." -Resident #6 believed her physician had changed her Oxycodone 7.5/325 to routine dosing, but even if he hadn't, "I would still ask for it because I need it." -She did not realize she had taken a double dose of Synthroid this morning. Record review revealed no order to change the Bactroban to prn and for Resident #6 to self administer the Bactroban and keep in her room. B. Review of Resident #33's current FL2 dated 11/5/15 revealed diagnoses included type 2 diabetes, seizure disorder, and personality disorder. Review of Resident #33's record revealed: -Physician signed standing orders dated 7/3/15. -The standing orders contained an order for cough, Robitussin 2 teaspoonfuls every 6 hours as needed. (Robitussin is a medication used to treat thick mucus and suppress cough.) Observation of a medication pass on 2/11/16 at	D 358	Per policy medication self administered must have MD order and be observed administering medication properly	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 234 8:20am revealed: -Resident #33 walked up to Staff H, a Medication Aide, and requested something for cough. -Staff H measured 15ml of Guaifenesin 100mg/5ml (generic Robitussin) in a measuring cup, and administered it to Resident #33. -The measuring cup did not have markings for teaspoonfuls, just ml. Interview with Staff H on 2/11/16 at 8:55am revealed she believed 15ml was the same as 2 teaspoonfuls. Interview with the Resident Care Coordinator on 2/11/16 at 9:00am revealed she too believed 15ml was the same as 2 teaspoonfuls. By accepted standards of measurement, 2 teaspoonfuls is 10ml, not 15ml as given to Resident #33. C. Review of Resident #1's current FL2 dated 2/5/16 revealed: -Diagnoses included gastric reflux, diabetes, depression, and psychotic disorder. -An admission date of 7/12/13. -A medication order for Triamcinolone Cream 0.5%, apply to body as needed for rash. (Triamcinolone Cream is a topical treatment used for a variety of skin rashes.) Review of Resident #1's record revealed: -A medication order dated 1/14/16 for Triamcinolone Cream 0.1%, apply to affected areas on groin twice daily. -A medication order dated 1/14/16 for Triamcinolone Cream 0.5%, apply twice daily as needed. Review of Resident #1's Medication	D 358	Medication 15 hour training and revalidation of all MA will prevent these errors. This will be an ongoing training and validation of medication administration	4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 235 Administration Record (MARs) for January 2016 revealed: -A handwritten entry for Triamcinolone Cream 0.1%, apply twice daily to groin until clear, with scheduled administration times of 8am and 8pm. -The handwritten entry for Triamcinolone Cream 0.1% had been marked discontinued on 1/14/16 before any cream was used. -A handwritten entry for Triamcinolone Cream 0.5%, apply twice daily as needed, with no applications documented as given from 1/14/16 to 1/31/16. Record review revealed no order to discontinue the Triamcinolone Cream 0.1% for Resident #1. Review of Resident #1's Medication Administration Record (MARs) for February 2016 revealed: -A computer generated entry for Triamcinolone Cream 0.1%, apply twice daily to groin until clear, with scheduled administration times of 8am and 8pm marked as discontinued and none documented as given. -A handwritten entry for Triamcinolone Cream 0.5%, apply twice daily as needed, with no applications documented as given. Review of Resident #1's medications on hand on 2/10/16 at 6:00pm revealed: -An 80 gram tube of Triamcinolone 0.1% Cream with a dispense date of 1/14/16, and 90% of the cream used. -A 15 gram tube of Triamcinolone Cream 0.5% with a dispense date of 1/14/16, and 90% of the cream used. Interview with Staff H on 2/12/16 at 12:17pm revealed: -She remembered applying the Triamcinolone	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 236 0.5% Cream to Resident #1 but did not document it on the MAR. -She could not explain the missing cream from the tube of Triamcinolone 0.1%. Interview with Resident #1 on 2/11/16 at 11:28am revealed she had received the Triamcinolone Creams "a few times." Interview with Resident #1's physician on 2/11/16 at 12:38pm revealed: -He did not discontinue the Triamcinolone Cream 0.1%. -The Triamcinolone Cream 0.1% should be applied routinely. D. Review of current FL2 for Resident #5, dated 1/15/16, revealed diagnoses which included long term insulin use, type II diabetes, cognitive communication deficits, hypertension, encephalopathy, congestive heart failure, chronic obstructive pulmonary disease, and mild intellectual disorder. Review of Resident Register revealed Resident #5 was admitted to the facility on 1/19/16 from a skilled facility. Review of a hospital progress note, dated 1/8/16 before Resident #5's admission to this facility, revealed: -"...blood sugars are elevated." -"Patient is receiving Levemir and review of patient's blood sugars they're ranging from 200-331." -"Will add fingersticks before meals and daily at bedtime, sliding scale insulin house protocol." Review of a prior FL2, dated 12/21/15, in Resident #5's resident record which accompanied	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 237 him when he was admitted revealed: -"Special care received during last 7 days: Sliding scale insulin given 1 time per day (on average). -Physician orders for Levemir 30 units daily, Humulin R 1 unit before meals. (Injections to lower blood sugars.) Review of Resident #5's record revealed no documentation related to staff attempting to call the skilled facility (where Resident #5 used to reside) or the previous physician to clarify the 1/15/16 FL2 physician orders. Telephone interview with the Administrator from the skilled facility (where Resident #5 used to reside) on 2/17/16 at 12:35pm revealed: -The transportation staff who works for the skilled facility reported to her (the Administrator at the skilled facility) that when they transported Resident #5 to this facility, they handed a facility staff "nurse" a bag of Resident #5's medications which included insulin, along with January 2015 MARs. -She (the Administrator from the skilled facility) reported their facility did not document the quantity of medications sent with the resident when they transferred a resident to another long term care facility. -The January 2016 Medication Administration Record (MAR) which accompanied Resident #5 upon admission had a check beside each medication that was brought to the facility and she said she would fax that record to the surveyor. Review of the January 2016 MARs for Resident #5 which was faxed to the facility for the surveyor on 2/17/16 revealed medications with check marks (indicating they were sent with the resident upon admission) included:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 238 -Levemir 30 units daily. -Novolin Sliding Scale Insulin with ranges. -Xanax 2mg at bedtime (anti-anxiety medication). -Xanax 1 mg daily. Review of subsequent physician orders after Resident #5 was admitted revealed: -Order, dated 1/29/16 for FSBS daily for one week. -Order, dated 2/5/16 for Novolin sliding scale (SS) insulin: <60 repeat 1 time , if < 60, give 4 ounces orange juice, 60-200 0 units, 201-250 4 units, 251-300 6 units, 301-350 8 units, 351-400 10 units, >400 12 units, recheck in 1 hour, if still > 400, call MD. (Telephone order dated, 2/10/16, clarified Novolin as "Novolin R SST.") -Finger stick blood sugar orders, dated 2/8/16, before meals and at bedtime. -Order, dated 2/8/16, for Metformin 500 mg twice per day (used to lower blood sugar) -Order, dated 2/5/16 for Levemir 15 units daily. -Order, dated 2/5/16 for Tradjenta 5 mg daily. (used to lower blood sugar). Observation of medications on hand for Resident #5 on 2/10/16 at 8:55am revealed: -No Novolin insulin available for administration for Resident #5. -No Metformin 500 mg. -Seventeen tablets in a bottle labeled Tradjenta 5mg daily, dispensed on 2/5/16 with 17 tablets. -A bottle of Levemir 15 u daily, with dispensing date of 2/9/16. -No Xanax 1 mg and no Xanax 2 mg, but an empty bubble pack labeled Xanax 1mg daily, dispensed on 2/4/16 with 16 tablets. Based on Resident #5's diagnosis of intellectual disorder, an attempted interview with Resident #5 on 2/11/16 at 10:05am was not successful.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 358	Continued From page 239 1. Review of Resident #5's MARs for February 2016 on 2/10/16 at 8:55am revealed: -Staff had handwritten an entry for SS Novolin Insulin. -The Novolin insulin was ordered by this facility's house physician on 2/5/16. -Parameters were entered on the MAR the same as the 2/5/16 order written above. Review of Resident #5's MARs for February 2016 on 2/10/16 at 8:55am revealed after the SS Novolin Insulin was ordered on 2/5/16, there were no FSBSs documented nor the administration of SS insulin documented at the following times: -At 6:00am on the 7th, 9th, and 10th. -At 12:00 pm on the 6th. -At 5:00pm on the 7th and 8th there were no FSBSs documented, but Staff F, Medication Aide (MA) documented and circled her initials and documented on the back of the MAR indicating the medication was not available. -At 8:00pm on the 9th. Review of Resident #5's MARs for February 2016 on 2/10/16 at 8:55am revealed documentation as follows. -Staff H, Medication Aide (MA), had documented FSBS and the administration of SS insulin at 8:00pm on the 6th (FSBS of 340 and 8 units insulin administered) and at 8:00pm on the 7th (FSBS of 221 with 4 units administered) with neither of her initials circled. -Staff D, MA, had documented FSBS and the administration of SS insulin at 12:00pm on the 7th (256 with 6 units insulin administered) and at 12:00pm on the 8th (FSBS of 268 with 6 units insulin administered) with neither of her initials circled. -Staff F, MA, had documented at 8:00pm on the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 240 8th a FSBS of 314 and 8 units insulin administered with no circles on her initials, -Staff F, had documented at 5:00pm on the 9th a FSBS of 357 with no SS insulin documented as administered and no documentation of unavailability of insulin. Interview with Staff H on 2/11/16 at 9:50am revealed: -There was no SS Novolin Insulin available for Resident #5 but "I borrowed it." -She did not know which resident she borrowed it from and had not documented the borrowing. -She knew she was not supposed to borrow medication from other residents. Observation of Staff H on 2/11/16 at 9:50am revealed as she was stating that she borrowed insulin from another resident for Resident #5, looked in the medication cart (the cart where Resident #5's medications were stored) and said she could not find the insulin which she had borrowed. Interview with Staff D, MA, on 2/10/16 at 12:10pm revealed: -She had documented the administration of SS Novolin Insulin to Resident #5 as indicated on the MAR, but there was no Novolin Insulin available for Resident #5. She forgot to go back and circle her initials. -The MAs were also supposed to circle their initials on the front of the MAR and document on the back of the MAR when medications were not available. Interview with Staff F, MA, on 2/11/16 at 6:00pm revealed: -There was no SS insulin available for Resident #5. She had documented that on some of the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 358	Continued From page 241 administrations but forgot to circle her initials on others. -She was aware they were supposed to circle their initials on the front of the MAR and document on the back of the MAR when medications were not available. Review of Resident #5's glucometer on 2/10/16 at 9:15am revealed when the glucometer was turned on, it was accurate for date displaying 2/10/16 but 1 hour delayed for time, displaying 8:15am. Review of Resident #5's glucometer on 2/10/16 at 9:15am revealed that after the facility received the SS insulin order on 2/5/16, there were readings on the glucometer which would have required the administration of SS insulin, but the readings were not documented on the February 2016 MAR (times adjusted for the 1 hour difference in glucometer): -7:33am on the 7th: 211 (would have required 4 units insulin) -5:49am on the 9th: 268 (would have required 6 units insulin) -9:02pm on the 9th: 307 (would have required 8 units insulin) Interview with the facility Nurse on 2/10/16 at 12:15pm revealed: -The pharmacy had not dispensed the Novolin insulin because they wanted to know the specific type and they wanted the order in writing. -She would get the Novolin insulin from the back-up pharmacy. -The Medication Aide on the third shift was supposed to check what medications came in against what was ordered. -If a medication is not delivered by their pharmacy, the MAs are supposed to notify first	D 358	Medication aide training included usage of glucometer and administering insulin per orders. This will a on going validation to assure insulin orders are adhered too	4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 242	D 358		

shift MAs and the RCC by leaving a note.
-If she had known it was not available, she would have already requested it from the back-up pharmacy.

Telephone interview with the pharmacy staff on 2/10/16 at 10:50am revealed:
-They had not dispensed the Novolin insulin because they were waiting on a clarification of what type of Novolin insulin.
-The pharmacy has an on-call pharmacy on the weekends and there was always a pharmacist "here on Saturday."

Interview with the facility Nurse on 2/11/16 at 6:20pm revealed she had just returned from the back-up pharmacy and picked up Novolin insulin for Resident #5.

Review of Resident #5's record on 2/11/16 at 6:20pm revealed a telephone physician order, dated 2/10/16, for clarification for Novolin for "Novolin R SSI."

Review of Resident #5's laboratory value for Hemoglobin A1c, dated 2/11/16 revealed a level of 10.3 with normal range of 4.8-5.6. (The A1c test is a measure of the average blood sugar reading for the past 3 months and an A1c of 10.3 translates to an average of 249 blood sugar level per the American Diabetes Association.)

Review of Resident #5's laboratory value, dated 2/5/16, revealed glucose level of 275 with an "H," designating high and reference range of 70-105.

Telephone interview with Resident #5's family member on 2/10/16 at 4:30pm revealed she was not familiar with all of Resident #5's medications but he had been on insulin "a long time," because

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 243 in the past, Resident #5 had stayed with her. 2. Review of a Resident #5's record revealed a physician's order dated 2/8/16 for Metformin 500 mg twice per day (used to lower blood sugar). Observation of medications on hand for Resident #5 on 2/10/16 at 8:55am revealed no Metformin 500 mg available for administration. Telephone interview with pharmacy staff at the provider pharmacy on 2/10/16 at 10:50am revealed: -There was no information related to Metformin "on profile" for Resident #5. -They had not dispensed any Metformin 500mg for Resident #5. Review of Resident #5's MARs for February 2016 on 2/11/16 at 8:15am revealed: -An entry for Metformin 500 mg twice per day with documentation as administered twice daily from 8:00am on the 1st through 8:00am on the 10th. (As noted above, the Metformin 500 mg twice per day was not ordered until 2/8/16 and not delivered until 2/11/16) -Staff H's initials were documented as administering at 8:00am on the 1st through the 6th and at 8:00pm on the 1st, 5th, 6th, and 7th. -Staff F's, Medication Aide (MA), initials were documented as administering at 8:00pm on the 2nd, 3rd, 8th, and 9th. -Staff D's, MA, initials were documented as administering at 8:00am the 6th through the 10th. -Staff B's, MA, initials were documented as administering at 8:00pm on the 4th. Interview with Staff F, MA, on 2/11/16 at 6:00pm revealed she hand wrote the Metformin 500mg entry on the February 2016 MAR but she did not	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 244 document her initials as having administered the Metformin and she did not know who did. Interview with Staff H, MA, on 2/11/16 at 9:50am revealed she did not know why her initials were on Resident #5's February 2016 MAR as administering the Metformin before it came into the facility and she did not know if she was the one who entered her initials. Interview with Staff D, MA, on 2/16/16 at 3:45pm revealed she did not know why her initials were on the February 2016 MAR as administering the Metformin (before it was ordered and before it came into the facility) Interview with the facility Nurse on 2/11/16 at 6:20pm revealed she had just returned from the back-up pharmacy and picked up the Metformin for Resident #5. Review of Resident #5's laboratory value for Hemoglobin A1c, dated 2/11/16 revealed a level of 10.3 with normal range of 4.8-5.6. (Hemoglobin A1c is a measurement of average blood sugar levels over a 3 month period, and an A1c level of 10.3 would translate to an average blood sugar level of 249.) Review of Resident #5's laboratory value, dated 2/5/16, revealed glucose level of 275 with an "H," designating high and reference range of 70-105. 3. Review of Resident #5's physician orders, dated 2/5/16, revealed Tradjenta 5 mg daily (used to lower blood sugar). Observation of medications on hand for Resident #5 on 2/10/16 at 8:55am revealed a bottle of Tradjenta 5mg once daily with 17 tablets	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 245 dispensed on 2/5/16 and 17 tablets remaining. Review of Resident #5's MARs for February 2016 on 2/10/16 at 8:55am revealed a handwritten entry for Tradjenta 5mg 1 daily with no documentation of administration. Interview with Staff H, a Medication Aide (MA) on 2/11/16 at 9:50am revealed she did not know why she or the other MAs had not administered any Tradjenta 5 mg to Resident #5. Review of Resident #5's laboratory value for Hemoglobin A1c, dated 2/11/16 revealed a level of 10.3 with normal range of 4.8-5.6. (Hemoglobin A1c is a measurement of average blood sugar levels over a 3 month period, and an A1c level of 10.3 would translate to an average blood sugar level of 249.) Review of Resident #5's laboratory value, dated 2/5/16, revealed glucose level of 275 with an "H" designating high and reference range of 70-105. 4. Review of Resident #5's record revealed a physician order, dated 2/5/16 for Levemir 15 units daily (used to lower blood sugar). Observation of medications on hand for Resident #5 on 2/10/16 at 8:55am revealed a bottle of Levemir 15 units daily, with dispensing date of 2/9/16. Review of Resident #5's MARs for February 2016 on 2/10/16 at 8:55am revealed: -A handwritten entry for Levemir injections 15 units daily. -Daily documentation of administration at 8:00pm from the 6th through the 9th (although the Levemir was not dispensed until 2/9/16).	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 246 Interview with Staff H, a Medication Aide, on 2/11/16 at 9:50am revealed she could not remember if any Levemir was available when she documented the administration of Levemir 15 units daily at 8:00pm on the 2/6/16 and on 2/7/16. Telephone interview with the pharmacy staff on 2/12/16 at 1:45pm revealed: -They had an order for Levemir 15 units for Resident #5, dated 2/5/16, but it was not entered in the computer until 2/8/16 and was not dispensed until 2/9/16. -He did not know why the Levemir 15 units daily was delayed in being dispensed, because they usually send it out the next day. Review of Resident #5's laboratory value for Hemoglobin A1c, dated 2/11/16 revealed a level of 10.3 with normal range of 4.8-5.6. (Hemoglobin A1c is a measurement of average blood sugar levels over a 3 month period, and an A1c level of 10.3 would translate to an average blood sugar level of 249.) Review of Resident #5's laboratory value, dated 2/5/16, revealed glucose level of 275 with an "H," designating high and reference range of 70-105. 5. Review of Resident #5's current FL2, dated 1/15/16, revealed physician orders included: -Xanax 1 mg in the am (an anti-anxiety medication). -Xanax 2 mg at bedtime. Observation of the medications on hand for Resident #5 in the medication cart on 2/10/16 at 8:55am revealed: -No Xanax 1 mg and no Xanax 2mg available for administration.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 358	Continued From page 247 -An empty bubble pack, labeled Xanax 1 mg dispensed on 2/4/16 with 16 tablets. Review of January and February 2016 MARs for Resident #5 revealed: -Xanax 1 mg in the am documented daily from 1/20/16 through 2/9/16. -Xanax 2 mg at bedtime documented daily from 1/19/16 through 2/9/16 with the exception of 1/30/16 (no documentation). Telephone interview with the pharmacy staff on 2/10/16 at 10:50am related to Resident #5's medications revealed: -The pharmacy received both Xanax orders on 1/20/16. -They had only dispensed Xanax 1mg one time, 16 tablets on 2/4/16. -They received a telephone request from the facility for the Xanax 2mg on 2/8/16, but the pharmacy was waiting on a "script" for the Xanax 2mg and they had never dispensed the Xanax 2mg. Review of Controlled Drug Records for Resident #5 revealed: -Only 1 Controlled Drug Record for Xanax 1 mg (16 tablets dispensed on 2/4/16) which was documented as administering both for the 1mg and the 2mg from 2/5/16 through 2/10/16. -The last Xanax administered to Resident #5 was at 8:00am on 2/10/16 with 0 quantity Xanax 1mg remaining. -No other Controlled Drug Records for Resident #5's Xanax 1 mg or Xanax 2mg were available for review. Observation of the medications on hand for Resident #5 on 2/11/16 at 9:55am revealed no Xanax 1mg and no Xanax 2mg available for	D 358	Per policy All controlled sheets are to be in control book until until completed When medication completed or order change give control sheet to RCC for filing A separate control sheet per each medication ordered	3/1/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 248 administration. Interview with Staff H, Medication Aide, on 2/11/16 at 9:55am revealed there was no Xanax 1 mg and no Xanax 2mg available for administration and they would have to order it from the back-up pharmacy. (At this time, Resident #5 had missed his 8:00pm dose of Xanax 2mg on 2/10/16 and his 8:00am dose of Xanax 1 mg on 2/11/16.) Review of the February 2016 MAR revealed staff had documented the administration of Xanax 2mg on 2/10/16 at 8:00pm (with no Controlled Drug Sheet for Xanax available and no documentation which showed any Xanax 2 mg available for administration for Resident #5). Interview with Staff D, a Medication Aide (MA), on 2/19/16 at 1:55pm revealed: -If a medication was not in the medication cart, the MAs were supposed to order it. -When the medication tote was delivered, the MA on duty was supposed to check the medications that came in against the medications which were ordered. -The MAs fax the medication orders on the fax machine in the RCC's office because there are no fax machines in the two medication rooms. The papers with the medication orders get misplaced if the MA walks away from the fax. -There is no folder available with all the medication orders so the MAs can compare the medications which are delivered to the medications which are ordered. -They have no way of knowing if other MAs have ordered the medication that is missing on the cart. -Sometimes one MA orders a medication and then another MA orders it again.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 358	Continued From page 249 E. Review of current FL2, dated 2/5/16, revealed Resident #12 had diagnoses which included abdominal pain, non-infected gastroenteritis, dementia, hypertension, and anxiety. Review of Resident #12's Resident Register revealed she was admitted to the facility on 6/26/13. Interview with Resident #12 on 2/12/16 at 12:40pm revealed: -"My belly hurts," which she repeated at least 4 times. -She reported that her "belly hurt all night." Confidential interview with two medication aides revealed that Resident #12 "is always saying her belly hurts." Review of current FL2, dated 2/5/16, revealed an order for Levsin SL 0.125mg twice per day. (Levsin is a medication used to treat a variety of stomach and intestinal disorders.) Observations of medications on hand in the medication cart for Resident #12 on 2/12/16 at 8:55am revealed no Levsin SL 0.125mg available for administration. Review of the Resident #12's January 1 through February 11 2016 Medication Administration Records (MARs) revealed: -Computer generated entry for Levsin SL 0.125 mg twice daily. -Levsin SL 0.125 mg twice daily documented as administered with the exception of 8:00am on 1/10/16 when Resident #12 was not in the facility. Interview with Staff H, Medication Aide (MA), on	D 358	Medication cart audited with MAR will identify medication availability	4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 250 2/12/16 at 3:10pm revealed: -Resident #12's medications had been dispensed in plastic bottles and she was not aware the Levsin SL was not available for administration. -She had been documenting the administration of Levsin SL for Resident #12 because she thought it was in one of the plastic bottles on the cart. -She did not know how long Levsin SL had not been available for administration. Interview with Staff C, MA, on 2/16/16 at 2:15pm revealed she did not work every day, but "yesterday," on 2/15/16, was the first time she had ever observed the Levsin SL on the cart available for administration for Resident #12. Interview with the facility Nurse on 2/18/16 at 8:10am revealed: -Resident #12 and her responsible party requested the facility use a different pharmacy than the house pharmacy. -When the Nurse attempted to order all of Resident #12's medication by mail, the process was very difficult and time consuming. -Staff at the pharmacy where she attempted to obtain medications per Resident #12's request would often refuse to talk to her although she had been approved in that system by Resident #12 to handle her medications. -When Resident #12's other medications finally came in from the new pharmacy, facility staff did not inform her the Levsin SL 0.125mg had been omitted. -She was not aware the Levsin SL 0.125mg had not been administered as ordered until the surveyor asked her about the medication. -Medication Aides were supposed to administer medications by the MAR not by the label on the medications.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 251 Telephone interview with Resident #12's Guardian on 2/17/16 at 10:05am revealed: -She received bills from the pharmacy and the medications which the facility had ordered were listed on the bill. -There was no documentation on the pharmacy bills that Levsin SL 0.125 mg or the generic name hyoscyamine had been ordered by the facility for Resident #12. -She was not aware if the facility had been administering medications as ordered. Telephone interview with a pharmacist at the facility pharmacy provider on 2/12/16 at 4:15pm revealed: -A 20 day supply of Levsin SL 0.125mg twice daily was last dispensed to the facility on 12/15/15 for Resident #12. -The facility had not reordered or requested the Levsin SL 0.125mg since 12/15/15. Review of October 2015 MARs for Resident #12 revealed an computer generated entry for Levsin SL 0.125mg twice daily with original date order as 5/28/15, which indicated Resident #12 had been prescribed this medication for at least the past 8 months. Observation of medications on hand in the medication cart for Resident #12 on 2/16/16 at 2:15pm revealed a bottle of Levsin SL 0.125 mg tablets were dispensed on 2/12/16 by the back-up pharmacy and a bubble pack of Levsin SL 0.125mg was dispensed by the house pharmacy on 2/12/16. Telephone interview with the Administrator on 2/19/16 at 4:10pm revealed: -She was not aware Resident #12 did not have Levsin SL available for administration.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 252 -The Medication Aides were supposed to administer by the MAR instructions, not by the labels on the medications. -The plan was to move Resident #12 to a skilled nursing facility. Review of the current Licensed Health Professional Report for Resident #12, dated 2/4/16, revealed "noted to complain of stomach pain a lot, but due to diagnosis of dementia, resident forgets she has meds including pain meds." G. Review of Resident #25's current FL2 dated 11/23/15 revealed: -Diagnoses included: Schizoaffective Disorder Bipolar Type, hypolipidemia, and seasonal allergies. -A physician's order for Loxapine (antipsychotic) 25mg twice a day. -A physician's order for Lithium Carbonate (antipsychotic) 300mg twice a day. Interview with Resident #25 on 2/12/16 at 11:50am revealed: -The resident had experienced an accidental overdose the week before and had to go to the hospital. -The Medication Aide who had administered the wrong medications to him had not been removed from the medication cart after he reported the error to the administration. -"I got to the med cart and there was two lithium in my cup and I usually just take one." -"The cup was full with other meds too, but I knew what the lithium was and I know I was just supposed to take one." -"But I took all the meds in the cup anyway and then thought about how much was in there." -"The next morning I was gone."	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 253 -"I was dropping everything." -"I was really messed up." Review of Resident #25's hospital discharge summary dated 2/5/16 revealed: -Presented to local emergency room via emergency medical service with complaints of slurred speech. -Diagnosis medicine overdose-accidental. -"Patient was sent to the [emergency department] for further evaluation this morning after possibly taking an extra pill with his lithium last night." -"Patient has felt this way since waking this morning." -A urine drug test was performed on 2/5/16 at 11:05am and was positive for tricyclic antidepressants, but negative for benzodiazepines, cocaine, methadone, opiates, and THC. Interview with the Resident Care Coordinator (RCC) on 2/12/16 at 12:00pm revealed: -Resident #25 "was acting strange that morning." -"I went and saw him and he said he was fine, but we sent him to the hospital for evaluation anyway." -"When he came back and realized he had accidental overdose, they weren't sure of what." -The emergency department physician assumed it was lithium . -"No labs were done at the [emergency department]." -Resident #25's "story kept changing." -"By policy if a medication error occurs the Medication Aide who made the medication error is pulled off the cart and an investigation is done as to what happened." -When Resident #25's lithium were counted the count on the cart was right. -She had not actually spoken with the Medication	D 358	Medication Aide administering medication to this resident was removed from passing medication and assigned to patient care. She no longer is employed at her will.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 254 Aide, but she had personally counted the lithium on the cart and had reported the incident to the BOM and Operations Manager. Interview with the BOM on 2/12/16 at 12:47pm revealed: -"We are not sure if it was an overdose." -"The resident told the hospital he got extra lithium." -"There was no lab work done and [the hospital] sent paperwork back it was a 'possible overdose'." -"If suspected overdose we check the cart and we did do that and the counts were right." -"If there's a med error there's a med error sheet we have to fill out. We contact the physician and find out if there's a needed intervention." -The Medication Aide "said she didn't give it." -"He said she gave him 21 pills. [The Medication Aide] said no [she did not]." -When a suspected medication error has occurred the Medication Aide would be "off the cart." -If the Medication Aide was continuing to work she must have been retrained as per policy by the Facility Nurse on 2/11/16. Interview with Staff D, Medication Aide, on 2/17/16 at 8:50am revealed: -She had been the Medication Aide assigned to care for Resident #25 the day he had to go to the hospital for the accidental overdose. -"His head had sweat dripping off his nose." -"He kept cleaning out his closet and brought piles of hangers out and threw them in the hall." -"He cussed his roommate's girlfriend which is not like him" -He had "slurred speech." -The resident had still felt "bad into the next day after returning from the hospital."	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 255 Interview with the Facility Nurse on 2/17/16 at 10:10am revealed: -Resident #25 had complained he was sweaty and had slurred speech and so staff sent him for evaluation. -"When he came back we questioned him again. First he said he got 22 pills that night instead of 12 pills. Then he said he just got an extra lithium." -The hospital notes just said "possible overdose." -We asked the facility Nurse Practitioner and "he said there was no way for those symptoms" with lithium overdose. -"The symptoms of a lithium overdose would have started that night." -"When we looked back at the MARs all his meds were given and he had no med changes recently." -She had not yet done one on one retraining for the Medication Aide who had medicated Resident #25 the night before he was sent out to the hospital. -"I did immediate retraining with all the Medication Aides last week" concerning using the MAR to administer medications, to pull the medication pack and make sure it matches the MAR, and to check medications 3 times before they are given to the resident. Interview with the Operations Manager on 2/17/16 at 2:40pm revealed: -He had been aware of the possible overdose of Resident #25 by Staff B, Medication Aide. -"I asked [BOM's name] to make sure [Staff B's name] was retrained by the [Facility Nurse's name]." -The residents medications had been counted on the cart. -The hospital discharge summary was reviewed.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 358	Continued From page 256 Interview with Staff B, Medication Aide, on 2/17/16 at 4:50pm revealed: -She was unaware of the "possible overdose" incident that had occurred with Resident #25 on 2/4/16. -"No one said anything about the incident with [Resident #25's name] with me." -"No one had trained me on anything with the cart since my initial training." Interview with Staff J, Personal Care Aide on 2/18/16 at 7:45am revealed: -Resident #25 was normally a "level-headed guy." -The Resident had told another employee he went to the hospital because a Medication Aide gave him "too much medication,"but the hospital could not prove if there was an overdose." -The Resident had been seen by kitchen staff as acting "funny." -She was not aware of what the medication was that Resident #25 may have taken. -The incident occurred one to two weeks prior. -Staff B was the Medication Aide who had administered the medications to Resident #25. Interview with Resident #25's Nurse Practitioner on 2/19/16 at 11:15am revealed: -He had just recently began seeing residents in the facility. It was only his second visit. -He believed he knew Resident #25, but he would need to look at the record to make sure. -He could neither confirm or deny the facility notification of the possible overdose of Resident #25. H. Review of Resident #3's current FL2 dated 9/10/15 revealed: -Diagnoses included: dementia, diabetes, unspecified nonpsychotic mental disorder,	D 358	All medication aides hired will have a week of 1:1 orientation, review medication rules and regulation and written exam given, and medication administration validation. This an on going process	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 257 hypertension, arthritis, and renal disorder. -A physician's order for Levemir (used to control blood sugar) 22 units daily at bedtime. -A physician's order for Cogentin (used to control side effects caused by antipsychotic medications) 0.5mg 1 tab every 6 hours as needed [indication for as needed medication was missing]. Review of Resident #3's Resident Register revealed an admission date of 9/9/15. 1. Observation of Resident #3's medications on hand in the medication cart on 2/10/16 at 10:35am revealed there was no Levemir on hand for the resident. Interview with Staff E, Medication Aide (MA), on 2/10/16 at 10:20am revealed: -"I don't give the Levemir because its given in the evening, but we should have some here." -"There's no reason for [the Levemir] not being here." -"There's no Levemir documented at all for 2/9/16." -Staff C, MA, had been responsible for administering the 8pm dose of Levemir to Resident #3 on 2/9/16. Review of Resident #3's February MAR on 2/10/16 at 10:40am revealed: -A computer generated entry for Levemir 22 units subcutaneous daily at 8pm. -The Levemir was documented as administered 8 occurrences out of 9 opportunities from 2/1/16 to 2/10/16 at 10:40am. -The Levemir 8pm dose had not been documented as administered on 2/9/16. -The MAR was blank for the 2/9/16 8pm dose. Interview with the RCC on 2/10/16 at 11:00am	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 258 revealed: -The Levemir for Resident #3 had been ordered "yesterday, but it did not come in." -"We are going to call the pharmacy and see if it will come tonight in the tote or if we need to get them to send it to the backup pharmacy." -She was unsure why Staff C, MA, had not gotten the Levemir from backup the night before if it had not come in from the pharmacy. -"She should have. [Backup pharmacy's name] is open round the clock." Telephone interview with the facility pharmacy on 2/10/16 at 11:20am revealed: -The facility pharmacy had called in 1 vial of Levemir to the backup pharmacy for Resident #3 on 2/1/16. -The facility pharmacy had dispensed 3 bottles that hold 1000units prior to that on 10/21/15, 11/19/15, and 12/28/15. -The facility pharmacy did not dispense any Levemir to the resident when he was first admitted because he came in with his meds. Interview with Staff D, Medication Aide, on 2/10/16 at 11:30am revealed: -Resident #3's Levemir vial filled 2/1/16 had been found on another medication cart. Interview with Resident #3 on 2/10/16 at 12:05pm revealed: -He did not remember receiving his Levemir injection on the previous evening 2/9/16, but believed he had received a dose on 2/8/16 in the evening. Interview with Staff H, MA, on 2/12/16 at 12:35pm revealed: -Resident #3 had recently moved from his room on one hall to another hall.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 358	Continued From page 259 -However, staff had failed to switch all his medications to the medication cart he would be medicated from. -The MA who worked the cart where his meds had been left was still medicating him for his 8pm meds because he stayed down on his old hall anyway at night. -"I know I gave him his Levemir" when I worked in the evening. Interview with Staff C, MA, on 2/17/16 at 3:20pm revealed: -Resident #3 "refused the Levemir [on 2/9/16 at 8pm] and I forgot to mark it." -"He was in the bed and wouldn't get up." -"He had just been assigned to this cart, he used to be on the other cart." -"I didn't look to see if [the Levemir] was in the cart, I gave him his other meds, but he refused the shot when I told him it was due" -"He said 'I don't want it'." 2. Review of Resident #3's November and December 2015, and January and February 2016 MARs revealed: -A computer generated entry for Cogentin 0.5mg 1 tablet every 6 hours as needed for extrapyramidal symptoms. -One dose documented administered on 11/19/15. -No doses documented administered for December, January, or February. Observation of Resident #3's medications on hand in the medication cart on 2/10/16 at 10:35am revealed there was no Cogentin for the resident. Interview with Staff E, Medication Aide, on 2/10/16 at 10:20am revealed:	D 358	RCC will review all orders, all PRN medications orders need to be clarified to specific reason, shaking etc. We depend on the pharmacist to also question orders	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 260 -The Medication Aide was unsure what "extrapyramidal symptoms" meant for the indication the pharmacy had added to the as needed Cogentin order. -"That order would confuse me." -The Medication Aide was unsure what symptoms to look for to know when to administer the medication to Resident #3. -"His hands shake all the time...continuously." -"I have to hold the cup for him to drink to take his meds cause he will waste it all over himself if I don't." -She was unaware the Cogentin would have helped to control the shaking in the resident's hands. -"I would not know to give it to him." -"I will talk to the [Resident Care Coordinator (RCC)] and find out if she can get a clarification on the Cogentin and get some supply from backup." Interview with the RCC on 2/10/16 at 11:00am revealed: -The order for as needed Cogentin was not clear on when the medication should be administered to the resident. -She would contact the physician and get clarification on the indication and make sure it was just to be given as needed and not as a scheduled medication. Interview with the facility pharmacy on 2/10/16 at 11:20am revealed they had dispensed 30 tablets of Cogentin 0.5mg one time for Resident #3 on 9/4/15. Interview with Resident #3's Primary Care Physician on 2/10/16 at 11:45am revealed: -He was unsure why the Cogentin was ordered as needed.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 261 -He was not sure if he should change the order because "sometimes Medicaid wants these meds ordered by a Psychiatric physician or a Neurologist" rather than the primary care physician. -He "didn't normally know of it being ordered as needed" especially with the monthly Haldol injection Resident #3 received. Interview with Resident #3 on 2/10/16 at 12:05pm revealed: -"I have nervous hands." -"I can't hold a cup with my hands." Interview with Staff D, MA, on 2/17/16 at 8:50am revealed: -She was not sure what extrapyramidal symptoms were "but I looked it up." -Resident #3 routinely "was pretty shaky." I. Review of Resident #32's current FL2 dated 9/17/15 revealed: -Diagnoses included: schizophrenia, polydipsia, atonic bladder urinary retention, and constipation. -A physician's order for Fentanyl (used to treat pain) 100mcg patch apply topically every 72 hours remove old patch before applying new one. -A physician's order for Fentanyl 25mcg patch apply 1 patch topically every 72 hrs remove old patch before applying new one. Confidential interview with one staff revealed "The [Business Office Manager's name] told [a Medication Aides name] to sign for medications given [this morning] even though the medications were not here." Interview with Staff A, Medication Aide, on 2/19/16 at 2:00pm revealed: -"I was instructed to sign as given [Resident #32's	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 262 name] Fentanyl patch..even though the meds weren't here." -"I didn't know what to do." -"The Fentanyl patches should have come from the pharmacy on cycle fill." -Resident #32 "gets two patches the larger one was put on her it was the smaller one we don't have in the building." Observation on 2/19/16 at 2:05pm of Resident #32's medications available for administration revealed no Fentanyl 25mcg patches were available. Review of Resident #32's November 2015 MAR revealed: -A computer generated entry for Fentanyl 25mcg patch every 72 hours at 8am. -The Fentanyl 25mcg patch was documented administered for 10 occurrences out of 10 opportunities on 11/3/15, 11/6/15, 11/9/15, 11/12/15, 11/15/15, 11/18/15, 11/21/15, 11/24/15, 11/27/15, and 11/30/15 at 8am. Review of Resident #32's December 2015 MAR revealed: -A computer generated entry for Fentanyl 25mcg patch every 72 hours at 8am. -The Fentanyl 25mcg patch was documented administered for 10 occurrences out of 10 opportunities on 12/3/15, 12/6/15, 12/9/15, 12/12/15, 12/15/15, 12/18/15, 12/21/15, 12/24/15, 12/27/15, and 12/30/15 at 8am. Interview with the RCC on 2/19/16 at 2:30pm revealed Resident #32's January 2016 MAR could not be found, but she would try to find it. Review of Resident #32's February 2016 MAR revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 263 -A computer generated entry for Fentanyl 25mcg patch every 72 hours at 8am. -The Fentanyl 25mcg patch was documented administered for 7 occurrences out of 7 opportunities on 2/1/16, 2/4/16, 2/7/16, 2/10/16, 2/13/16, 2/16/16, and 2/19/16 at 8am. Interview with the facility pharmacy on 2/19/16 at 2:25pm revealed they had dispensed Fentanyl 25mcg patches as follows: -A total of 35 patches were dispensed (11/2/15-10 patches; 11/28/15-10 patches; 12/28/15-5 patches, 1/11/16-5 patches, 1/27/16-5 patches). -37 patches were required to administer the medication as ordered. Review of Resident #32's Controlled Drug Receipt Record/Disposition Forms for Fentanyl 25mcg patches dated 12/28/15, 1/11/16, 1/27/16, and 2/2/16 revealed: -20 Fentanyl 25mcg patches were documented as administered to the resident starting 1/2/16 at 8am with last administration dated 2/19/16 at 8am. Review of Resident #32's Controlled Drug Receipts Record/Disposition Form for Fentanyl 25mcg patches revealed the facility was unable to locate the disposition documentation for a total of 20 fentanyl 25mcg patches dispensed on 11/2/15 (10 patches) and 11/28/15 (10 patches). Interview with Resident #32 on 2/19/16 at 2:18pm revealed: -Resident #32 received her pain patches. -The resident denied she was in any pain. -She never ran out of medications. _____ On 2/11/16 the facility provided the following plan	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 358	Continued From page 264 of protection: -All medications known to be missing will be ordered immediately. -All medications will be administered as ordered. -Medications that do not come in from the pharmacy, staff will notify the pharmacy to send medications to the back-up pharmacy. -Staff will report any medication that was ordered but not received to the facility RCC immediately. DATE OF CORRECTION FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED MARCH 24, 2016.	D 358	Plan of protection correction	3/15/16
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 367	Continued From page 265 This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure accurate documentation on resident's Medication Administration Records (MARs) for 4 of 9 residents sampled. (Residents #1, #5, #6, #12). The findings are: A. Review of Resident #1's current FL2 dated 2/5/16 revealed: -Diagnoses included gastric reflux, diabetes, depression, and psychotic disorder. -An admission date of 7/12/13. -A medication order for Triamcinolone Cream 0.5%, apply to body as needed for rash. (Triamcinolone Cream is a topical treatment used for a variety of skin rashes.) Review of Resident #1's record revealed: -A medication order dated 1/14/16 for Triamcinolone Cream 0.1%, apply to affected areas on groin twice daily. -A medication order dated 1/14/16 for Triamcinolone Cream 0.5%, apply twice daily as needed. -A medication order dated 1/14/16 for Levaquin 500mg, 1 tablet daily for 10 days. (Levaquin is a broad spectrum antibiotic used for the treatment of a variety of infections.) -A medication order dated 1/19/15 for Keflex 500mg, 1 every 12 hours for 10 days. (Keflex is an antibiotic used for soft tissue infections and susceptible upper respiratory infections.) Review of Resident #1's MARs for January 2016 revealed: -A handwritten entry for Triamcinolone Cream 0.1%, apply twice daily to groin until clear, with	D 367	All MA's have been trained on medication administration and revalidated. This will be an on going process	4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 367	Continued From page 266 scheduled administration times of 8am and 8pm. -The handwritten entry for Triamcinolone Cream 0.1% had been marked discontinued on 1/14/16 before any cream was used. -A handwritten entry for Triamcinolone Cream 0.5%, apply twice daily as needed, with no applications documented as given. -A handwritten entry for Levaquin 500mg, 1 tablet daily. scheduled for administration at 8am. -The Levaquin 500mg had been documented as given only 3 days, the 15th, 17th, and the 18th. -No entry for Keflex 500mg. Record review revealed no order to discontinue the Triamcinolone Cream 0.1%, the Keflex, or the Levaquin for Resident #1. Review of Resident #1's records revealed: -A facility form called the "antibiotic control sheet." -The form documented the administration of Resident #1's Levaquin 500mg from 1/15/16 through 1/24/16. -There was no antibiotic control sheet for the Keflex. Review of Resident #1's MARs for February 2016 revealed: -A computer generated entry for Triamcinolone Cream 0.1%, apply twice daily to groin until clear, with scheduled administration times of 8am and 8pm marked as discontinued. -A handwritten entry for Triamcinolone Cream 0.5%, apply twice daily as needed, with no applications documented as given. -A computer generated entry for Cephalexin (generic Keflex) 250mg/5ml, 10ml every 12 hours with 7 doses documented as given from 2/1/16 through the morning of 2/4/16. -No entry for Levaquin.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 367	Continued From page 267 Review of Resident #1's medications on hand on 2/10/16 at 6:00pm revealed: -An 80 gram tube of Triamcinolone 0.1% Cream with a dispense date of 1/14/16, and 90% of the cream used. -A 15 gram tube of Triamcinolone Cream 0.5% with a dispense date of 1/14/16, and 90% of the cream used. -No Keflex or Levaquin. Interview with Staff H, Medication Aide, on 2/10/16 at 4:28pm revealed: -She gave all the doses of Levaquin to Resident #1 but forgot to document them on the MAR. -The resident's physician wanted to wait until the Levaquin was finished before starting the Keflex. -She gave the Keflex at the end of January 2016, but could not explain why the Keflex was not added to the January 2016 MAR. Interview with Staff H, Medication Aide, on 2/12/16 at 12:17pm revealed: -She remembered applying the Triamcinolone 0.5% Cream to Resident #1 but did not document it on the MAR. -She could not explain the missing cream from the tube of Triamcinolone 0.1%. Interview with Resident #1 on 2/11/16 at 11:28am revealed she had received the Triamcinolone Creams "a few times." Interview with Resident #1 on 2/11/16 at 3:10pm revealed: -She believed she received all the doses of Levaquin as ordered. -She did not believe she received all the doses of Keflex, and they were late in starting the Keflex. -She was not aware the physician wanted to wait to start the Keflex when the Levaquin was	D 367	Antibiotic are kept in control box and to be counted each shift to assure properly administered.	4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 367	Continued From page 268 completed. Interview with Resident #1's physician on 2/11/16 at 12:38pm revealed: -He did not discontinue the Triamcinolone Cream 0.1%. -The Triamcinolone Cream 0.1% should be applied routinely. -He wanted the Levaquin completed prior to starting the Keflex. Interview with the dispensing Pharmacist on 2/17/16 at 2:48pm revealed: -The Levaquin 500mg for Resident #1 was dispensed on 1/14/16 for 10 tablets. -The Keflex was obtained from the back-up pharmacy on 1/20/16 as 400ml, 10ml (500mg) twice daily for 14 days. -He could not explain the discrepancy in the number of days of treatment of Keflex from the original order, i.e. 10 days versus 14. Refer to interview with the Operations Manager on 2/17/16 at 4:30pm. Refer to the telephone interview with the Administrator on 2/19/16 at 4:40pm. Refer to the facility's Policy and Procedures on documentation of the MARs. B. Review of Resident #6's current FL2 dated 10/8/15 revealed: -Diagnoses included dementia, lupus, hypothyroidism, and fibromyalgia. -An admission date of 12/11/13. Review of Resident #6's record revealed: -A prior medication order dated 2/4/15 for Bactroban ointment, apply to sore daily.	D 367	All medication aides have received a 15 hr training on medication administration and documentation and validated in medication admission.	4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 367	Continued From page 269 (Bactroban is an antibiotic ointment used for superficial infections of the skin.) -A subsequent medication order dated 2/2/16 on a signed physician order sheet for Bactroban ointment, apply to sore daily. Observation of the morning medication pass on 2/10/16 at 8:05am revealed Resident #6 did not receive the Bactroban ointment. Review of Resident #6's Medication Administration Records (MARs) for November 2015 and January 2016 revealed computer generated entries for Bactroban ointment, apply to sore daily, and the Bactroban had been documented as administered at 8am every day. Review of the February 2016 MAR revealed a computer generated entry for Bactroban ointment, apply to sore daily, scheduled at 8am, with no Bactroban documented as administered the entire month. Record review revealed no order to discontinue the Bactroban. Interview with Staff E, Medication Aide, on 2/10/16 at 9:30am revealed: -She normally does treatments after she finished administering oral medications. -Staff E could not explain why the Bactroban had not been documented as administered the entire month of February 2016. -The Resident Care Coordinator (RCC) was responsible for changing the MARs when new orders are received, although the Medication Aides can. Interview with the RCC at 9:45am on 2/10/16 revealed:	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 367	Continued From page 270 -The Medication Aides were responsible for changing the MARs. -The Business Office Manager was responsible for checking the accuracy of MARs. Review of Resident #6's medications on hand on the morning of 2/10/16 revealed no Bactroban available to administer to Resident #6. Interview with the Pharmacist at the provider pharmacy on 2/11/16 at 9:12am revealed: -The most recent Bactroban refill was sent to the facility on 6/1/15 for a 22 gram tube. -The original order for Bactroban was dated 2/4/15. Interview with Resident #6 on 2/10/16 at 10:07am revealed: -She kept the Bactroban in her room and applied it to a sore on her foot when needed. -She was currently out of her Bactroban and had told one of the Medication Aides she needed a refill. -She wasn't sure how long she had been out of the Bactroban. -Her doctor had told her to apply the Bactroban just when she needed it. -At first they kept the Bactroban in the med cart, but "I wanted to do it myself." -It had been over a year since the Medication Aides applied the Bactroban Ointment. -The sore on her foot had healed. Interview with Staff E on 2/10/16 at 10:15am revealed she was unaware Resident #6 kept the Bactroban in her room. Refer to interview with the Operations Manager on 2/17/16 at 4:30pm.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 367	Continued From page 271 Refer to the telephone interview with the Administrator on 2/19/16 at 4:40pm. Refer to the facility's Policy and Procedures on documentation of the MARs. C. Review of current FL2 for Resident #5, dated 1/15/16, revealed diagnoses which included long term insulin use, type II diabetes, cognitive communication deficits, hypertension, encephalopathy, congestive heart failure, chronic obstructive pulmonary disease, and mild intellectual disorder. Review of a physician visit History and Physical (from the facility where Resident #5 previously resided) revealed: -Diagnoses of atrial fibrillation and previous cardiovascular accident. -"Continue to monitor diabetes." Review of Resident Register revealed Resident #5 was admitted to the facility on 1/19/16 from a skilled facility. 1. Review of Resident #5's physician orders revealed: -An order, dated 2/5/16, for Novolin sliding scale insulin, if <60 repeat 1 time , if < 60, give 4 ounces orange juice, 60-200 0 units, 201-250 4 units, 251-300 6 units, 301-350 8 units, 351-400 10 units, >400 12 units, recheck in 1 hour, if still > 400, call MD (a medication to lower blood sugar). (Telephone order dated, 2/10/16, clarified Novolin as "Novolin R SSI.") -An order for finger stick blood sugars, dated 2/8/16, before meals and at bedtime. Review of Resident #5's MARs for February 2016 on 2/10/16 at 8:55am revealed a handwritten	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 367	Continued From page 272 entry (order dated 2/5/16) for sliding scale (SS) Novolin Insulin with above stated parameters, but there were no FSBSs documented nor the administration of SS insulin documented at the following times: -At 6:00am on the 7th, 9th, and 10th. -At 12:00 pm on the 6th. -At 8:00pm on 9th. Review of Resident #5's MARs for February 2016 on 2/10/16 at 8:55am revealed documentation as follows. -Staff D, Medication Aide (MA), had documented FSBS and the administration of SS insulin at 12:00pm on the 7th (256 with with 6 U insulin administered) and at 12:00pm on the 8th (FSBS of 268 with 6 U insulin administered) with neither of her initials circled. -Staff F, MA, had not documented any FSBS at 5:00pm on the 7th and 8th, but had documented her initials, circled them, and documented on the back of the MAR that no medication was available. -Staff F had documented FSBS at 8:00pm on the 8th (FSBS of 314 and 8 units insulin with no circles on her initials) and at 5:00pm on the 9th (FSBS of 357 with no SS insulin documented as administered). Interview with Staff D, on 2/10/16 at 12:10pm revealed: -She had documented the administration of SS Novolin Insulin to Resident #5 as indicated on the MAR, but there was no Novolin Insulin for Resident #5. She forgot to go back and circle her initials. -The MAs were also supposed to document on the back of the MAR when their initials were circled and that medication was not available. -She did not know why there were some days and	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 367	Continued From page 273 times with no documentation. Interview with Staff F, MA, on 2/11/16 at 6:00pm revealed: -There was no SS insulin available for Resident #5. She had documented that on some of the administrations, but forgot to circle her initials on others. -She was aware they were supposed to document on the back of the MAR why their initials were circled. -She did not know why there were some days and times with no documentation. 2. Review of a Resident #5's physician orders, dated 2/5/16, revealed Metformin 500 mg twice per day (used to lower blood sugar). Review of Resident #5's MARs for February 2016 on 2/10/16 at 8:55am revealed no entry for Metformin 500 mg. Observation of medications on hand for Resident #5 on 2/10/16 at 8:55am revealed no Metformin 500 mg available for administration. Telephone interview with pharmacy staff on 2/10/16 at 10:50am revealed: -There was no information related to Metformin "on profile" for Resident #5. -They had not dispensed any Metformin 500mg for Resident #5. Interview with the facility Nurse on 2/11/16 at 6:20pm revealed she had been to the back-up pharmacy and picked up the Metformin for Resident #5. Review of Resident #5's MARs for February 2016 on 2/11/16 at 8:15am revealed:	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 367	Continued From page 274 -An entry for Metformin 500 mg twice per day with documentation as administered twice daily from 8:00am on the 1st through 8:00am on the 10th. (As noted above, the Metformin 500 mg twice daily was not ordered until 2/8/16 and was not delivered until 2/11/16.) -Staff H's initials were documented as administering at 8:00am on the 1st through the 6th and at 8:00pm on the 1st, 5th, 6th, and 7th. -Staff F's initials were documented as administering at 8:00pm on the 2nd, 3rd, 8th, and 9th. -Staff D's initials were documented as administering at 8:00am the 6th through the 10th. -Staff B's initials were documented as administering at 8:00pm on the 4th. Interview with Staff F on 2/11/16 at 6:00pm revealed she hand wrote the Metformin 500 mg entry on the February 2016 MAR, but she did not document her initials as having administered the Metformin and she did not know who did. Interview with Staff H on 2/11/16 at 9:50am revealed she did not know why her initials were on Resident #5's February 2016 MAR as administering the Metformin before it came into the facility and she did not know if she was the one who entered her initials. Interview with Staff D, on 2/16/16 at 3:45pm revealed she did not know why her initials were on the February 2016 MAR as administering the Metformin (before it was ordered and before it came in the facility). Refer to interview with the Operations Manager on 2/17/16 at 4:30pm. Refer to the telephone interview with the	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 367	Continued From page 275 Administrator on 2/19/16 at 4:40pm. Refer to the facility's Policy and Procedures on documentation of the MARs. D. Review of current FL2, dated 2/5/16, revealed Resident #12 had diagnoses which included abdominal pain, dementia, hypertension, and anxiety. Review of Resident #12's Resident Register revealed she was admitted to the facility on 6/26/13. Review of medications orders on the FL2 dated 2/5/16 revealed Levsin SL 0.125 mg twice per day. Observations of medications on hand in the medication cart for Resident #12 on 2/12/16 at 3:00pm revealed no Levsin SL 0.125 twice daily available for administration. Interview with the facility Nurse on 2/18/16 at 8:10am revealed: -Resident #12 and her responsible party requested the facility use a different pharmacy other than the house pharmacy. -When the Nurse attempted to order all of Resident #12's medication by mail, the process was very difficult and time consuming. -Staff at the pharmacy where she attempted to obtain medications per Resident #12's request would often refuse to talk to her although she had been approved in that system by Resident #12 to handle her medications. -When the other medications finally came in from the new pharmacy, facility staff did not inform her the Levsin had not come in. -She was not aware the Levsin had not been	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 367	Continued From page 276 administered as ordered until the surveyor asked her about the Levsin. -Medication Aides were supposed to administer medications by the MAR not by the label on the bottles. Refer to interview with the Operations Manager on 2/17/16 at 4:30pm. Refer to the telephone interview with the Administrator on 2/19/16 at 4:40pm. Refer to the facility's Policy and Procedures on documentation of the MARs. _____ Interview with the Operations Manager on 2/17/16 at 4:03pm revealed the RCC was responsible for writing new orders on the MARs and checking the MARs for accuracy. Telephone interview with the facility Administrator on 2/19/16 at 4:40pm revealed she was unaware staff were changing MARs without physician's orders. Review of the facility's policy on documentation on the MAR revealed: -Staff administering the medication will initial the MAR after observing the resident actually take the medication. -The MAR will be accurate and include the name of the medication, strength, instructions for administering, date and time of administration, reason for use of prn medications, and omissions and refusals. -The MAR will be updated and changed when medication orders from the prescribing practitioner changes.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 372	Continued From page 277	D 372		
D 372	10A NCAC 13F .1004 (o) Medication Administration 10A NCAC 13F .1004 Medication Administration (o) A resident's medication shall not be administered to another resident except in an emergency. In the event of an emergency, the borrowed medications shall be replaced promptly and the borrowing and replacement of the medication shall be documented. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure medications were not borrowed affecting at least 23 residents in the facility. The findings are: A. Observation of the A wing medication cart on the morning of 2/11/16 revealed the following documentation taped to the top of the medication cart: -"Attention all Med-Techs the following residents are out of some of their medications...You are able to borrow the following medications and we can replace them when the residents medications come back in... A-Wing -(Named resident)- Abilify 30mg- You may borrow this medication from (named resident)...MAKE SURE YOU GET THE RIGHT DOSAGE!!! -(Named resident)- Fosamax 70mg- You may borrow this medication from (named resident) MAKE SURE THE DOSAGE IS CORRECT... -(Named resident)-Haldol 1mg- You may borrow this medication from (named resident)...MAKE SURE THE DOSAGE IS CORRECT...	D 372	No borrowing of medications will be allowed unless in a emergency situation. Medication aides are to document borrowed medication from specific resident on back of MAR to replace when comes in from pharmacy.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 372	Continued From page 278 -(Named resident)- Prilosec 20mg- You may borrow this medication from (named resident)...MAKE SURE THE DOSAGE IS CORRECT... -(Named resident)- Lisinopril 20mg- You may borrow this medication from (named resident).. MAKE SURE THE DOSAGE IS CORRECT... -(Named resident)- Senexon-S 8.6-50mg- You may borrow this medication from (named resident)..MAKE SURE THE DOSAGE IS CORRECT... -(Named resident)- Risperidone 1mg- You may borrow this medication from (named resident) **MAKE SURE THAT YOU BORROW THE RIGHT DOSAGE AMOUNT!!!!!!" The indications for use of the above medications are: -Abilify is an antipsychotic used to treat schizophrenia, bipolar disorder and other disorders with psychotic features. -Fosamax is a medication used to treat and prevent osteoporosis. -Haldol is an antipsychotic used to treat schizophrenia and other psychotic disorders. -Prilosec is a medication used to treat gastric reflux. -Lisinopril is a medication used to treat hypertension and heart failure. -Senexon-S is a combination laxative and stool softener used for constipation. -Risperidone is an antipsychotic used to treat schizophrenia, bipolar disorder and other disorders with psychotic features. Observation of the B wing medication cart on the morning of 2/11/16 revealed the following documentation taped to the top of the medication cart: -"Attention Med-Techs...The following resident's is	D 372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 372	Continued From page 279 out of medications...You are able to borrow these medications as long as we replace them back to the resident that they came from... (sic) B-Wing -(Named resident)- Lactulose 10gm/5ml- This is a prn medication if resident ask for it you may borrow it...(sic) -(Named resident)- Abilify 15mg- You may borrow this medication from (named resident) we will replace this back to the resident... -(Named resident)- Lantus- You may borrow this medication from (named resident) and we will replace this back to the resident... Januvia-You may borrow this medication from (Named resident) make sure that you split the medication in half to make it 50mg. -(Named resident)- Allegra 180mg- You may borrow this medication from -(named resident)" The indications for use of the above medications are: -Lactulose is a laxative used to treat constipation. -Lantus is an injectable insulin used to lower blood sugar levels in diabetics. -Januvia is an oral medication used to treat elevated blood sugar levels. -Allegra is a medication used to treat seasonal allergies. Refer to interview with the BOM on 2/11/16 at 11:00am. Refer to telephone interview with Pharmacist at the provider pharmacy on 2/11/16 at 11:05am. Refer to interview with Regional Operations Manager on 2/11/16 at 12:10pm. Refer to interview with the Pharmacist at the provider pharmacy on 2/18/16 at 9:15am.	D 372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 372	Continued From page 280 Refer to confidential interview with family member. Refer to review of facility policy on borrowing medications. Refer to confidential interview with a Medication Aide. Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm. B. Review of Resident #4's current FL2 dated 2/5/16 revealed: -Diagnoses included Multiple Sclerosis, migraine headaches, schizophrenia, and posterior manic stress disorder. -Admission date 6/17/15. -A physician's order for Lexapro 5mg daily. Review of Resident #4's FL2 dated 11/23/15 revealed a physician's order for Lexapro (used to treat Depression) 5mg daily. Review of Resident #4's November 2015 MAR revealed: -A computer generated entry for Lexapro 5mg daily scheduled for 8am. -The Lexapro was documented administered 30 occurrences out of 30 opportunities. Review of Resident #4's December 2015 MAR revealed: -A computer generated entry for Lexapro 5mg daily scheduled for 8am. -The Lexapro was documented administered 31 occurrences out of 31 opportunities. Review of Resident #4's January 2016 MAR revealed:	D 372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 372	Continued From page 281 -A hand written entry for Lexapro 5mg daily at 8am. -The Lexapro was documented administered 31 occurrences out of 30 opportunities. Review of Resident #4's February 2016 MAR revealed: -A hand written entry for Lexapro 5mg daily at 8am. -The Lexapro was documented administered 9 occurrences out of 10 opportunities from 2/1/16 to 2/10/16. Observation of the medications on hand for Resident #4 on 2/11/16 at 10:30am revealed there was no Lexapro 5mg tablets on the medication cart for Resident #4. Interview with Staff G, Medication Aide, on 2/11/16 at 10:45am revealed: -"I can't remember if I used the last of the Lexapro for [Resident #4's name] this morning or not. I will call the pharmacy to get it in." -"If I signed for it, I gave it to her." -"I may have borrowed one from another resident this morning." -Administration "have posted allowing us to borrow" medications from other residents to cover shortages of medications on the carts. -The BOM had posted lists on the medication carts allowing borrowing "last night." -She had not been instructed to document when she borrowed a medication from another resident. -"At the end of the month at cycle fill, if [the residents] run out [of a certain medication] we just tell [provider pharmacy name] the number of tablets we need." Telephone interview with Pharmacist at the	D 372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 372	Continued From page 282 provider pharmacy on 2/23/16 at 10:00am revealed: -They had a physician's order to discontinue Lexapro 5mg daily and start Viibryd (used to treat Depression) 10mg daily on 12/23/15. -No Viibryd was dispensed to the facility for the resident due to insurance non-payment. -On 12/31/15, they received a physician's order to discontinue the Viibryd and to start Pristique (used to treat Depression) 50mg daily. -Pre-authorization was denied on the Pristique and thus no Pristique was ever dispensed for the resident. -A physician's order for Lexapro 5mg daily for Resident #4 written 1/18/16 and signed by the physician on 1/21/16 was not faxed to Pharmacist at the provider pharmacy to reinstate the Lexapro until 2/11/16. -The pharmacy dispensed Lexapro 5mg tablets on the following dates and quantities (on 11/24/15-30 tabs; on 12/23/15-30 tabs; on 2/11/16-11 tabs; on 2/19/16-30 tabs). Review of Resident #4's record revealed the resident would not have had an adequate supply of Lexapro 5mg tablets for a daily dose to have been administered from 1/25/16 until 2/11/16. Refer to interview with the BOM on 2/11/16 at 11:00am. Refer to telephone interview with Pharmacist at the provider pharmacy on 2/11/16 at 11:05am. Refer to interview with Regional Operations Manager on 2/11/16 at 12:10pm. Refer to interview with the Pharmacist at the provider pharmacy on 2/18/16 at 9:15am.	D 372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 372	Continued From page 283 Refer to confidential interview with family member. Refer to review of facility policy on borrowing medications. Refer to confidential interview with a Medication Aide. Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm. C. Review of current FL2 for Resident #5, dated 1/15/16, revealed diagnoses which included long term insulin use, type II diabetes, cognitive communication deficits, hypertension, encephalopathy, congestive heart failure, chronic obstructive pulmonary disease, and mild intellectual disorder. Review of Resident Register revealed Resident #5 was admitted to the facility on 1/19/16 from a skilled facility. Review of a physician order (written before Resident #5's admission to this facility), dated 1/15/16, revealed an order for Sliding Scale insulin. Review of subsequent physician orders in Resident #5's record revealed: -Order, dated 2/5/16 for Novolin sliding scale insulin: <60 repeat 1 time , if < 60, give 4 ounces orange juice, 60-200 0 units, 201-250 4 units, 251-300 6 units, 301-350 8 units 351-400 10 units, >400 12U, recheck in 1 hour, if still > 400, call MD. (Telephone order dated, 2/10/16, clarified Novolin as "Novolin R SSI.") -Finger stick blood sugar orders, dated 2/8/16, before meals and at bedtime.	D 372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 372	Continued From page 284 Observation of medications on hand for Resident #5 on 2/10/16 at 8:55am revealed no Novolin insulin available for administration. Review of Resident #5's MARs for February 2016 on 2/10/16 at 8:55am revealed: -An handwritten entry for SS Novolin Insulin which noted the insulin was ordered by this facility's house physician on 2/5/16. -The parameters for the sliding scale insulin entered on the MAR were the same as the 2/5/16 order written above. Review of Resident #5's MARs for February 2016 on 2/10/16 at 8:55am revealed documentation as follows. -Staff H, Medication Aide had documented FSBS and the administration of of SS insulin at 8:00pm on the 6th (FSBS of 340 and 8 units insulin administered); at 8:00pm on the 7th (FSBS of 221 with 4 units administered) with neither of her initials circled. -Staff D, Medication Aide, had documented FSBS and the administration of SS insulin at 12:00pm on the 7th (256 with 6 units insulin administered) and at 12:00pm on the 8th (FSBS of 268 with 6 units insulin administered) with neither of her initials circled. -Staff F, Medication Aide, had documented FSBS at 8:00pm on the 8th (FSBS of 314 and 8 units insulin with no circles on her initials) and at 5:00pm on the 9th (FSBS of 357 with no SS insulin documented as administered). Interview with Staff H on 2/11/16 at 9:50am revealed: -She had administered SS Novolin Insulin to Resident #5 but "I borrowed it." -She did not know which resident she borrowed it	D 372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 372	Continued From page 285 from and had not documented the borrowing. -She knew she was not supposed to borrow medications from other residents. Observation of Staff H on 2/11/16 at 9:50am revealed as she was stating that she borrowed insulin from another resident, she was looking in the medication cart (the same cart where Resident #5's medications were stored) and said she could not find the insulin which she had borrowed. Interview with Staff D, Medication Aide on 2/10/16 at 12:10pm revealed there was no SS Novolin Insulin available to administer to Resident #5 and she had forgotten to circle her initials. Interview with Staff F on 2/11/16 at 6:00pm revealed there had been no SS Novolin Insulin available to administer to Resident #5 and she had forgotten to circle her initials. Refer to interview with the BOM on 2/11/16 at 11:00am. Refer to telephone interview with Pharmacist at the provider pharmacy on 2/11/16 at 11:05am. Refer to interview with Regional Operations Manager on 2/11/16 at 12:10pm. Refer to interview with the Pharmacist at the provider pharmacy on 2/18/16 at 9:15am. Refer to confidential interview with family member. Refer to review of facility policy on borrowing medications	D 372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 372	Continued From page 286 Refer to confidential interview with a Medication Aide. Refer to telephone interview with the Administrator on 2/19/16 at 3:55pm. _____ Interview with the BOM on 2/11/16 at 11:00am revealed: -The borrowing was "started last night at 2am" after medication cart audits were conducted. -The pharmacy was bringing an "emergency delivery" of medications to the facility "in here before lunch" today. Telephone interview with Pharmacist at the provider pharmacy on 2/11/16 at 11:05am revealed: -The majority of the residents' medications were sent cycle fill "unless there's a billing problem with their refills." -Those refills with billing problems "would require pulling of the blue sticker" by facility staff, "but if insurance won't pay we will automatically send when its eligible to be filled." -"Over-the-counter medications insurance won't pay for . A lot of the times, the resident won't pay and the facility won't pay a lot of times" for the over-the-counter medications. -The billing department would contact the facility with insurance non-coverage problems and help the facility to get the medication changed to something insurance will pay for. -As need medications, inhalers, eye drops, controlled medications, insulin, and all over-the-counter medications are not on cycle fill. -Sometimes if a family or a resident will pay for over-the-counter medications they can be added to cycle fill also. Interview with Regional Operations Manager on	D 372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 372	Continued From page 287 2/11/16 at 12:10pm revealed: -"We did chart audits last night." -"We made lists of residents missing meds." -"We instituted temporary borrowing until the medicines could get here today." -"[Facility pharmacy name] was contacted and we were told we didn't need to keep track of sharing." -The Medication Aides were retrained on the measures (including documentation and ordering medications) and the Medication Aides understand their responsibilities "so this won't happen again." Interview with the Pharmacist at the provider pharmacy on 2/18/16 at 9:15am revealed: -The pharmacy does not recommend borrowing medications. -The facility did call last week to tell us they had borrowed a medication but we don't track borrowing of medications. -If the facility needs a medication, and we don't have that medication in stock, we can call the local back-up pharmacy and have a courier pick up the medication to deliver to the facility. -If we have the medication, we can sent the medication to the facility via courier. -No one at the pharmacy would have told the facility to borrow a medication. Confidential interview with a family member revealed: -The mental health physician had "said it was okay for them to borrow medications a couple days." -"But it shocked me that [the facility] would run out of meds with that many people." Review of the facility's policy on borrowing medications revealed: -No resident's medications will be borrowed from	D 372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 372	Continued From page 288 another resident except in an emergency. -The borrowed medications will be replaced and documented promptly. Confidential interview with a Medication Aide revealed: -"We (staff) found the borrowing list on the medication cart this morning." -She was not sure who put the borrowing lists on the medication carts. -We do not keep a list to track medications borrowed from other residents. Telephone interview with the Administrator on 2/19/16 at 3:55pm revealed: -She was going to implement an electronic Medication Administration Record system which should improve the accuracy of documentation. -She would have to assure all the Medication Aides were trained to operate the system.	D 372	We are in the process of training MA to use quick mar. We have had issues with keeping WIFI on due to weather.	5/30/16
D 392	10A NCAC 13F .1008(a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to accurately document and account for controlled substances for 4 of 12 residents reviewed for medication administration (Resident #5, #13, #28, and #32).	D 392	Medication Aide and/or RCC will be responsible for completing control drug sheet. RCC will review for completeness if MA completes sheet.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 289 The findings are: A. Review of Resident #13's current FL2 dated 10/21/15 revealed: -Diagnoses included: Barret's Esophagus, dementia, ulcer, migraines, hypertension, and seizures. -An admission date of 10/21/15. 1. Review of Resident#13's FL2 dated 10/21/15 revealed: -A physician's order for Klonopin (used to treat seizure disorders) 0.5mg twice a day. Review of a CIII-CV Prescription from the facility pharmacy for Resident #13 dated 10/21/15 revealed: -Klonopin 0.5mg twice a day. -A stamped physician signature dated 10/30/15. Review of a CIII-CV Prescription from the facility pharmacy for Resident #13 dated 10/26/15 revealed: -Klonopin 0.5mg twice a day. -A stamped physician signature dated 10/29/15. Review of Resident #13's physician order dated 10/29/15 revealed the Klonopin 0.5mg twice a day was discontinued. Review of Resident #13's October 2015 MAR revealed: -A handwritten entry for Klonopin 0.5mg twice daily scheduled for 8am and 8pm. -Klonopin was documented as administered for 12 occurrences out of 16 opportunities from 10/21/15 to 10/29/15. -The 4 occurrences when the resident was not given the medication were due to hospitalization.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 290 Telephone interview with the facility pharmacy on 2/16/16 at 2:50pm revealed: -On 10/21/15, 4 tablets of Klonopin were sent to the facility for Resident #13. -On 10/26/15, 56 tablets of Klonopin were sent to the facility for Resident #13. -There was no record of any returned Klonopin even though the medication had been discontinued by a physician on 10/29/15. Review of a Controlled Drug Receipt Record/Disposition Form for Resident #13 dated 10/21/15 revealed: -On 10/22/15, a Medication Aide acknowledged receipt of 4 tablets of Klonopin 0.5mg with a signature. -There were 4 tablets documented as administered to the resident 1 tablet on 10/22/15 at 8am, 1 tablet on 10/22/15 at 8pm, 1 tablet on 10/23/15 at 8am, and 1 tablet on 10/23/15 at 8pm. Review of Resident #13's record revealed there was no Controlled Drug Receipt Record/Disposition Form for the 56 tablets of Klonopin the facility pharmacy dispensed for Resident #13 on 10/26/15. Interview with the Business Office Manager (BOM) on 2/18/16 at 9:35am revealed she was unable to find the Controlled Drug Receipt Record/Disposition Form accounting for the use of the 56 tablets of Klonopin 0.5mg tablets for Resident #13. Review of Resident #13's record revealed: -The resident was discharged from the facility on 1/15/16. -There was no documentation on what medications were released with the resident on	D 392	Per policy All controlled drugs are to be sent to pharmacy for destruction. Control sheet and copy of drugs returned are to be retained in RCC office. A RCC has been hired and she will be responsible for maintaining all medication drug receipts, all control sheets and returned pharmacy medication sheets	3/24/16 3/24/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 291 discharge. Confidential interview with one staff revealed: -"[BOM's name] is the one that had [Resident #13's name] Klonopin and Opana discontinued." -Resident #13 "had told people at the hospital he was cheeking his meds and taking too much at other times. So they discontinued the Opana and put him on Norco for pain." Confidential interview with a second staff revealed: -"I [drove Resident #13's name] to the [another county law enforcement agency name] at the courthouse" where the resident was then arrested. -"He had nothing with him. Just his clothes." -"His meds were left here, I think his [family member] came and got his meds." Based on interview and record review, the facility was unable to account for 56 Klonopin 0.5mg tablets. Refer to interview with the facility Nurse and Resident Care Coordinator on 2/17/16 at 11:00am. Refer to telephone interview with the Administrator on 2/19/16 at 3:00pm. Attempted telephone interview with Resident #13's responsible person on 2/18/16 at 9:45am was unsuccessful by exit because the phone number had been disconnected and no additional contact number was available. 2. Review of Resident #13's FL2 dated 10/21/15 revealed: -A physician's order for Opana ER (used to	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 292 control pain) 10mg daily. Review of Resident #13's discharge summary from a local emergency room visit dated 10/29/15 revealed: -The resident's diagnosis was narcotic overdose. -"....[Recommend] his room and property be searched for hidden narcotic medication and his meds be controlled strictly." Review of Resident #13's physician order dated 10/29/15 revealed the Opana ER 10 mg daily was discontinued. Review of Resident #13's October 2015 MAR revealed: -A handwritten entry for Opana ER 10mg daily scheduled for 8am. -Opana ER was documented as administered for 6 occurrences out of 8 opportunities. -The 2 occurrences when the resident was not given the medication were due to hospitalization. Telephone interview with the facility pharmacy on 2/18/16 at 10:09am revealed they had dispensed a total of 10 tablets of Opana ER 10mg on the following dates in the following quantities: -10/22/15, 2 tablets -10/23/15, 3 tablets -10/26/15, 3 tablets -10/28/15, 2 tablets Review of a Controlled Drug Receipt Record/Disposition Form for Opana ER 10mg tablets for Resident #13 dated 10/22/15 revealed: -There was no signature of the staff who acknowledged receipt of 2 tablets of Opana ER 10mg. -There were 2 tablets documented as administered to the resident 1 tablet on 10/23/15	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 293 at 8am and 1 tablet on 10/24/15 at 8am. Review of a Controlled Drug Receipt Record/Disposition Form for Opana ER 10mg tablets for Resident #13 dated 10/23/15 revealed: -On 10/23/15, a Medication Aide acknowledged receipt of 3 tablets of Opana ER 10mg with a signature. -There were 3 tablets documented as administered to the resident 1 tablet on 10/24/15 at 8am, 1 tablet on 10/25/15 at 8am, and 1 tablet on 10/26/15 at 8am. Based on review of the Controlled Drug Receipt Record/Disposition Forms for Opana ER 10mg tablets for Resident #13 dated 10/22/15 and 10/23/15, Resident #13 was documented to have received 2 tablets of Opana on 10/24/15 at 8am. Review of Resident #13's record revealed: -There was no Controlled Drug Receipt Record/Disposition Form for 3 tablets of Opana ER 10mg the facility pharmacy dispensed for Resident #13 on 10/26/15. -There was no Controlled Drug Receipt Record/Disposition Form for 2 tablets of Opana ER 10mg the facility pharmacy dispensed for Resident #13 on 10/28/15. Interview with the Business Office Manager (BOM) on 2/18/16 at 9:35am revealed she was unable to find the Controlled Drug Receipt Record/Disposition Form accounting of the use of the 5 tablets of Opana ER 10mg for Resident #13 dispensed from the facility pharmacy on 10/26/15 and 10/28/15. Review of Resident #13's record revealed: -The resident was discharged from the facility on 1/15/16.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 294 -There was no documentation upon what medications were released with the resident on discharge. Telephone interview with the facility pharmacy on 2/18/16 at 10:51am revealed there was no record of any Opana ER 10 mg tablets being returned for Resident #13. Confidential interview with one staff revealed: -"[BOM's name] is the one that had [Resident #13's name] Klonopin and Opana discontinued." -Resident #13 "had told people at the hospital he was cheeking his meds and taking too much at other times. So they discontinued the Opana and put him on Norco for pain." Confidential interview with a second staff revealed: -"I [drove Resident #13's name] to the [another county law enforcement agency name] at the courthouse" where the resident was then arrested. -"He had nothing with him. Just his clothes." -"His meds were left here, I think his [family member] came and got his meds." Attempted telephone interview with Resident #13's responsible person on 2/18/16 at 9:45am was unsuccessful by exit because the phone number had been disconnected and no additional contact number was available. Based on interview and record review, the facility was unable to account for 6 Opana ER 10mg tablets. Refer to interview with the facility Nurse and Resident Care Coordinator on 2/17/16 at 11:00am.	D 392	Per policy Upon therapeutic leave or discharge a completed signed copy of medications, dosage, how to administer and amount signed by staff and/or resident, responsible party or guardian.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 295 Refer to telephone interview with the Administrator on 2/19/16 at 3:00pm. 3. Review of Resident #13's prescription dated 10/30/15 revealed: -Ativan 0.5mg twice daily as needed for anxiety, 60 tablets. Review of Resident #13's current FL2 dated 11/6/15 revealed a physician's order renewing Ativan 0.5mg twice daily as needed for anxiety. Review of Resident #13's physician's order dated 11/24/15 revealed Ativan 0.5mg every 12 hours as needed for anxiety not to exceed 2 doses in 24 hours. Review of Resident #13's November 2015 MAR revealed: -A handwritten entry for Ativan 0.5mg twice daily as needed for anxiety. -Ativan 0.5mg was documented as administered 18 times during the month of November. Review of Resident #13's December 2015 MAR revealed: -A computer generated entry for Ativan 0.5mg twice daily as needed for anxiety. -Ativan 0.5mg was documented as administered 39 times during the month of December. Review of Resident #13's January 2016 MAR revealed: -A computer generated entry for Ativan 0.5mg every 12 hours as needed for anxiety not to exceed 2 doses. -Ativan 0.5mg was documented as administered 22 times during the month of January.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 296 Telephone interview with the facility pharmacy on 2/18/16 at 10:51am revealed they had dispensed a total of 146 tablets of Ativan 0.5mg on the following dates in the following quantities: -10/30/15, 14 tablets -11/19/15, 14 tablets -11/30/15, 14 tablets -12/10/15, 14 tablets -12/21/15, 30 tablets (from backup pharmacy) -12/28/15, 30 tablets -1/12/16, 30 tablets -There was no record of a return of any Ativan 0.5mg tablets for Resident #13. Review of a Controlled Drug Receipt Record/Disposition Form for Ativan 0.5mg tablets for Resident #13 dated 10/30/15 revealed: -On 10/31/15, a Medication Aide acknowledged receipt of 14 tablets of Ativan 0.5mg with a signature. -There were 14 tablets documented as administered to the resident starting 10/31/15 at 8am with last administration dated 11/11/15 at 1am. Review of a Controlled Drug Receipt Record/Disposition Form for Ativan 0.5mg tablets for Resident #13 dated 11/19/15 revealed: -On 11/20/15, a Medication Aide acknowledged receipt of 14 tablets of Ativan 0.5mg with a signature. -There were 14 tablets documented as administered to the resident starting 11/20/15 at 9pm with last administration dated 11/29/15 at 4pm. Review of a Controlled Drug Receipt Record/Disposition Form for Ativan 0.5mg tablets for Resident #13 dated 11/30/15 revealed: -On 12/1/15, there was no signature of a staff	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 297 acknowledging the receipt of 14 tablets of Ativan 0.5mg. -There were 14 tablets documented as administered to the resident starting 12/1/15 at 7am with last administration dated 12/10/15 at 8pm. Review of a Controlled Drug Receipt Record/Disposition Form for Ativan 0.5mg tablets for Resident #13 dated 12/10/15 revealed: -On 12/11/15, a Medication Aide acknowledged receipt of 14 tablets of Ativan 0.5mg with a signature. -There were 14 tablets documented as administered to the resident starting 12/11/15 at 8am with last administration dated 12/18/15 at 8am. Review of Resident #13's record revealed: -There was no Controlled Drug Receipt Record/Disposition Form for 30 tablets of Ativan 0.5mg the backup pharmacy dispensed on 12/21/15. -There was no Controlled Drug Receipt Record/Disposition Form for 30 tablets of Ativan 0.5mg the facility pharmacy dispensed on 12/28/15. -There was no Controlled Drug Receipt Record/Disposition Form for 30 tablets of Ativan 0.5mg the facility pharmacy dispensed on 1/12/16. Interview with the Business Office Manager (BOM) on 2/18/16 at 9:35am revealed she was unable to find the Controlled Drug Receipt Record/Disposition Form accounting for the use of the 90 tablets of Ativan 0.5mg for Resident #13 dispensed from the facility pharmacy on 12/21/15, 12/28/15, and 1/12/16.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 298 Review of Resident #13's record revealed: -The resident was discharged from the facility on 1/15/16. -There was no documentation on what medications were released with the resident upon discharge. Confidential interview with one staff revealed: -"I [drove Resident #13's name] to the [another county law enforcement agency name] at the courthouse" where the resident was then arrested. -"He had nothing with him. Just his clothes." -"His meds were left here, I think his [family member] came and got his meds." Based on interview and record review, the facility was unable to account for 90 Ativan 0.5mg tablets. Refer to interview with the facility Nurse and Resident Care Coordinator on 2/17/16 at 11:00am. Refer to telephone interview with the Administrator on 2/19/16 at 3:00pm. Attempted telephone interview with Resident #13's responsible person on 2/18/16 at 9:45am was unsuccessful by exit because the phone number had been disconnected and no additional contact number was available. 4. Review of Resident #13's prescription dated 10/30/15 revealed: -Norco 5/325mg every 6 hours as needed for pain, 120 tablets. Review of Resident #13's FL2 dated 11/6/15 revealed a physician's order renewing Norco	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 299 5/325mg every 6 hours as needed for pain. Review of Resident #13's November 2015 MAR revealed: -A handwritten entry for Norco 5/325mg every 6 hours as needed for pain. -Norco 5/325mg was documented administered 77 times during the month of November. Review of Resident #13's December 2015 MAR revealed: -A computer generated entry for Norco 5/325mg every 6 hours as needed for pain. -Norco 5/325mg was documented administered 58 times during the month of December. Review of Resident #13's January 2016 MAR revealed: -A computer generated entry for Norco 5/325mg every 6 hours as needed for pain. -Norco 5/325mg was documented administered 36 times during the month of January from 1/1/16 to 1/12/16. Telephone interview with the facility pharmacy on 2/18/16 at 10:51am revealed they had dispensed a total of 189 tablets of Norco 5/325mg on the following dates in the following quantities: -10/30/15, 9 tablets -11/4/15, 30 tablets -11/12/15, 30 tablets -12/7/15, 30 tablets -12/16/15, 30 tablets -12/24/15, 30 tablets -1/4/16, 30 tablets -There was no record of a return of any Norco 5/325mg tablets for Resident #13. Review of a Controlled Drug Receipt Record/Disposition Form for Norco 5/325mg	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 300 tablets for Resident #13 dated 10/30/15, 11/4/15, 11/12/15, 12/7/15, 12/16/15, and 12/24/15 revealed: -159 tablets of Norco 5/325mg were acknowledged as received with a signature. -There were 159 tablets documented as administered to the resident starting 10/31/15 at 8am with last administration dated 1/5/16 at 5pm. Review of Resident #13's record revealed: -There was no Controlled Drug Receipt Record/Disposition Form for 30 tablets of Norco 5/325mg the facility pharmacy dispensed on 1/4/16. Interview with the Business Office Manager (BOM) on 2/18/16 at 9:35am revealed she was unable to find the Controlled Drug Receipt Record/Disposition Form accounting of the use of the 30 tablets of Norco 5/325mg for Resident #13 dispensed from the facility pharmacy on 1/4/16. Review of Resident #13's record revealed: -The resident was discharged from the facility on 1/15/16. -There was no documentation on what medications were released with the resident upon discharge. Confidential interview with one staff revealed: -Resident #13 "had told people at the hospital he was cheeking his meds and taking too much at other times. So they discontinued the Opana and put him on Norco for pain." Confidential interview with a second staff revealed: -"I [drove Resident #13's name] to the [another county law enforcement agency name] at the courthouse" where the resident was then	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 301 arrested. -"He had nothing with him. Just his clothes." -"His meds were left here, I think his [family member] came and got his meds." Based on interview and record review, the facility was unable to account for 30 Norco 5/325mg tablets. Refer to interview with the facility Nurse and Resident Care Coordinator on 2/17/16 at 11:00am. Refer to telephone interview with the Administrator on 2/19/16 at 3:00pm. Attempted telephone interview with Resident #13's responsible person on 2/18/16 at 9:45am was unsuccessful by exit because the phone number had been disconnected and no additional contact number was available. 5. Review of Resident #13's copy of a prescription dated 11/27/15 revealed: -Percocet 5/325mg 1 tablet every 6 hours as needed for pain, 15 tablets. -Stapled to the back of the copy of the prescription was a fax confirmation sheet. -The fax confirmation did not have an image as to what was faxed. -Date stamp on fax confirmation was 11/27/15 at 8:35am. Review of Resident #13's verbal physician order dated 11/27/15 revealed: -Discontinue Percocet 5/325mg. -The verbal order was not signed by a physician. Telephone interview with the facility pharmacy on 2/18/16 at 10:51am revealed:	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 302 -The pharmacy did not have the original prescription dated 11/27/15 for the Percocet 5/325mg for Resident #13. -They had not received an order for Percocet, because the order had not been profiled to reflect on his MAR. Telephone interview with the facility backup pharmacy on 2/18/16 at 11:00am revealed they had no record of filling a Percocet 5/325mg script dated 11/27/15 for Resident #13. Review of Resident #13's November and December 2015 and January 2016 MARs revealed no entries for Percocet 5/325mg or documented administrations of Percocet 5/325mg for those months. Based on interview and record review, the facility was unable to account the original prescription for Percocet 5/325mg dated 11/27/15 even though the prescription had never been filled for the resident. Interview with the BOM on 2/18/16 at 11:20am revealed: -"When we get a hard script we make a copy of it and fax it to [facility pharmacy name]." -"We staple the fax confirmation to the copy [of the prescription] and put the hard script in the tote that night [to be delivered to the pharmacy]." -"We keep a copy of the script to confirm in the resident record." -"We do not confirm the contents of the tote [with facility pharmacy courier before sending items with courier]." Interview with Regional Operations Manager on 2/18/16 at 11:35am revealed: -The Percocet order for Resident #13 should	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 303 have been faxed to the facility pharmacy and profiled. -Staff should have called to confirm the script was received by the facility pharmacy. -"They have not been doing that here, but we are getting that process in place." B. Review of Resident #32's current FL2 dated 9/17/15 revealed: -Diagnoses included: schizophrenia, polydipsia, atonic bladder urinary retention, and constipation. -A physician's order for fentanyl (used to treat pain) 100mcg patch apply topically every 72 hours remove old patch before applying new one. -A physician's order for fentanyl 25mcg patch apply 1 patch topically every 72 hrs remove old patch before applying new one. Confidential interview with one staff revealed "The [Business Office Manager's name] told [a Medication Aides name] to sign for medications given [this morning] even though the medications were not here." Interview with Staff A, Medication Aide, on 2/19/16 at 2:00pm revealed: -"I was instucted to sign as given [Resident #32's name] fentanyl patch..even though the meds weren't here." -"I didn't know what to do." -"The fentanyl patches should have come from the pharmacy on cycle fill." -Resident #32 "gets two patches the larger one was put on her it was the smaller one we don't have in the building." Observation on 2/19/16 at 2:05pm of Resident #32's medications available for administration revealed no Fentanyl 25mcg patches were available.	D 392	Per policy All hard scripts and orders are faxed to pharmacy and staff faxing are to call to verify receipt/	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 304 Review of Resident #32's November 2015 MAR revealed: -A computer generated entry for Fentanyl 25mcg patch every 72 hours at 8am. -The Fentanyl 25mcg patch was documented administered for 10 occurrences out of 10 opportunities on 11/3/15, 11/6/15, 11/9/15, 11/12/15, 11/15/15, 11/18/15, 11/21/15, 11/24/15, 11/27/15, and 11/30/15 at 8am. Review of Resident #32's December 2015 MAR revealed: -A computer generated entry for Fentanyl 25mcg patch every 72 hours at 8am. -The Fentanyl 25mcg patch was documented administered for 10 occurrences out of 10 opportunities on 12/3/15, 12/6/15, 12/9/15, 12/12/15, 12/15/15, 12/18/15, 12/21/15, 12/24/15, 12/27/15, and 12/30/15 at 8am. Interview with the RCC on 2/19/16 at 2:30pm revealed Resident #32's January 2016 MAR could not be found, but she would try to find it. Review of Resident #32's February 2016 MAR revealed: -A computer generated entry for Fentanyl 25mcg patch every 72 hours at 8am. -The Fentanyl 25mcg patch was documented administered for 7 occurrences out of 7 opportunities on 2/1/16, 2/4/16, 2/7/16, 2/10/16, 2/13/16, 2/16/16, and 2/19/16 at 8am. Interview with the facility pharmacy on 2/19/16 at 2:25pm revealed they had dispensed Fentanyl 25mcg patches as follows: -A total of 35 patches were dispensed (11/2/15-10 patches; 11/28/15-10 patches; 12/28/15-5 patches, 1/11/16-5 patches, 1/27/16-5 patches).	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 305 -37 patches were required to administer the medication as ordered. Review of Resident #32's Controlled Drug Receipt Record/Disposition Forms for Fentanyl 25mcg patches dated 12/28/15, 1/11/16, 1/27/16, and 2/2/16 revealed: -20 Fentanyl 25mcg patches were documented as administered to the resident starting 1/2/16 at 8am with last administration dated 2/19/16 at 8am. Review of Resident #32's Controlled Drug Receipts Record/Disposition Form for Fentanyl 25mcg patches revealed the facility was unable to locate the disposition documentation for a total of 20 fentanyl 25mcg patches dispensed on 11/2/15 (10 patches) and 11/28/15 (10 patches). Interview with Resident #32 on 2/19/16 at 2:18pm revealed: -Resident #32 received her pain patches. -The resident denied she was in any pain. -She never ran out of medications. C. Review of Resident Register revealed Resident #5 was admitted to the facility on 2/19/16 from a skilled facility. Review of Resident #5's current FL2, dated 2/15/16, revealed diagnoses which included long term insulin use, type II diabetes, cognitive communication deficits, hypertension, encephalopathy, congestive heart failure, chronic obstructive pulmonary disease, and mild intellectual disorder. Review of a physician visit History and Physical, dated 12/22/15, (from the facility where Resident #5 previously resided), revealed "Patient is	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 306 unable to converse." Review of Resident # 5's current FL2, dated 1/15/16, revealed physician orders included: -Xanax 1 mg in the am. -Xanax 2 mg at bedtime. Review of January and February 2016 MARs revealed: -Xanax 1 mg in the am documented daily from 1/20/16 through 2/9/16. -Xanax 2 mg at bedtime documented daily from 1/19/16 through 2/9/16 with the exception of 1/30/16 (no documentation). Review of Controlled Drug Records for Resident #5 revealed: -Only 1 Controlled Drug Record for Xanax 1 mg (16 tablets dispensed on 2/4/16) which was used for the 1mg and the 2mg Xanax from 2/5/16 through 2/10/16. -The last Xanax 1mg administered to Resident #5 was at 8:00am on 2/10/16 with a quantity of 0 tablets Xanax 1mg remaining. Observation of the medications on hand for Resident #5 in the medication cart for resident #5 on 2/10/16 at 8:55am revealed: -No Xanax 1 mg and no Xanax 2mg available for administration. -An empty bubble pack, labeled Xanax 1 mg dispensed on 2/4/16 with 16 tablets. Review of Record revealed no other Controlled Drug Sheet for Xanax 1 mg and Xanax 2mg available for Resident #5. Interview with the Resident Care Coordinator on 2/11/16 at 4:15pm revealed they had not found any more Controlled Drug records for Resident	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 307 #5s' Xanax 1 mg or for the Xanax 2mg. Telephone interview with the pharmacy staff on 2/10/16 at 10:50am revealed: -The pharmacy first received both Xanax orders, the 1mg and the 2mg, on 1/20/16. -They had only dispensed Xanax 1 mg one time, 16 tablets on 2/4/16. -They received a telephone request from the facility for the Xanax 2mg on 2/8/16, but the pharmacy was waiting on a "script" for the Xanax 2mg and they had never dispensed the Xanax 2mg. Telephone interview with the Administrator (from the skilled facility where Resident #5 previously resided) on 2/17/16 at 12:35pm revealed: -The transportation staff who works for the admitting facility reported to the skilled facility Administrator he transferred Resident #5 to this facility. When Resident #5 arrived at this facility, the transporter handed a facility staff "nurse" a bag of Resident #5's medications which included insulin, along with January 2015 MARs. -The Administrator from the skilled facility reported their facility did not document the quantity of tablets for each medication when they transferred a resident to another long term care facility. -The January 2016 Medication Records (MARs) which accompanied Resident #5 upon admission had a check beside each medication that was brought to the facility. She would fax that record to the surveyor. Review of the January 2016 MARs for Resident #5 which was faxed to the facility from the skilled facility on 2/17/16 revealed: -Xanax 2g at bedtime had a check mark on the left hand side.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 308 -Xanax 1 mg daily in the am had a check mark on the left hand side. -There was no documentation on the MARs the number of Xanax tablets sent by the other facility or received by this facility. -There were no accompanying Controlled Drug Sheets for Xanax 1mg nor 2mg faxed to the surveyor from the other facility. Review of Resident #5's record revealed no documentation of the medications or the quantity of medications received by the facility for this resident upon admission. Observation of the medications on hand for Resident #5 on 2/11/16 at 9:55am revealed no Xanax 1mg and no Xanax 2mg available for administration. Interview with Staff H, Medication Aide, on 2/11/16 at 9:55am revealed there was no Xanax 1 mg and no Xanax 2mg available for administration and they would have to order it from the back-up pharmacy. (At this time, Resident #5 had missed his 8:00pm dose of Xanax 2mg on 2/10/16 and his 8:00am dose of Xanax 1 mg on 2/11/16.) Review of the February 2016 MAR for Resident #5 revealed staff had documented the administration of Xanax 2mg on 2/10/16 at 8:00pm (with no Controlled Drug Sheet for Xanax 2mg available.) Refer to interview with the facility Nurse and Resident Care Coordinator on 2/17/16 at 11:00am. Refer to telephone interview with the Administrator on 2/19/16 at 3:00pm.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 309 D. Review of Resident #28's current FL2 dated 1/21/16 revealed: -Diagnoses included end stage renal disease (ESRD) dialysis dependent, type II diabetes mellitus, peripheral vascular disease, acquired absence of right leg, and anxiety disorder. -A physician's order for Oxycodone/APAP (a medication used to treat moderate to severe pain) 10/325 mg four times daily. -A physician's order for alprazolam (a medication used to treat anxiety) 0.5 mg three times daily as needed for anxiety. Review of Resident #28's Resident Register revealed: -An admission date of 1/21/16. -Resident did not have a guardian. 1. Review of Resident #28's January 2016 MAR revealed Oxycodone/APAP 10/325 mg four times daily documented as administered 34 times from 1/22/16 through 1/31/16. Review of a handwritten Controlled Drug Receipt Record/Disposition Form for Resident #28 dated 1/21/16 revealed: -The resident was admitted to the facility and brought quantity 3 Oxycodone/APAP 10/325 mg to be used. -The Medication Aide (MA) acknowledged receipt of 3 tablets of Oxycodone/APAP 10/325 mg with a signature. -There were 3 tablets documented as administered to the resident: 1 tablet on 1/21/16 at 8pm, 1 tablet on 1/22/16 at 8am, and 1 tablet on 1/22/16 at 12pm. Review of a handwritten Controlled Drug Receipt Record/Disposition Form for Resident #28 dated	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 310 1/21/16 revealed: -On 1/21/16 the resident was admitted to the facility and brought quantity 30 Oxycodone/APAP 10/325 mg to be used. -On 1/21/16, a MA acknowledged receipt of 30 tablets of Oxycodone/APAP 10/325 mg with a signature. -There were 29 tablets documented as administered to the resident from 1/22/16 at 4pm to 1/30/16 at 9pm, leaving 1 tablet remaining. -Documentation was absent for the disposition of the 1 remaining tablet. Review of a Controlled Drug Receipt Record/Disposition Form for Resident #28 dated 1/25/16 revealed: -The MA did not sign the form acknowledging the receipt of 60 Oxycodone/APAP 10/325 mg tablets. -There were 60 tablets documented as administered to the resident from 1/31/16 at 7am to 2/17/16 at 4pm. Review of a Controlled Drug Receipt Record/Disposition Form for Resident #28 dated 1/25/16 revealed: -The MA did not sign the form acknowledging the receipt of 60 Oxycodone/APAP 10/325 mg tablets. -There were 2 tablets documented as administered to the resident 1 tablet on 2/17/16 at 8pm, and 1 tablet on 2/18/16 at 8am. -Documentation was absent for the disposition of the 58 remaining tablets. Telephone interview with the facility pharmacy staff on 2/19/16 at 2:43pm revealed on 1/26/16, 120 tablets of Oxycodone/APAP 10/325 mg were sent to the facility for Resident #28.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 311 Based on interview and record review, the facility was unable to account for 58 Oxycodone/APAP 10/325 mg tablets. 2. Review of Resident #28's January 2016 MAR revealed alprazolam 0.5 mg three times daily as needed for anxiety, documented as administered 10 times from 1/22/16 through 1/31/16. Review of a Controlled Drug Receipt Record/Disposition Form for Resident #28 dated 1/25/16 revealed: -The MA did not sign the form acknowledging the receipt of 30 alprazolam 0.5 mg tablets. -There were 18 tablets documented as administered to the resident from 2/4/16 at 8pm to 2/18/16 at 8am, leaving 12 tablets remaining. -Documentation was absent for the disposition of the 12 remaining tablets. Further record review for Resident #28 revealed: -The MAR was unavailable for February 2016. -The Controlled Drug Receipt Record/Disposition Form was unavailable for the 10 tablets of alprazolam 0.5 mg that were documented as administered on the January 2016 MAR from 1/22/16 to 1/31/16. Telephone interview with the facility pharmacy staff on 2/19/16 at 2:43pm revealed on 1/26/16, 30 tablets of alprazolam 0.5 mg were sent to the facility for Resident #28. Based on interview and record review, the facility was unable to account for 12 alprazolam 0.5 mg tablets. Interview with the Business Office Manager on 2/19/16 at 10:00am revealed: -Resident #28 was discharged from the facility on	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 392	Continued From page 312 2/18/16 and was going to live in a hotel. -She did not have a current phone number for him. -The current MARs and Controlled Drug Receipt Record/Disposition Forms for Resident #28 "should be on the medication cart." Interview with Staff A, Medication Aide and observation of the medication cart on 2/19/16 at 11:07am revealed: -Resident #28's medications were sent with the resident upon discharge on 2/18/16. -Staff C or the Resident Care Coordinator was responsible for sending the medications with the resident. -She did not have any medications, MARs, or Controlled Drug Receipt Record/Disposition Forms currently on the medication cart for Resident #28. Review of Resident #28's record revealed: -Documentation was absent regarding the medications that were released upon discharge from the facility. -Documentation was absent regarding Resident #28's discharge from the facility. Attempted telephone interview with Resident #28's Primary Care Physician (PCP) on 2/23/16 at 1:00pm was unsuccessful by exit. Interview with Resident #28 was unsuccessful by exit due to no contact information available. Refer to interview with the facility Nurse and Resident Care Coordinator on 2/17/16 at 11:00am. Refer to telephone interview with the Administrator on 2/19/16 at 3:00pm.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 392	Continued From page 313 Interview with the facility Nurse and Resident Care Coordinator on 2/17/16 at 11:00am revealed they could not find a copy of the facility policy on controlled substance record keeping. Telephone interview with the Administrator on 2/19/16 at 3:00pm revealed: -Controlled Drug Receipt Record/Disposition Form sheets were supposed to be kept in the medication room unless a resident had been discharged. -Documentation on the medications given to the receiving facility, resident orfamily member upon discharge of a resident should have been available in the resident discharge records. -"A signature should be there when meds are taken for residents." -"We get a copy, the receiving facility, resident or family would also have gotten a copy."	D 392	Policy is in the Medication/Pharmacy Manual which copy is located in Administrators, RCC offices and Medication Rooms	3/1/16
D 400	10A NCAC 13F .1009(a)(1) Pharmaceutical Care 10A NCAC 13F .1009 Pharmaceutical Care (a) An adult care home shall obtain the services of a licensed pharmacist or a prescribing practitioner for the provision of pharmaceutical care at least quarterly. The Department may require more frequent visits if it documents during monitoring visits or other investigations that there are medication problems in which the safety of residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes the following: (1) an on-site medication review for each resident which includes the following: (A) the review of information in the resident's record such as diagnoses, history and physical,	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 314 discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and (C) documenting the results of the medication review in the resident's record. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews, and interviews, the facility failed to assure adequate medication reviews were completed for 5 of 12 (#1, #3, #6, #7, and #12) sampled residents in the areas of refusal of medications, confusing medication orders, changes in the Medication Administration Records (MARs) without physician's orders, incomplete documentation on the MARs, medications unavailable to administer to residents, and low blood sugars in an insulin dependent diabetic resident. The findings are: Interview with Consultant Pharmacist (CP) A on 2/17/16 at 2:58pm revealed the following are reviewed during a quarterly medication review:	D 400	Contact with contracted consultant Jones Pharmacy Consultants. We discussed need for consistent reviews contain information required by the rules and regulations per DHHRS. She is going to discuss areas of concern with pharmacist before next scheduled visit.	3/15/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 315 -A check for a current FL2. -New medication orders. -An indication for all use of prn (as needed) medications. -Ordered labs and their values. -Recommend labs based on the drug regimen. -Made sure MARs match the current FL2 or current orders. -Another Consultant Pharmacist (CP) B watched a medication pass. -The CP-B checked a sample of the medications in the medication cart against the current MARs, and inspected the medication room storage. -The sample checked was usually around 10%. -CP-A and CP-B don't necessarily come to the facility on the same day. A. Review of Resident #6's current FL2 dated 10/8/15 revealed: -Diagnoses included dementia, lupus, hypothyroidism, and fibromyalgia. -An admission date of 12/11/13. -A medication order for Oxycodone 5/325, 1 tablet three times a day. (Oxycodone 5mg/325 is a narcotic analgesic used for moderate to severe pain.) Review of Resident #6's record revealed: -A subsequent medication order dated 1/8/16 for Oxycodone 7.5/325, 1 tablet three times a day as needed. -A prior medication order dated 2/4/15 for Bactroban ointment, apply to sore daily. (Bactroban is an antibiotic ointment used for superficial infections of the skin.) -A subsequent medication order dated 2/2/16 on a signed physician's order sheet for Bactroban ointment, apply to sore daily. Observation of the morning medication pass on	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 316 2/10/16 at 8:05am revealed: -Resident #6 received 8 oral medications including 1 tablet of Oxycodone 7.5/325. -Resident #6 did not request the Oxycodone 7.5/325. -Resident #6 did not receive the Bactroban ointment. Review of the February 2016 Medication Administration Record (MAR) revealed: -A computer generated entry for Bactroban ointment, apply to sore daily, scheduled at 8am, with no Bactroban documented as administered from 2/1/16 through 2/10/16. -A handwritten entry for routine Oxycodone 7.5/325, three times a day with scheduled administration times of 8am, 2pm, and 8pm. -The Oxycodone 7.5/325 had been initialed as administered daily as 8am, 2pm, and 8pm for the month of February 2016. Record review revealed no order to change the Oxycodone 7.5/325 from prn (as needed) to routine and no order to discontinue the Bactroban. Interview with Medication Aide (Staff E) on 2/10/16 at 9:30am revealed: -She normally does treatments after she finished administering oral medications. -The Resident Care Coordinator (RCC) was responsible for changing the MARs when there was a new medication order, although the Medication Aides could change the MARs. -Staff E could not explain why the Bactroban had not been documented as administered the entire month of February 2016. Interview with the RCC at 9:45am on 2/10/16 revealed:	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 317 -The Medication Aides were responsible for changing the MARs. -The Business Office Manager was responsible for checking the accuracy of MARs. Review of Resident #6's medications on hand in the medication cart on the morning of 2/10/16 revealed: -No Bactroban available to administer to Resident #6. -The label on the Oxycodone 7.5/325 read, take 1 tablet by mouth three times a day as needed, with a dispense date of 2/3/16. Interview with the Pharmacist at the dispensing pharmacy on 2/11/16 at 9:12am revealed: -The most recent order they had for Resident #6's Oxycodone 7.5/325 was dated 2/3/16, and read Percocet (Oxycodone) 7.5/325, 1 tablet three times a day as needed. -The Oxycodone 7.5/325 was dispensed on 2/3/16. -The most recent Bactroban refill was sent to the facility on 6/1/15 for a 22 gram tube. -The original order for Bactroban was dated 2/4/15. Interview with Resident #6's physician on 2/11/16 at 12:38pm revealed: -The Bactroban should have been discontinued. -The physician did not want Resident #6's Oxycodone 7.5/325 changed to routine dosing. Interview with Resident #6 on 2/10/16 at 10:07am revealed: -She kept the Bactroban in her room and applied it to a sore on her foot when needed. -The sore on her foot had healed. -She was currently out of her Bactroban had told a Medication Aide she needed a refill.	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 318 -She wasn't sure how long she had been out of the Bactroban. -Her doctor told her to apply the Bactroban just when she needed it. -"At first they kept the Bactroban in the med cart, but I wanted to do it myself." -Resident #6 believed the physician had changed her Oxycodone 7.5/325 to routine, but even if he hadn't, "I would still ask for it because I need it." Record review revealed no order to change the Bactroban to prn or for Resident #6 to self administer the Bactroban and keep in her room. Review of Resident #6's medication reviews dated 2/5/16, 2/19/16, 11/9/15, and 11/13/15 revealed: -No recommendation that addressed the change in the Oxycodone 7.5/325 to routine from prn on the February 2016 MAR without a physician's order. -No recommendation related to the lack of documentation of administration on the February 2016 MAR for routine Bactroban Ointment. -No mention of the lack of Bactroban in the medication cart available to administer to the Resident #6. -No recommendation related to the duration of treatment with the Bactroban Ointment for Resident #6. Interview with CP-A on 2/18/16 at 10:40am revealed: -She had not made any recommendations related to Resident #6's Bactroban order. -She had not made any recommendations related to Resident #6's Oxycodone order or changes to the MAR without an order. B. Review of Resident #1's current FL2 dated	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 319 2/5/16 revealed: -Diagnoses included gastric reflux, diabetes, depression, psychotic disorder. -An admission date of 7/12/13. -A medication order for Triamcinolone Cream 0.5%, apply to body as needed for rash. (Triamcinolone Cream is a topical treatment for a variety of skin rashes.) Review of Resident #1's record revealed: -A medication order dated 1/14/16 for Triamcinolone Cream 0.1%, apply to affected areas on groin twice daily. -A medication order dated 1/14/16 for Triamcinolone Cream 0.5%, apply twice daily as needed. -A medication order dated 1/14/16 for Levaquin 500mg, 1 tablet daily for 10 days. (Levaquin is a broad spectrum antibiotic used for the treatment of a variety of infections.) -A medication order dated 1/19/16 for Keflex 500mg, 1 every 12 hours for 10 days. (Keflex is an antibiotic used for soft tissue infections and susceptible upper respiratory infections.) Review of Resident #1's Medication Administration Record (MARs) for January 2016 revealed: -A handwritten entry for Triamcinolone Cream 0.1%, apply twice daily to groin until clear, with scheduled administration times of 8am and 8pm. -The handwritten entry for Triamcinolone Cream 0.1% had been marked discontinued on 1/14/16 before any cream was used. -A handwritten entry for Triamcinolone Cream 0.5%, apply twice daily as needed, with no applications documented as given. -A handwritten entry for Levaquin 500mg, 1 tablet daily, scheduled for administration at 8am. -The Levaquin 500mg had been documented as	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 320 given only 3 days, the 15th, 17th, and the 18th. -No entry for Keflex 500mg. Record review revealed no order to discontinue the Triamcinolone Cream 0.1%, the Levaquin 500mg, or the Keflex 500mg for Resident #1. Review of Resident #1's records revealed: -A facility form called the "antibiotic control sheet." -The form documented the administration of Resident #1's Levaquin 500mg from 1/15/16 through 1/24/16. -There was no antibiotic control sheet for the Keflex. Review of Resident #1's MARs for February 2016 revealed: -A computer generated entry for Triamcinolone Cream 0.1%, apply twice daily to groin until clear, with scheduled administration times of 8am and 8pm marked as discontinued. -A handwritten entry for Triamcinolone Cream 0.5%, apply twice daily as needed, with no applications documented as given. -A computer generated entry for Cephalexin (generic Keflex) 250mg/5ml, 10ml every 12 hours with 7 doses documented as given from 2/1/16 through the morning of 2/4/16. -No entry for Levaquin. Review of Resident #1's medications on hand on 2/10/16 at 6:00pm revealed: -An 80 gram tube of Triamcinolone 0.1% Cream with a dispense date of 1/14/16, and 90% of the cream used. -A 15 gram tube of Triamcinolone Cream 0.5% with a dispense date of 1/14/16, and 90% of the cream used. -No Levaquin or Keflex.	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 321 Interview with Resident #1 on 2/11/16 at 11:28am revealed she had received the Triamcinolone creams "a few times." Interview with Resident #1 on 2/11/16 at 3:10pm revealed: -She believed she received all the doses of Levaquin as ordered. -She did not believe she received all the doses of Keflex, and they were late in starting the Keflex. -She was not aware the physician wanted to wait to start the Keflex until the Levaquin was completed. Interview with Resident #1's physician on 2/11/16 at 12:38pm revealed: -He did not discontinue the Triamcinolone Cream 0.1%. -The Triamcinolone Cream 0.1% should be applied routinely. -He wanted the Levaquin completed prior to starting the Keflex. Interview with a Pharmacist at the provider pharmacy on 2/17/16 at 2:48pm revealed: -The Levaquin 500mg for Resident #1 was dispensed on 1/14/16 for 10 tablets. -The Keflex was obtained from the back-up pharmacy on 1/20/16 as 400ml, 10ml (500mg) twice daily for 14 days. -He could not explain the discrepancy in the number of days of treatment of Keflex from the original order, i.e. 10 days versus 14. Review of Resident #1's medication reviews dated 2/5/16 and 2/19/16 revealed: -No recommendations related to discontinuing the Triamcinolone Cream 0.1% without an order. -No recommendations related to lack of documentation on the MARs for the use of	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 322 Triamcinolone Cream 0.1% and 0.5%, and 90% of the medication gone from the tubes of cream in the medication cart. -No recommendations related to the inaccuracies on the January 2016 MARs in the administration of Keflex and Levaquin. -A general recommendation for all the medication reviews that stated, "noted several omissions on the MAR with the administration of medications. Please make sure to sign the MARs when medications are administered." Interview with CP-A on 2/18/16 revealed: -She had not made any recommendations related to documentation and use of Resident #1's creams or the discontinuation without an order. -She had not made any specific recommendations related to lack of documentation of the administration of Resident #1's Keflex and Levaquin on the January 2016 MARs. C. Review of current FL2 for Resident #7, dated 7/23/15, revealed Resident #7 had diagnoses which included hepatitis C, seizures, anxiety, metabolic encephalopathy, and alcohol and substance abuse. Review of Resident #7's primary care physician visit, dated 11/5/15, revealed he had diagnoses which included: -A communicable disease. -A communicable disease "infection." -"Non compliance with medication regimen." Review of Resident #7's primary care physician visit, dated 12/3/15 revealed diagnoses included: -Major depressive disorder. -Alcohol dependence with withdrawal delirium.	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 323 Review of Resident #7's Resident Register revealed he was admitted to the facility on 7/22/15. Review of Resident #7's medication review, dated 2/5/16, revealed: -No documentation of medication refusals or not receiving medications as ordered. -Resident #7's risk for increasing the resistance of the virus because of non-compliance with drug therapy was not documented. -The review did include that Resident #7 had hit another resident. Interview with CP-A on 2/18/16 at 10:40am revealed: -She had not made any recommendations regarding Resident #7's frequent refusal of medications. -She had not made any recommendations regarding informing Resident #7's primary care provider or his mental health provider of his frequent refusal of medications for the months of January and February 2016. Review of a mental health physician visit dated 12/3/15 revealed: -Resident #7 "is...complaining of agitation. The quality is best described as physical aggression towards peer, irritability....the patient reported agitation as severe, impairment of function, some worsening in symptoms..the symptoms are constant...not taking medications as prescribed (non compliance of refusing meds)..." -"Per staff report: aggression, agitated, steals, acts out." Review of Resident #7's current FL2, dated 7/23/15 revealed the following orders: -Truvada 200-300 1 daily (a medication to treat a	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 324 communicable disease) -Prezista 800 mg 1 daily (a medication to treat a communicable disease) -Bactrim 800-160mg twice daily (an antibiotic used to treat a communicable disease) -Sertraline 50 mg 1 daily (an anti-depressant) -Remeron 7.5 mg at bedtime (an anti-depressant) -Naltrexone 50 mg 1/2 tablet daily (used to prevent a relapse in people with a drug or alcohol dependence) -Thiamine 100 mg daily (a vitamin). -Daily vite, 1 daily (a vitamin). Subsequent physician orders, dated 11/12/15, in Resident #7's record revealed Lorazepam 1 mg, 1 and 1/2 tablets three times daily (used to treat anxiety). Review of physician orders, dated 11/23/15, revealed: -To "crush and put medications in food." -To "change all 8:00am medications to 12:00pm. -To "change all 8:00pm medications to 5:00pm. Interview with Staff H, Medication Aide on 2/17/16 at 5:15pm revealed: -The MAs put Resident #7's medications in his food at lunch and dinner. -The personal care aides (PCAs) supervised the dining room always let her know how much Resident #7 ate. -Resident #7 very often refused to eat his meals because he could taste the medications in his food. -If he did not eat his food, staff offered him another plate. Review of Medication Administration Records dated 1/11/16 (8:00am) through 2/10/16 (12:00pm) for Resident #7 revealed:	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 325 -Bactrim DS 800-160, 1 tab twice daily initials circled as not administered at 8:00am and 8:00pm on 1/16, 8:00pm on 1/27, 2/1, 2/2, and 2/3, and at 8:00am on 1/30, 2/2, 2/4. -Lorazepam 1mg, 1 and 1/2 TID circled as not administered at 8:00am on 1/19, 1/30, 2/2, and 2/4; at 2:00pm on 1/16, 1/19, 1/21, 1/30, 2/4, and 2/6; at 8:00pm on 1/16, 1/25, 1/27, 1/28, 2/1, and 2/3. -Sertraline 50mg 1 daily circled as not administered at 12:00pm on 1/12, 1/27, 1/28, 1/29, 1/30, 2/3, 2/4, 2/6, 2/8, 2/9, and 2/10. No documentation of administration on 2/2, 2/5, and 2/7. -Divalproex cap 125mg three capsules twice daily, circled as not administered at 12:00pm on 1/12, 1/20, 1/21, 1/23, 1/24, 1/25, 1.27, 1/28, 1/29, 1/30, 2/1, 2/4, 2/6, 2/8, 2/9, and 2/10; at 5:00pm on 1/19, 1/20, 1/21,1/30, 1/31, 2/1, 2/3, 2/4, 2/5, 2/6, 2/7, and 2/9. No documentation of administration at 5:00pm on 1/16 and at 12:00pm on 1/30, 1/31, 2/2, 2/3, 2/5 and 2/7. -Prezista 800mg one daily, circled as not administered at 12:00pm on 1/12, 1/13, 1/20, 1/21, 1/24, 1/25, 1/26, 1/27, 1/28, 1/29, 1/30, 2/3, 2/4, 2/6, 2/8, 2/9, and 2/10. No documentation of administration on 1/16, 1/31, 2,2, 2/5, and 2/7. -Truvada 200-300, 1 daily, circled as not administered at 12:00pm on 1/12, 1/20, 1/21, 1/23, 1/24, 1/25, 1/27, 1/28, 1/29, 1/30, 2/3, 2/4, 2/6, 2/8, 2/9, and 2/10. No documentaion of administration on 1/31, 2/2, 2/5, and 2/7. -Thiamine 100mg daily, circled as not administered at 12:00pm on 1/11, 1/19, 1/20, 1/22, 1/23, 1/24, 1/26, 1/27, 1/28, 1/29, 2/3, 2/4, 2/8, 2/9, and 2/10. No documentation on 1/30, 2/2, 2/5, and 2/7. -Multivitamin 1 daily, circled as not administered on 1/20, 1/21, 1/23, 1/24, 1/25, 1/27, 1/28, 1/29, 1/30, 2/2, 2/5, and 2/7.	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 326 Review of the back of the February 2016 MARs for Resident #7 revealed "Meds refused times 3" on: -2/3: 12:00pm and 8:00pm -2/4: 8:00 am 12:00pm -2/8: 12:00pm and 4:00pm -2/9: 12:00pm Observation of Resident #7's medications on hand in the medication cart on 2/10/16 at 4:10pm revealed all medications available for administration. Review of Resident #7's record revealed no documentation that the primary care physician or the mental health provider had been contacted for Resident #7's refusals of medications in January or February 2016. D. Review of current FL2, dated 2/5/16, revealed Resident #12 had diagnoses which included abdominal pain, non-infected gastroenteritis, dementia, hypertension, and anxiety. Review of Resident #12's Resident Register revealed she was admitted to the facility on 6/26/13. Review of the current medication review, dated 2/5/16, revealed: -No recommendations were documented. -No documentation if all medications were available for administration. Interview with Resident #12 on 2/12/16 at 12:40pm revealed: -"My belly hurts," which she repeated at least 4 times. -She reported that her "belly hurt all night."	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 327 Confidential interview with two medication aides revealed that Resident #12 "is always saying her belly hurts." Review of medications orders on the FL2 dated 2/5/16 revealed Levsin SL 0.125mg twice per day. (Levsin is a medication used to treat a variety of stomach and intestinal disorders) Observations of medications on hand in the medication cart for Resident #12 on 2/12/16 at 8:55am revealed no Levsin SL available for administration. Review of Resident #12's January 1 through February 11, 2016 Medication Administration Records (MARs) revealed: -Computer generated entry for Levsin SL 0.125 mg twice daily. -Documentation as administered twice daily with the exception of 8:00am on 1/10/16 when Resident #12 was not in the facility. Interview with Staff H, Medication Aide, on 2/12/16 at 3:10pm revealed she was not aware the Levsin SL 0.125mg was not available for administration, although she had been documenting the administration of Levsin SL. Interview with the facility Nurse on 2/18/16 at 8:10am revealed: -Resident #12 and her responsible person requested the facility use a different pharmacy than the house pharmacy. -She was not aware the Levsin had not been delivered to the facility and was not aware Levsin SL 0.125 had not been administered as ordered until surveyor asked her about the Levsin.	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 328 Telephone interview with a pharmacist at the facility's pharmacy provider on 2/12/16 at 4:15pm revealed: -A 20 day supply of Levsin SL 0.125mg BID was last dispensed to the facility on 12/15/15 for Resident #12. -The facility had not reordered or requested the Levsin SL 0.125mg since 12/15/15. Review of October 2015 MARs for Resident #12 revealed a computer generated entry for Levsin SL 0.125mg BID with original order date of 5/28/15, which indicated Resident #12 had orders for this medication for at least the past 8 months. Interview with the Consultant Pharmacist (CP) A on 2/18/16 at 10:40am revealed: -No specific recommendations related to Resident #12's Levsin SL 0.125mg being unavailable for administration and documented as administered on the MARs. -The other Consultant CP-B would be in the facility tomorrow (2/19/16) to do a medication pass observation, check medication storage, and check a sample of resident records of their current MARs against the availability of medications in the cart. Review of the Drug Regimen Reviews completed 2/19/16 revealed Resident #12 was not chosen for the sample of MAR versus medication cart audit to determine the availability of medications. E. Review of Resident #3's current FL2 dated 9/10/15 revealed: -Diagnoses included: dementia, diabetes, unspecified nonpsychotic mental disorder, hypertension, arthritis, and renal disorder. -Resident #3 was admitted to the facility on 9/9/15.	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 329 -A physician's order for Fingerstick Blood Sugar (FSBS) tests twice daily. -A physician's order for Levemir (used to control blood sugar) 22 units injected daily at bedtime. -A physician's order for Haldol Dec (antipsychotic medication) 50mg intramuscularly every 30 days. -A physician's order for Cogentin (used to control side effects caused by antipsychotic medications) 0.5mg 1 tab every 6 hours as needed [indication for as needed medication was missing]. 1. Review of Resident #3's signed physician order sheet dated 2/1/16 revealed FSBS twice a day at 6:30am and every night at bedtime. Normal blood sugar is considered 80-100mg/dl according to the National Institutes of Health. Review of Resident #3's November 2015 MAR revealed: -A computer generated entry for FSBS twice a day at 6:30am and at bedtime scheduled for 8pm. -The 6:30am FSBS range was 34-161. -FSBS results were below 60 for 13 occurrences out of 29 opportunities. -On 11/3/15, FSBS=41 -On 11/5/15, FSBS=36, documented intervention "gave OJ and sugar" -On 11/7/15, FSBS=43 -On 11/21/15, FSBS=49 -On 11/30/15, FSBS=42 Review of Resident #3's December 2015 MAR revealed: -A computer generated entry for FSBS twice a day at 6:30am and at bedtime scheduled for 8pm. -The 6:30am FSBS range was 47-149 with FSBS results below 60 for 7 occurrences out of 27 opportunities. -On 12/8/15, FSBS=47	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 330 -On 12/18/15, FSBS=49 -On 12/25/15, FSBS=49 -No documented interventions on the back of the MAR. Review of Resident #3's January 2016 MAR revealed: -A computer generated entry for FSBS twice a day at 6:30am and at bedtime scheduled for 8pm. -The 6:30am FSBS range was 36-157 with FSBS results below 60 for 7 occurrences out of 22 opportunities. -On 1/4/16, FSBS=48 -On 1/8/16, FSBS=44 -On 1/17/16, FSBS=49 -On 1/27/16, FSBS=36 -No documented interventions on the back of the MAR. Review of Resident #3's February 2016 MAR revealed: -A computer generated entry for FSBS twice a day at 6:30am and at bedtime scheduled for 8pm. -From 2/1/16 to 2/7/16 the 6:30am range was 47-139 with FSBS results below 60 on 1 occurrence out of 7 opportunities. -On 2/4/16, FSBS=47 -No documented interventions on the back of the MAR. Interview with Staff E, Medication Aide, on 2/10/16 at 10:20am revealed: -Resident #3's "FSBS are doing better." -She did not remember Resident #3 having any low FSBS less than 50. -"We are supposed to contact the doctor if the blood sugar is less than 50 and ask what to do." -"We have glucose tabs on the cart or may give orange juice and a peanut butter sandwich" to a resident with a low blood sugar.	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 331 -After giving glucose tab, orange juice, or peanut butter sandwich "we are supposed to recheck FSBS and call the doctor back." -There "should be verbal doctor's orders in [Resident #3's] chart to document on the back of the MARs any interventions given for low blood sugars." -Resident #3 "does not have a call parameter." -"I would call the doctor for [FSBS result] of anything below 50." Interview with the Facility Nurse on 2/10/16 at 10:10am revealed: -Resident #3 was followed by the facility physician group that came into the facility weekly for his healthcare needs. -"When they see [Resident #3] they ask for the MARs to see what [medications] the resident is on and if anything needs to be adjusted." -Staff were supposed to document any physician contact concerning a resident and interventions in the resident's record. Interview with the RCC on 2/10/16 at 11:40am revealed: -Medication Aides were supposed to document FSBS interventions on the back of the residents' MARs whether intervention for low or high result. -"I am not sure if [Resident #3's physician] know about the low sugars or not." -The physician looked at the MARs during onsite visits with the residents. Telephone interview with Resident #3's primary care physician on 2/10/16 at 11:45am revealed: -With low FSBS results in the 30's and 40's "I always tell [staff] to send [the resident] to the hospital." -"I know they called me about the [FSBS result of] 34 and I told them to send him to the hospital."	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 332 -"I wasn't aware of repeated low FSBS values." -"I would have liked to have known from staff to look at adjusting his medications." Interview with CP-A on 2/18/16 at 10:40am revealed: -She had not made any recommendations related to Resident #3's low blood sugar readings over the past three months with the resident being on a fixed dose of insulin. 2. Review of Resident #3's November and December 2015, and January and February 2016 MARs revealed: -A computer generated entry for Cogentin 0.5mg 1 tablet every 6 hours as needed for extrapyramidal symptoms. -One dose documented administered on 11/19/15. -No doses documented administered for December, January, or February. Interview with Staff E, Medication Aide, on 2/10/16 at 10:20am revealed: -The Medication Aide was unsure what "extrapyramidal symptoms" meant for the indication the pharmacy had added to the as needed Cogentin order. -"That order would confuse me." -The Medication Aide was unsure what symptoms to look for to know when to administer the medication to Resident #3. -"His hands shake all the time...continuously." -"I have to hold the cup for him to drink to take his meds cause he will waste it all over himself if I don't." -She was unaware the Cogentin would have helped to control the shaking in the resident's hands. -"I would not know to give it to him."	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 400	Continued From page 333 Interview with the RCC on 2/10/16 at 11:00am revealed: -The order for as needed Cogentin was not clear on when the medication should be administered to the resident. -She would contact the physician and get clarification on the indication and make sure it was just to be given as needed and not as a scheduled medication. Interview with Resident #3's primary care physician on 2/10/16 at 11:45am revealed: -He was unsure why the Cogentin was ordered as needed. -He was not sure if he should change the order because "sometimes Medicaid wants these meds ordered by a Psychiatric physician or a Neurologist" rather than the primary care physician. -He "didn't normally know of it being ordered as needed" especially with the monthly Haldol injection Resident #3 received. Interview with Resident #3 on 2/10/16 at 12:05pm revealed: -"I have nervous hands." -"I can't hold a cup with my hands." Interview with Staff D, Medication Aide, on 2/17/16 at 8:50am revealed: -She was not sure what extrapyramidal symptoms were "but I looked it up." -Resident #3 routinely "was pretty shaky." Interview with CP-A on 2/18/16 at 10:40am revealed: -She had not made a recommendation to clarify the indication for use of prn Cogentin for Resident #3 from extrapyramidal symptoms (EPS) to terms	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 400	Continued From page 334 the unlicensed staff could more easily understand and dose the resident's Cogentin properly. _____ A plan of protection was received from the facility on 3/11/16 and included: -Contacted pharmacy regarding contracted pharmacist being in the facility a minimum of every 3 months to perform medication reviews. -Upon pharmacist entrance will ask that complete record be reviewed, diagnoses, history and physical, discharge summaries, physician orders, MARs, lab test results and interactions of medications. -RCC and Administrator will have an entrance and exit conversation with pharmacist. -Hard copy of the summary of the pharmaceutical review is to be sent to the facility within 3 days. -RCC and Administrator will assure back area committed within 7 days. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 8, 2016.	D 400	The pharmaceutical review is due in May. Pharmacy is aware of needs to be implemented per phone conversation on 3/8/16	4/1/16
D 420	10A NCAC 13F .1104(b) Accounting For Resident's Personal Funds 10A NCAC 13F .1104 Accounting For Resident's Personal Funds (b) Upon the written authorization of the resident or his legal representative or payee, an administrator or the administrator's designee may handle the personal money for a resident, provided an accurate accounting of monies received and disbursed and the balance on hand is available upon request of the resident or his legal representative or payee. This Rule is not met as evidenced by:	D 420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 420	Continued From page 335 TYPE B VIOLATION Based on record reviews and interviews, the facility failed to maintain an accurate accounting of personal funds for 1 of 1 resident (Resident #32) by not crediting to her account a total of $1,000 in trust fund deposits from July to November, 2015 and $122 in special assistance funds for October and November, 2015. The findings are: Review of Resident #32's current FL2 dated 9/17/15 revealed: -An admission date of 9/8/14. -Diagnoses which included schizophrenia. -Name and phone number of the Resident's Guardian. Interview with Resident #32 on 2/18/16 at 11:35am revealed: -Approximately 3 months prior she had a TV stolen while she left the room to go to the bathroom. -Her "CPA [certified public accountant]" had purchased it 4 months prior to it disappearing but he would not get another TV until he had a copy of the police report. -She provided the name and phone number of the CPA. Interview with the Resident's CPA on 2/19/16 at 8:30am revealed: -He was the trustee for a trust account in the Resident's name. -She was a Medicaid recipient. -He sent a check for $200 on most months to the facility for deposit into her personal funds account. -The resident used the money for shopping with	D 420	BOM is responsible for all deposits and will reconcile each month for correctness with bank statement.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 420	Continued From page 336 no stipulations. -He had sent additional money for a TV and "a guy bought it" for the Resident, but it got stolen. -He was aware of the missing TV and had requested a copy of the police report to make sure the Resident didn not just wanted the money, but he never received the report. -The cost of the replacement TV would not come out of her personal funds account at the facility as he would provide funds to pay for it, but he had a professional obligation to justify the expenditure from the trust fund which is why he required a copy of the police report. -He would provide financial documents to show a calendar year's worth of payments to Resident #32's facility personal funds account from her trust fund. Review of Resident #32's trust fund bank statements and corresponding copies of checks in 2015 revealed the following: -Check #1236, written to the facility for $300 on 7/13/15 and cleared by the financial institution on 7/16/15. -Check #1241, written to Resident #32 for $200 on 9/29/15 and cleared by the financial institution on 10/7/15. -Check #1242, written to the facility for $300 on 10/20/15 and cleared by the financial institution on 11/4/15. -Check #1243, written to the facility for $200 on 11/10/15 and cleared by the financial institution on 11/18/15. Review of a copy of a cancelled check written to the name of Resident #32 revealed: -A check number of #1241 drawn from the Resident's trust fund. -A date of 9/29/15. -On the back of the check, the endorsement	D 420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 420	Continued From page 337 "Deposit only [account number]." -No signature endorsement. -A date paid by the financial institution of 10/7/15. Review of Resident #32's facility Resident Trust Ledger for the period 9/10/14 through 2/17/16 revealed: -Columns in left to right order across the ledger for date, balance (beginning), in (deposits), out (debits), balance (resulting), purpose (of transaction) and signature. -No posting of a deposit for $300 in July, 2015. -No posting of a deposit for $200 in October, 2015. -No posting of special assistance (SA) funds of $66 in October, 2015. -No posting of a deposit for $300 in November, 2015. -No posting of special assistance (SA) funds of $66 in November, 2015 -No posting of a deposit for $200 in November, 2015. Interview with the Business Office Manager (BOM) on 2/22/16 at 2:45PM revealed: -She was the facility's Resident Care Coordinator (RCC) when she assumed the role of BOM in March 2015. -She was trained by the Operations Manager and went to a sister facility to be trained by their BOM. -In July 2015 she was assigned the dual responsibilities as the BOM and the RCC but currently was only the BOM. -The Resident Trust Ledger was also known as the Resident Trust Account (RTA) -Special Assistance (SA) deposits were made via direct deposit and after any cost of care was paid, the remaining money was written into the RTA. -Money brought in by family members for a resident was added to the RTA.	D 420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 420	Continued From page 338 -Resident #32 received $66 of SA money on the 10th day of each month and $200 a month from the trustee of a trust fund. -She received the trust fund deposits in the form of a check in the mail which she then deposited at the bank the day the check was received. -The trust fund deposits were documented in the RTA for Resident #32 "when the check arrives." -A staff person from Resident #32's mental health team would take $100 increments of money each month and take the Resident shopping and return receipts. Continued interview with the BOM on 2/22/16 at 3:18pm revealed: -After reviewing the documents provided by Resident #32's trustee/CPA, she could not account for the following cleared checks from the Resident's trust fund account: Check #1236 for $300, Check #1241 for $200, Check #1242 for $300 and Check #1243 for $200. -For the 2015 calendar year, she was responsible for RTA entries from July through September, then due to a personal illness the Operations Manager assumed responsibility for October and November, after which she returned to work and resumed responsibility in December. Continued interview with the BOM on 2/23/16 at 9:23am revealed she did not have a reason why the SA money of $66 a month for Resident #32 was not entered into her RTA for October and November , 2015. Interview on 2/23/16 at 11:49am with the Operations Manager revealed: -He was responsible to ensure all deposits were documented in resident RTAs. -The BOM made RTA entries and he made the deposits.	D 420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 420	Continued From page 339 -He took over from the BOM and "tried to do it" in October to the beginning of December. -Not posting the Resident's SA money in October and November, 2015 was "a failure on my part." -He had copies of direct deposit statements for Resident #32's SA money and he also received and email notification from the facility's bank, which he also saved. Telephone Inteview with the Administrator on 2/19/16 at 4:10pm revealed staff in their corporate office left in November 2015 and there had been a delay in processing some of the accounts. _____ A Plan of Protection was received from the facility on 2/23/16 which included: -The facility would immediately contact the bank to confirm deposits that were in question and place the amounts in question into the resident's RTA ledger. -The Business Office Manager will audit all income ledgers and match them with the deposit receipts and direct deposits for the past year. DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED APRIL 8, 2016.	D 420	Operation Director has copy of bank deposits for the past year to validate deposits for each resident. BOM and Operation Manager have audited deposits with income ledger	4/8/16
D 425	10A NCAC 13F .1105 Refund Of Personal Funds 10A NCAC 13F .1105 Refund Of Personal Funds (a) When the administrator or the administrator's designee handles a resident's personal money at the resident's or his payee's request, the balance shall be given to the resident or the resident's responsible person within 14 days of the resident's leaving the home.	D 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 425	Continued From page 340	D 425		

This Rule is not met as evidenced by:
TYPE B VIOLATION

Based on interviews and record reviews, the facility failed to assure the balance of 4 of 4 residents (#17. #31, #37, and #38) personal funds were given to the resident or the residents responsible person within 14 days of the residents leaving the facility resulting in a 160 day delay for Resident #17, 111 day delay for Resident #31, 133 day delay for Resident # 37, and 114 day delay for Resident #38.

The findings are:

A. Review of Resident Register for Resident #31 revealed he was admitted to the facility on 7/8/15 and discharged on 10/8/15.

Review of Resident #31's Resident Trust Ledger revealed:
-Resident #31 had been a resident in this facility before this last admission on 7/8/15, and had a balance of $385.88 of personal funds remaining on 4/10/15 (after his first discharge) with no cash out afterwards.
-After Resident #31 was re-admitted back to the facility on 7/8/15, there was no credit entries for July and August, 2015 and no balance carried forward from 4/10/15.
-The balance of personal funds dated 9/10/15 was $0.

Interview with the Business Office Manager (BOM) on 2/17/16 at 8:35am revealed:
-She was not sure if any personal funds were due

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 425	Continued From page 341 to Resident #31 for July and August, 2015 and she would have to find those receipts. -The facility did receive a special assistance (SA) check for October, 2015 and Resident #31 should have been credited with $66.00 from that check. -The known total amount of personal funds due currently to Resident #31 was $451.00 ($385.88 from 4/10/15 and $66.00 from October 2015.) -She said she would request the corporate office send Resident #31 his personal funds. -When residents were discharged, she did not think of giving them their personal funds unless the resident mentioned it. Telephone interview with Resident #31's family member on 2/22/16 at 10:55am revealed: -This family member always took care of Resident #31's clothing and personal needs because he did not have a guardian and was not able to shop for himself. -This family member went to see Resident #31 on a regular basis at this facility and the BOM knew her and knew she "took care of" Resident #31. -This family member had asked the BOM if Resident #31 had any personal funds and the BOM had told her she "would have to check into it." -The BOM never got back in touch with this family member regarding any personal funds due to Resident #31. On 2/10/16, 147 days had elapsed since Resident #37 was discharged from the facility. Refer to interview with the Operations Manager on 2/19/16 at 2:45pm. Refer to telephone Inteview with the Administrator on 2/19/16 at 4:10pm.	D 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 425	Continued From page 342 B. Review of Resident Register for Resident #17 revealed he was admitted to the facility on 5/14/11, but was admitted to a skilled facility on 8/20/15. Review of the local hospital discharge record for Resident #17 revealed: -He was admitted to the hospital on 7/25/15 and discharged to a skilled facility on 8/20/15. -History of present illness: "...advanced mental illness..He has very advanced schizophrenia and behavioral disorder. -Past Medical History: "auditory hallucination" and "schizophrenia." -Clinical course described as: "presented to the hospital after a fall....history of schizophrenia...x-ray showed left neck femur fracture and the patient underwent surgery. Review of the only FL2 available in record when Resident #17 fell and went to the emergency room was dated 1/29/14 and had diagnoses which included organic personality disorder and history of closed head injury. Telephone interview with Resident #17's guardian on 2/18/16 at 9:30am revealed: -When Resident #17 was discharged from the hospital to a skilled nursing center, the guardian contacted the facility staff regarding Resident #17's personal funds. -The guardian reported he had called the facility and talked to the Business Office Manager (BOM), who said she would have to request the money from the corporate office. -The guardian never received any response to his request for Resident #17's personal money. -Resident #17 had needed the personal funds because Resident #17 did not have any clothes to wear when he left the hospital and was admitted	D 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 425	Continued From page 343 to the skilled facility on 8/20/15. -The guardian had called this facility (while Resident #17 was in the hospital) and inquired about Resident #17's clothes and personal belongings and was informed that all of Resident #17's clothes and belongings were missing. Review of the Resident #17's Resident Trust Ledger revealed: -The last entry for the personal care fund balance of $215.99 was dated 8/10/15 with no cash out noted afterwards. -Personal funds had not been credited to his account from the September and October 2015 special assistance (SA) funds the facility received. Interview with the Business Office Manager (BOM) on 2/18/16 at 9:30am revealed: -The facility had not refunded the $215.99 personal care fund to Resident #17. -The facility had received special assistance (SA) payments for September and October 2015 (after Resident #17 left the facility). -Resident #17 should have been credited $66.00 personal funds for September and October 2015 from his SA payments. -With the August 2015 balance of $215.99 added to $66.00 for September and October, 2015, Resident #17 was due a total of $351.99. -The BOM said she would request the corporate office to send Resident #17 his personal funds. -When residents were discharged, she did not think of giving them their personal funds unless the resident mentioned it. On 2/10/16, 174 days had elapsed since Resident #17 was admitted to the skilled facility from the hospital.	D 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 425	Continued From page 344 Refer to interview with the Operations Manager on 2/19/16 at 2:45pm. Refer to telephone Inteview with the Administrator on 2/19/16 at 4:10pm. C. Review of Resident Register revealed Resident #37 was admitted to the facility on 5/17/05 and discharged on 9/16/15. Telephone interview with Resident #37's guardian on 2/18/16 at 9:00am revealed: -He had requested the personal funds after Resident #37 left the facility and was told by the BOM, a male, that he would have to request them from the corporate office. -The facility never sent Resident #37 any personal funds. Review of Resident #37's Resident Trust Ledger revealed: -The last personal fund balance of $87.00 was entered on the ledger was undated (but was entered after the August 2015 balance). -There were no cash out entries documented after the $87.00 balance. Interview with the Business Office Manager on 2/17/16 at 8:35am revealed: -The personal fund balance of $87.00 had not been refunded to Resident #37. -A special assistance check came in for Resident #37 for the month of October 2015 and $66.00 should have been posted to Resident #37's ledger, -The total personal funds due to Resident #37 was now $153.00 (the $87.00 balance on September 2015 combined with the $66.00 due from the October SA check.) -The BOM said she would request the corporate	D 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 425	Continued From page 345 office send these personal funds to Resident #37 or guardian. -When residents were discharged, she did not think of giving them their personal funds unless the resident mentioned it. On 2/10/16, 147 days had elapsed since Resident #37 was discharged from the facility. Refer to interview with the Operations Manager on 2/19/16 at 2:45pm. Refer to telephone Inteview with the Administrator on 2/19/16 at 4:10pm. D. Review of Resident Register revealed Resident #38 was admitted to the facility on 1/12/15 and discharged on 10/5/15. Telephone interview with Resident #38's guardian on 2/22/16 at 1:00pm revealed: -When Resident #38 was discharged from the facility, staff at the facility told her the personal care money was not available at that time. -The facility never sent Resident #38 nor his guardian any personal care money after his discharge from the facility. Review of Resident #37's trust ledger revealed there was a balance of $45.00 in his account on 9/10/15 and no further transactions were documented. Review of the income sheets for Resident #38 revealed a special assistance check was received by the facility in October 2015 in the amount of $380.00 and the personal care fund of $66.00 from that amount had not been credited to his account.	D 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 425	Continued From page 346 Telephone interveiw with the Business Office Manager on 2/22/16 on 11:10am revealed: -The $45.00 balance in September 2015 resident trust funds combined with the $66.00 from October would equal a $111.00 personal fund due to Resident #38. -When residents were discharged, she did not think of giving them their personal funds unless the resident mentioned it. On 2/10/16, 128 days had elapsed since Resident #38 was discharged from the facility. Refer to interview with the Operations Manager on 2/19/16 at 2:45pm. Refer to telephone Inteview with the Administrator on 2/19/16 at 4:10pm. _____ Interview with the Operations Manager on 2/19/16 at 2:45pm revealed: -Their system was to notify the Administrator the amount due to residents after they were discharged. -The Administrator approved the refunds and staff in the corporate office mailed the checks. -He thought the BOM had notified the Administrator of the personal refunds due to residents who had been discharged. Telephone Inteview with the Administrator on 2/19/16 at 4:10pm revealed: -A staff in their corporate office left in November 2015 and the refunds had been delayed in being mailed. -The on-site Administrator will be mailing the residents their refunds. _____ The Plan of Protection provided by the facility on	D 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 425	Continued From page 347 2/23/16 revealed: -Facility immediately contacted the bank to get deposits (copy of) from the dates that were in question. -Facility then put the amounts in question on the residents Resident Trust Account Ledger. -Facility has contacted the bank and requested all deposits for the last year. -The Business Office Manager will audit all income ledgers matching them with the deposit receipts and direct deposit for the last year. DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED APRIL 8, 2016.	D 425	BOM obtain copy of last year bank statement and audit with resident trust ledger	4/8/16
D 427	10A NCAC 13F .1106 Settlement Of Cost Of Care 10A NCAC 13F .1106 Settlement Of Cost Of Care (a) If a resident of an adult care home, after being notified by the facility of its intent to discharge the resident in accordance with Rule .0702 of this Subchapter, moves out of the facility before the period of time specified in the notice has elapsed, the facility shall refund the resident an amount equal to the cost of care for the remainder of the month minus any nights spent in the facility during the notice period. The refund shall be made within 14 days after the resident leaves the facility. This Rule is not met as evidenced by: TYPE B VIOLATION	D 427	Corporate office is notified by BOM, she sends request per email. She request Rema Owens to write refund check.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 427	Continued From page 348 Based on interviews and record reviews, the facility failed to assure the balance of 4 of 4 residents (#17, #31, #37, and #38) cost of care money was refunded within 14 days of the residents discharge date, resulting in a 160 day delay for Resident #17, 111 day delay for Resident #31, 133 day delay for Resident # 37, and 114 day delay for Resident #38. The findings are: Interview with the Business Office Manager on 2/17/16 at 8:35am revealed: -The facility maintained Resident Trust Fund Ledgers for each resident which documented the amount of personal funds (from special assistance payments or from family/guardians) credited to their account, the amounts which were deducted for pharmacy bills and tobacco, the amounts given to the resident, and the balance after the deductions. -The amounts credited and deducted were signed by the resident. -The facility did not maintain a perpetual log of the cost of care payments received by the facility. -The residents/guardians were not shown the cost of care money received for their approval/signature. -The monthly cost of care money received from special assistance (SA) and social security was maintained on the facility computer under months of the year with a separate page for each resident. -SA deposits were made via direct deposit and after any cost of care was paid, the remaining money was written on the Resident Trust Fund Ledgers. -The corporate office was responsible for returning the cost of care refunds. -She was the facility's Resident Care Coordinator	D 427		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 427	Continued From page 349 (RCC) when she assumed the role of BOM in March 2015. A. Review of Resident Register for Resident #31 revealed he was admitted to the facility on 7/8/15 and discharged on 10/8/15. Review of Resident #31's Resident Trust Ledger revealed: -After Resident #31 was admitted to the facility on 7/8/15, there were no entries for July, August, and October 2015 on the Resident Trust Ledger for personal funds after the cost of care was deposited to the corporate office. -The last credit to the personal funds was entered on 9/10/16, which reflected the September 2015 SA check received by the facility . Interview with the Business Office Manager (BOM) on 2/17/16 at 8:35am revealed: -The facility did receive a cost of care payment for October, 2015 and $877.00 should have been refunded for the remaining days in October after Resident #31 was discharged. -When residents were discharged, it was the responsibility of the corporate office to send out cost of care refunds. -She said she would request the corporate office send a cost of care refund for Resident #31. Telephone interview with Resident #31's family member on 2/22/16 at 10:55am revealed: -Resident #31 was now residing at a skilled level facility. -This family member always took care of Resident #31's clothing and personal needs because he did not have a guardian and was not able to shop for himself. -This family member went to see Resident #31 on a regular basis at this facility and the BOM knew	D 427		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 427	Continued From page 350 her and knew she "took care of" Resident #31. -This family member had asked the BOM if the facility owed Resident #31 any refunds and the BOM had told her she "would have to check into it." -The BOM never got back in touch with this family member regarding any cost of care refunds. -Another family member was Resident #31's payee, but he had never received any cost of care refunds. On 2/10/16, 125 days had elapsed since Resident #31 was discharged from the facility. Refer to interview with the Operations Manager on 2/19/16 at 2:45pm. Refer to telephone Inteview with the Administrator on 2/19/16 at 4:10pm. B. Review of Resident Register for Resident #17 revealed he was admitted to the facility on 5/14/11 and a discharge date was not documented. Review of the local hospital discharge record for Resident #17 revealed: -He was admitted to the hospital on 7/25/15 and discharged to a skilled facility on 8/20/15. -History of present illness: "...advanced mental illness..He has very advanced schizophrenia and behavioral disorder." -Past Medical History: "auditory hallucination" and "schizophrenia." Review of the only FL2 available in record when Resident #17 fell and went to the emergency room was dated 1/29/14 and had diagnoses which included organic personality disorder and history of closed head injury.	D 427		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 427	Continued From page 351 Telephone interview with Resident #17's guardian on 2/18/16 at 9:30am revealed: -When Resident #17 was discharged from the hospital to a skilled nursing center, the guardian contacted the facility staff regarding Resident #17's cost of care refunds. -The guardian reported he had called the facility and talked to the Business Office Manager (BOM), who said she would have to request the corporate office send the refund. -The guardian also reported that staff at the facility where #17 currently resides had also requested the cost of care refund but had received no response. -The guardian never received any response to his request for Resident #17's refund. Review of Resident #17's Resident Trust Fund Ledger revealed: -After Resident #17 was admitted to the hospital on 7/25/15, there were no entries for September and October 2015 on the Resident Trust Ledger for personal funds after the SA payment is received at the corporate office. -The last credit to the personal funds was entered on 8/10/15 which reflected the cost of care received for August 2015. Interview with the Business Office Manager (BOM) on 2/18/16 at 9:30am revealed: -The facility had received special assistance (SA) payments for September and October 2015 (after Resident #17 left the facility). -Resident #17 should have been credited with the full SA payments of 515.00, (which included $66.00 personal money) for September and for October 2015 plus an additional refund for partial payment for August 2015 from his SA and social security payment, depending on his discharge	D 427		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 427	Continued From page 352 date. -She was not sure of Resident #17's official discharge date and would have to find it. -She stated no social security payments were received in September and October, 2015. -When residents were discharged, it was the responsibility of the corporate office to send out the residents cost of care refund. -She said she would request the corporate office send a refund for Resident #17. Review of the Resident Trust Fund ledger with the BOM on 2/18/16 at 9:30am revealed: -A cost of care refund for October 2015 of $449.00 was due. ($515.00-$66.00 personal funds to go to the resident or $515.00 to be returned to the county Medicaid office/designee) -A cost of care refund for September 2015 of $449.00 was due. ($515.00-$66.00 personal funds to go to the resident or $515.00 to be returned to the county Medicaid office/designee) -A cost of care refund of eleven days, in August 2015 (determined by adding the SA payment and the social security payment divided by 31 days and multiplying by 11) was due. On 2/10/16, 174 days had elapsed since Resident #17 was discharged from the hospital to the skilled nursing facility. Refer to interview with the Operations Manager on 2/19/16 at 2:45pm. Refer to telephone Inteview with the Administrator on 2/19/16 at 4:10pm. C. Review of Resident Register revealed Resident #37 was admitted to the facility on 5/17/05 and discharged on 9/16/15.	D 427		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 427	Continued From page 353 Telephone interview with Resident #37's guardian on 2/18/16 at 9:00am revealed: -He had paid the facility monthly for Resident #37's cost of care. -He had called the facility and requested Resident #37's send cost of care refund and was told by the BOM, a male (not sure which staff) that he (staff) would have to request them from the corporate office. -The facility never sent any cost of care refunds for Resident #7. Review of Resident #37's Resident Trust Ledger revealed: -The last personal fund balance of $87.00 entered on the ledger was undated (but was entered after the August 2015 balance), which reflected that a special assistance payment was made to the facility in September. -There were no entries documented after the $87.00 balance. Interview with the Business Office Manager on 2/17/16 at 8:35am revealed: -The facility did receive the cost of care money (special assistance (SA) and social security (SSI) for September 2015, which had not been refunded. A partial month (14 days) was due to be refunded. -A special assistance check came in for Resident #37 for the month of October 2015 and Resident #17 should have been credited and refunded the full SA payment of 515.00, (which included $66.00 personal money). -The BOM said she would request the corporate office send cost of care refund for Resident #37. -When residents were discharged, it was the responsibility of the corporate office to send out the cost of care refunds.	D 427		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 427	Continued From page 354 The cost of care refund for Resident #37 would be for the 14 remaining days in September from the SA payment and the SSI payment plus the October 2015 SA amount of 515.00, (which included $66.00 personal money). On 2/10/16, 147 days had elapsed since Resident #37 was discharged from the facility. Refer to interview with the Operations Manager on 2/19/16 at 2:45pm. Refer to telephone Inteview with the Administrator on 2/19/16 at 4:10pm. D. Review of Resident Register revealed Resident #38 was admitted to the facility on 1/12/15 and discharged on 10/5/15. Telephone interview with Resident #38's guardian on 2/22/16 at 1:00pm revealed: -When Resident #38 was discharged from the facility, staff at the facility told her the cost of care refund was not available at that time. -The facility where Resident #38 is currently residing is the payee. -This facility never refunded the cost of care for Resident #38 after his discharge from the facility. Review of Resident #38's trust ledger revealed there was a balance of $45.00 in his account on 9/10/15, which reflected that a special assistance (SA) check came to the facility for September 2016. -There were no further transactions documented. Review of the income sheets received for Resident #38 revealed an (SA) check was received by the facility in October 2015 in the amount of $380.00 and a cost of care refund for	D 427		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 427	Continued From page 355 partial month (26 days) would be due to Resident #38. Telephone interveiw with the Business Office Manager on 2/22/16 on 11:10am revealed the corporate office was responsible for mailing discharged residents the cost of care refunds. On 2/10/16, 128 days had elapsed since Resident #38 was discharged from the facility. Refer to interview with the Operations Manager on 2/19/16 at 2:45pm. Refer to telephone Inteview with the Administrator on 2/19/16 at 4:10pm. _____ Interview with the Operations Manager on 2/19/16 at 2:45pm revealed: -Their system was to notify the Administrator the amount due to residents after they were discharged. -The Adminsitrator would approve the refunds and staff in the corporate office would mail the checks. -He thought the BOM had notified the Administrator of the personal refunds due to residents who had been discharged. Telephone Inteview with the Administrator on 2/19/16 at 4:10pm revealed: -A staff in their corporate office left in November 2015 and the refunds had been delayed in being mailed. -The on-site Administrator will be mailing the residents their refunds. _____ The Plan of Protection provided by the facility on 2/23/16 revealed:	D 427		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 427	Continued From page 356 -Facility immediately contacted the bank to get deposits (copy of) from the dates that were in question. -Facility then put the amounts in question on the residents Resident Trust Account Ledger. -Facility has contacted the bank and requested all deposits for the last year. -The Business Office Manager will audit all income ledgers matching them with the deposit receipts and direct deposit for the last year. DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED APRIL 8, 2016.	D 427	BOM has obtained copy of bank statement and audited per resident trust ledger to assure settlement cost accurate.	4/8/16
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to report a resident who had an injury of unknown source (Resident #12) within 24 hours of each occurrence to the Health Care Personnel Registry (HCPR). The findings are: Review of current FL2 for Resident #12, dated 2/5/16, revealed diagnoses which included: -Dementia -Hypertension	D 438	Any injury of unknown source Administrator will notify HCR within 24 hours of occurrence. Administrator,Operation Director and RCC are aware of how to complete a HCR request.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 438	Continued From page 357 -Anxiety Observation of Resident #12 on initial tour of the survey on 2/9/16 at 3:30pm revealed she was in the hallway, ambulatory at times, sitting in a wheel chair at times, and had no visible bruising on her face. Observation of Resident #12 on 2/11/16 at 12:40pm revealed Resident #12 had a swollen left eye with red and deep purple bruising one inch wide under the left eye and no apparent bruising on the right eye. Review of the EMS report, dated 2/11/16, revealed: -Resident #12 was taken to the hospital for evaluation after a fall. -There was no mention of a bruise to Resident #12's right eye. Review of the ER report, dated 2/11/16 revealed the ER report diagnosis revealed "Fall on same level from slipping, tripping, and stumbling: Facial contusion; Abrasion-face." Observation of Resident #12 on 2/16/16 at 3:25pm revealed: -The right eye was swollen with red eye lids and a purple colored bruise approximately 1 1/2 inch wide by 2 inches long under her eye. -The Resident #12 could not say how she got the bruise under her right eye. -The left side of the Resident's face had a yellow-green appearance around her left eye, down her left temple and cheek to the corner of her mouth. Interview on 2/16/16 at 3:25pm with the Resident Care Coordinator (RCC), the Facility Nurse, the	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 438	Continued From page 358 Operations Manager, Maintenance Staff 1, the Regional Operations Manager, and with Staff C, a Medication Aide revealed they did not know how Resident #12 had received a bruise on her right eye. Review of Incident and Accident report for Resident #12, dated 2/13/16, revealed: -When Medication Aide came on shift, she noticed the resident's "right eye was bruised." -The Medication Aide "questioned the resident asking if she had fell, the resident kept saying that she had not fell any." Review of record revealed no other documentation of Resident #12's bruise to the right eye. Interview on 2/17/16 at 12:20pm with the Business Office Manager (BOM), Resident Care Coordinator (RCC) and Regional Operations revealed: -"We have not filed a report with HCPR concerning [Resident #12's name] injury of unknown source" related to the bruise on Resident #12's right eye. -Staff were unsure how Resident #12 had obtained the black eye on the right eye. -They were unsure what form they needed to fill out and where to obtain the form to report the incident. Interview with the Operations Manager on 2/17/16 at 2:40pm revealed "I'm doing the HCPR reporting for the injury of unknown source now" for Resident #12.	D 438		
D 454	10A NCAC 13F .1212(e) Reporting of Accidents and Incidents	D 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 454	Continued From page 359 10A NCAC 13F .1212 Reporting Of Accidents And Incidents (e) The facility shall assure the notification of a resident's responsible person or contact person, as indicated on the Resident Register, of the following, unless the resident or his responsible person or contact person objects to such notification: (1) any injury to or illness of the resident requiring medical treatment or referral for emergency medical evaluation, with notification to be as soon as possible but no later than 24 hours from the time of the initial discovery or knowledge of the injury or illness by staff and documented in the resident's file; and (2) any incident of the resident falling or elopement which does not result in injury requiring medical treatment or referral for emergency medical evaluation, with notification to be as soon as possible but not later than 48 hours from the time of initial discovery or knowledge of the incident by staff and documented in the resident's file, except for elopement requiring immediate notification according to Rule .0906(f)(4) of this Subchapter. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to assure notification of Resident #17's Guardian when emergency medical treatment including surgery was required after a fall, failed to assure notification of Resident #12's Guardian when emergency medical evaluation was required after leaving the building unsupervised and falling, and failed to assure notification of Resident #8's Guardian twice after leaving the premises unsupervised and without	D 454	Per policy All residents guardian or responsible party, unless his on responsible party, notification of health care appointments, injuries, emergency room visits. Falls, leaving facility with out signing out when discovered. Staff will document in chart incident and notification. Administrator, Operation Director, RCC or MA/SIC after notifying the Administrator. Notification will be immediate for incidents, unsigned leave, hospital visits. MD appoint ments a week before appointment	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 454	Continued From page 360 staff awareness. The findings are: A. Review of Resident Register for Resident #17 revealed he was admitted to the facility on 5/14/11. Review of the local hospital discharge record for Resident #17 revealed: -He was admitted to the hospital on 7/25/15 and discharged to a skilled facility on 8/20/15. -History of present illness: "...advanced mental illness..He has very advanced schizophrenia and behavioral disorder. -Past Medical History: "auditory hallucination" and "schizophrenia." -"He does not know about his family." -Clinical course described as: "presented to the hospital after a fall....history of schizophrenia...x-ray showed left neck femur fracture and the patient underwent surgery. Review of the only FL2 available in record when Resident #17 fell and went to the emergency room was dated 1/29/14 and had diagnoses which included organic personality disorder and history of closed head injury. Telephone interview with Resident #17's Guardian on 2/18/16 at 9:30am revealed: -The hospital called him on 7/30/15 to let him know Resident #17 was in the hospital, had fallen, and consented to his own surgery which was completed on 7/26/15. -Resident #17 did not tell hospital staff that he was not his own guardian. -When the guardian discussed with facility staff on 7/30/15 why they had not been notified, the facility staff said they left a telephone message	D 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 454	Continued From page 361	D 454		

for him.
-The Guardian reported he asked all possible co-workers at the county Department of Social Services who may have received a message, but no one had received a message regarding Resident #17's fall and hip surgery.
-Resident #17 was discharged from the hospital on 8/20/15 and went to a skilled nursing home for rehabilitation and then was upgraded to a higher level of care.

B. Review of current FL2, dated 2/5/16, revealed Resident #12 had diagnoses which included dementia, hypertension, and anxiety.

Review of Resident #12's Resident Register revealed she was admitted to the facility on 6/26/13.

1. Observation of Resident #12 on initial tour of the survey on 2/9/16 at 3:30pm revealed she was ambulatory at times, sitting in a wheel chair at times, and had no visible bruising on her face.

Observation of Resident #12 on 2/11/16 at 12:40pm revealed Resident #12 had a swollen left eye with red and deep purple bruising one inch wide under the left eye.

Interview with the Staff F, the Medication Aide/Supervisor on 2/11/16 at 6:07pm revealed:
-She was on duty the night of 2/10/16 when Resident #12 fell.
-Before Resident #12 fell, she was observed around 1:30am sitting in her wheel chair in the hallway in front of the Resident Care Coordinator office, which is next to the door to the front hallway with an outside exit.
-Staff F reported that a resident (could not remember which one) who was outside in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 454	Continued From page 362 fenced smoking area saw Resident #12 and reported that Resident #12 had fallen down outside in the drive. -When Staff F came out of the medication room, she saw Resident #12's empty wheel chair sitting in the hall in front of the medication room. -Staff F reported that Resident #12 could not have been outside more than "two or three minutes" since she was last observed. -Staff F reported that Resident #12 was found sitting down on the drive outside in front of the facility with a bruised eye and chin. -Resident #12 was assisted inside and said she was cold. -Staff called Emergency Medical Services (EMS) Transport and Resident #12 was taken to the local emergency room (ER). -The front exit door alarm was observed to be in the off position when Staff F came back into the facility from bringing Resident #12 inside. Review of the EMS report, dated 2/11/16, revealed: -The EMS received the telephone call at 1:00am and arrived at the facility at 1:17am. -Resident #12 "had an abrasion approx. size of a nickel on her left cheek and another abrasion approx,. size of a dime on her chin. ..Pt advised she had pain all over....During transport, patient only complained about being cold." Review of the ER report, dated 2/11/16 revealed: -Resident #12 was treated at the ER and discharged back to the facility. -The ER report diagnosis revealed "Fall on same level from slipping, tripping, and stumbling: Facial contusion; Abrasion-face." Review of the incident/accident report completed for Resident #12 for the night of 2/10/16 and	D 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 454	Continued From page 363 dated 2/11/16 at 1:20am revealed: -"Another resident came to staff and said the resident fell." -"Staff went and got the resident and brought her inside. The resident had a scrape on her eye and chin." -"She was sent to the ER by EMS." -The Guardian was notified at 2:00am with "left message" checked. Interview with the Business Office on 2/12/16 at 10:30am revealed she called Resident #12's guardian, left a message, and a male returned her telephone call. Interview with Resident #12's Guardian on 2/12/16 10:05am revealed: -Facility staff had not called her regarding Resident #12 since January 2016. -She was not aware Resident #12 went outside the facility doors, fell, and was sent to the local emergency room (ER). -She had not received any messages on her home telephone nor her cellular telephone regarding the 2/11/16 fall and ER visit. -Her family member who resides where her land line telephone is reported to her that he never received any messages from the facility. -The facility had both her land line and cellular telephone number. Review of Resident #12's face sheet record revealed the Guardian's name and both telephone numbers (land line and cellular) listed. Interview with the Operations Manager on 2/19/16 at 3:10pm revealed he was not aware of a written policy for notifying the residents' Guardians after incidents, but he expected the staff to contact the Guardian/Family Member immediately after	D 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 454	Continued From page 364 taking care of any emergencies related to the incidents. 2. Observation of Resident #12 on 2/16/16 at 3:25pm revealed: -The Resident in her bed, lying on her right side with bed linens wrapped around her body and leg. -The Resident opened her eyes with verbal stimuli and stated she was not feeling well. -The left side of the Resident's face had a yellow-green appearance around her left eye, down her left temple and cheek to the corner of her mouth. -The right eye was swollen with red eye lids and a purple colored bruise approximately 1 1/2 inch wide by 2 inches long under her eye. -The Resident could not say how she got the bruise under her right eye. Interview on 2/16/16 at 3:25pm with the Resident Care Coordinator (RCC), the Facility Nurse, the Operations Manager, Maintenance Staff 1, the Regional Operations Manager, and with Staff C, a Medication Aide revealed they did not know how Resident #12 had received a bruise on her right eye. Interviews with the Resident Care Coordinator (RCC) and Licensed Health Professional Support (LHPS) nurse, in Resident 12's room, on 2/16/16 at 3:25pm revealed: -The RCC stated she slept in the facility the previous night and as of approximately 1:00am on 2/16/16 (when she went to bed), Resident #12 did not have a bruise under her right eye. -The LHPS nurse stated she saw Resident #12 in the nurse's office "earlier this morning" on 2/16/16, she noticed the bruise under her right eye but she did not know how it occurred and staff did not tell her anything about it.	D 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 454	Continued From page 365 -The RCC and the LHPS nurse stated Resident #12 was a fall risk and required more supervision to prevent falls. -The LHPS nurse stated staff should have reported the bruise when it was found as bruises of unknown origin required talking to staff who cared for the resident, to determine what they saw or noticed. -The LHPS nurse stated she had no accident/injury report on Resident #12's bruise. Interview with Staff C on 2/16/16 at 3:25pm revealed she administered medications to Resident #12 that morning and did not notice her right eye was bruised. Interview with Resident #12's Guardian on 2/17/16 at 10:15am revealed facility staff had not contacted her about the bruise to Resident #12's right eye. Review of facility folder with incident and accident reports on 2/17/16 at 8:45am revealed no documentation related to Resident #12's bruise to the right eye. Review of Incident and Accident report on 2/18/16 at 3:30pm for Resident #12, dated 2/13/16, revealed: -When Medication Aide came on shift, she noticed the resident's "right eye was bruised." -The Medication Aide "questioned the resident asking if she had fell, the resident kept saying that she had not fell any." -There was no documentation related to notifying the Guardian on this Incident Report. Interview with the Operations Manager on 2/19/16 at 3:10pm revealed: -He was not aware of a written policy for notifying	D 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 454	Continued From page 366 the residents' Guardians after incidents, but he expected the staff to contact the Guardian/Family Member immediately after taking care of any emergencies related to the incidents. -He did not know why staff on duty did not notify the Guardian after this eye bruise was discovered. C. Review of Resident #8's current FL2 dated 11/10/15 revealed diagnoses of cognitive disorder, schizophrenia, bipolar disorder and depression. Review of Resident #8's Resident Register revealed an admission date of 11/10/15. Continued review of Resident #8's current FL2 dated 11/10/15 revealed medications which included: -Zyprexa (an antipsychotic medication) 5mg one by mouth twice a day. -Gabapentin (an anticonvulsant sometimes used in controlling rapid cycling and mixed bipolar states) 800mg one by mouth three times a day. -Abilify Maintena (an antipsychotic medication) 400mg/ml, inject 400mg intramuscularly every month. Resident #8 was admitted to the facility with a history of elopement from previous facilities. Review of Resident #8's most recent Assessment and Care Plan dated 1/28/16 revealed: -No problems with ambulation/locomotion. -Orientation checked as "sometimes disoriented." -Memory checked as "forgetful- needs reminders." -No additional comments in the narrative section of the document.	D 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 454	Continued From page 367 Review of a hospital Behavioral Health Assessment dated 11/7/15 revealed: -Resident #8 had left his previous group home and presented to the emergency room after walking in the rain all day. -"The patient has not had any of his regular medications for last several days." Review of a hospital Progress Note for Resident #8 dated 11/8/15 revealed: -"...he is no longer able to return to the group home where he was and in further discussion with his guardian there is mention of completing [new FL2] and trying to get the patient into a locked type unit." Review of a hospital Discharge Placement Bed Confirmation Form, received by the facility via fax on 11/9/15, revealed: -The handwritten statement "Yes!! [indicating the Resident was accepted for admission to the facility]" -An attached page with the handwritten comments of the name of Resident #8's guardian and the word "Wander." Review of a previous hospital FL2 for Resident #8 dated 11/10/15 revealed: -Diagnoses and medications similar to those listed on the Resident's most current FL2 of 11/10/15. -In the information block the statement "Pt. [patient] with wandering d/t [due to] cognitive impairment needs locked facility and assistance with self-care and med. [medication] management." Review of Resident #8's Medication Administration Record (MAR) for the month of January, 2016 revealed:	D 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 454	Continued From page 368 -Medications were documented as administered on 1/21/16 at 8am, but not at 2pm or 8pm (as indicated by a circle around the initials in the block). -No medications were documented as administered from 1/22/16 through 1/25/16 (as indicated by circles around initials in the blocks). -No medications were documented as administered (indicated by a lack of initials in the blocks) on 1/26/16 at 8am and 2pm. -Medications were documented as administered at 8pm om 1/26/16. -Comments on the back of the MAR for 1/21/16, 1/22/16, 1/24/16 and 1/25/16 were noted as "LOA" (leave of absence). Review of Nurse's Notes, made available by the facility for Resident #8 since his admission, revealed no notes documenting the Resident leaving the facility in an unauthorized manner. Review of Accident/Injury Reports made available by the facility revealed none documenting any concerns related to Resident #8. Review of a law enforcement Incident/Investigation Report for Resident #8 dated 1/1/16 revealed: -The incident was a "missing person." -The Resident Care Coordinator (RCC) was the named point of contact at the facility. -Resident #8 left the facility around 4:00pm and was last seen heading west on the highway (a four lane divided highway) near the facility. -The facility's Operations Manager called to report Resident #8 was found at a department store (located 6.9 miles from the facility) and safely returned to the facility (time of return not documented).	D 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 454	Continued From page 369 Review of a law enforcement Communications Event Report and Incident/Investigation Report for Resident #8 dated 1/21/16 revealed: -The nature of the event was a "missing person." -The Resident had medical or mental conditions. -The incident occurred at 12:30pm. -The Resident Care Coordinator (RCC) was the named point of contact at the facility and she reported the Resident left without being permitted and his whereabouts were unknown. -The RCC reported the area around the highway near the facility (a four lane divided highway) was checked. -An addendum to the Report on 1/21/16 at 2:27pm noted Resident #8 was located in the county seat of a neighboring county (23.4 miles away) and was arrested on an outstanding warrant. Interview with Resident #8's Guardian on 2/10/16 at 4:55pm revealed: -The Resident's desire was to be on the street but his diagnoses required him to be monitored. -The Guardian was not sure if the Resident had the capacity to understand the gravity of his diagnoses or his actions. -It was because of the Resident's history of unauthorized leaving of facilities that the Guardian sought placement at the facility because it was "a locked facility." -The Resident "broke a window two weeks prior and hitch-hiked" to the county seat in a neighboring county where he spent time in jail before being returned to the facility. -The dates on the MAR showing missing medications coincided with the unauthorized leave, "5 to 6 days without medications" and "I tried to take some from his last family care home but the jail refused."	D 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 454	Continued From page 370 Interview with Resident #8 on 2/11/16 at 8:25am revealed: -He "walked off" a few times and did not tell anyone he left. -He walked toward the county seat of the neighboring county and got a ride by hitch-hiking. -He was gone "five days," staff picked him up and returned him to the facility. -He had no medications with him when he left the facility. Interview with a Staff F MA on 2/11/16 at 6:25pm revealed: -Personal Care Aides were expected to do "hourly rounds" "all day long" and document this on a clipboard in the PCA room. -She worked the second and third shifts on 1/21/16. -She was told at change of shift on 1/21/16 that Resident #8 was gone, and remained gone "4 to 5 days." Interview with Resident 8's Guardian on 2/12/16 at 12:35pm revealed: -The facility did not call him when Resident #8 was found to have left the facility on 1/21/16 but rather the jail in the neighboring county called him. -Upon being called by the jail, he called the facility's RCC who apologized and told him what was going on. -He was not aware that the Resident left the facility on 1/1/16. Interview with Resident #8 on 2/17/16 at 11:45am revealed: -He did not want to live any longer at the facility but wanted to go back to his hometown. -He had spoken to his Guardian the day prior. -He never signed out when he left the facility, did	D 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 454	Continued From page 371 not know where the sign-out book was located and staff had not told him about it. Interview with the Licensed Health Professional Support (LHPS) nurse on 2/17/16 at 2:25pm revealed: -When Resident #8 did not "get his way" he would make gestures to leave the facility. -She had seen him "thumb for a ride." -Per his guardian the Resident was not permitted to leave the facility and staff were required to get permission for the Resident to leave the facility with staff to take him to the store. -Med Aides were responsible for completing accident/injury reports for the resident assigned to them and to follow the elopement/wandering policy. -The RP, guardian or the family contact were to be notified when a resident left the facility in an unauthorized manner. -Calling the RP, guardian or sheriff was done once staff determined the resident was not in the facility and to give them notice "as soon as possible." -Documentation of the event was made on the accident/injury report. Interview with the Administrator on 2/19/16 at 3:55pm revealed: -The facility had a policy which defined elopement verses wandering. -The facility was not a locked facility and residents were free to leave. -For residents with a guardian and deemed "at risk," having mental instability or having dementia, staff were expected to follow protocol to determine if they could be out alone and to notify the guardian. -"Make the guardian aware, especially in no medications."	D 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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 454	Continued From page 372 -The Administrator, physician and mental health provider were also to be notified of residents with unauthorized leaves. -She was only aware of one resident with an elopement event (this was not Resident #8). -Any incident that was "out of norm should be documented." Interview with the RCC on 2/21/16 at 9:00am revealed: -When a resident eloped staff would "go after them" and could not force them to come back but staff would coax them to come back. -Documentation of elopements should be made in nurse's notes and "we don't use the accident/injury report." -Guardians or the RPs were "always notified." -If the elopement occurred after hours staff would call her. -Staff "pretty much know" those residents which were more likely to "take off." -Doors were checked at set intervals to see if they were locked and alarmed as a part of staff rounds. -Regarding Resident #8 leaving the facility unauthorized on 1/1/16 she could not remember all the details but staff did a search checking every room and the area surrounding the premises. -Resident #8 was found on 1/1/16 at a nearby department store and returned to the facility by staff. -On 1/21/16 Resident #8 went towards the county seat in a nearby county and a missing person report was filed. -On 1/21/16 she thought law enforcement picked up Resident #8 on an outstanding arrest warrant with the guardian "notified" and spoken to extensively.	D 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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 454	Continued From page 373 The Plan of Protection provided by the facility on 2/22/16 revealed: -All incidents and accident reports of occurrences will be called to the Administrator. -The Administrator or Business Office Manager designated will call 911 and complete an incident accident report . -The family, guardian or power of attorney will be notified. -The Administrator will notify DSS. -Train all staff to how to follow Policies and Procedures for Incidents and Accidents. -Conduct notification if life threatening occurrence, 911 is to be call before the Administrator notified. -Review medication administration and plan of care for involved residents. -All guardians will be faxed copy of report. DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED APRIL 8, 2016.	D 454	Plan of correction has been completed. Staff has been trained on completing accident incident report. Guardians will be notified & copy of all reports from ER or MD orders.	4/8/16
D911	G.S. 131D-21(1) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 1. To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure residents were treated with respect, consideration, dignity, and right to privacy related to lack of staff response to an inappropriate touch of Resident #9 and privacy during showers and respect and privacy for a	D911	All staff has been trained in Resident Rights. All staff has been trained in resident right to have a timely response to any concern or complaint. This resident discussed this incident with me. I immediately got permission to have his mental health p	4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D911	Continued From page 374 roommate (Resident #35). The findings are: A. Review of Resident #9's current FL2 dated 2/5/16 revealed: -Diagnoses included: stimulants and cannabis abuse, Autism Spectrum, unspecified anxiety, Bipolar Disorder. Interview with Resident #9 on 2/9/16 at 2:50pm revealed: -"I was sexually touched by [Resident #8's name]. He grabbed my penis." -"We had come into my room together, but I didn't know what he was going to do." -"I had taken some drugs that night." -"We had went on an outing to [a local discount store name] and my drug of choice is Robotripping. I bought 4 bottles of Delsym. I drank all 4 bottles." -"I didn't really know what was going on, I was so high. I didn't understand what was going on around me." -"There was a witness cause somebody walked in my room when it was happening, [Resident #40's name]." -"I told the [Business Office Manager's name (BOM)]. She wasn't able to do anything." -"She said he didn't put cough syrup in my drink or anything so technically I was consenting because I was high." -Resident #9 routinely saw a mental health provider and "It helps to talk to them." -Resident #9 "feels safe now." -Resident #8 had not made any other sexual advancements to Resident #9 since the incident on 11/10/2015. Interview with Resident #40 on 2/18/16 at 3:50pm	D911	provider for assistance in counseling and contacted Guardian	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D911	Continued From page 375 revealed: -Resident #9 "had taken some cough syrup a while back and had to go to the hospital." -"I was walking down the hall and me and [Resident #9's name] was supposed to watch movies together." -Resident #40 stood outside Resident #9's door as Resident #9 went into his room and Resident #8 followed Resident #9 into the room. -"[Resident #8's name] comes up to us and [Resident #8's name] walks in and grabs [Resident #9's name] privates and then slammed the door behind me." -Resident #9 had been wearing pajama bottoms when the incident had occurred. -"[Resident #9's name] was alert enough to know" what had occurred. -Resident #8 "is totally gay. He pushes himself on people especially men." -"I should have went over and told somebody, but I didn't want to make any conflicts." Interview with the BOM on 2/11/6 at 12:40pm revealed: -"The night [Resident #9] got overdosed on cough medicine." -Resident #9 had told her that "a resident he knew from [city name], were hanging around and [Resident #8's name] started touching him and he started touching [Resident #8's name] and they had done it before in [city name]." -"They were just touching each other's privates with their hands." -"I told [Resident #9's name] if he ever needs condoms to just ask the Medication Aides." -"[Resident #9's name] did not say it was unwanted." Confidential interview with a Medication Aide revealed:	D911		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D911	Continued From page 376 -"When [Resident #8's name] first came here [Resident #9's name] said he tried to 'mess with him' he tried to touch him and he was very uncomfortable and didn't like it." -"The whole staff knew." -"I don't know what was done about it, but [Resident #9] told us." -"If a resident tells me something like that, I go straight to [BOM's name or Operations Manager's name]." Telephone interview with Resident #9's Guardian on 2/18/16 at 12:30pm revealed: -He had never mentioned anything to him about the inappropriate touch incident. -Resident #9 "could have been hallucinating," because of the cough medicine overdose. B. Observation of the bathrooms at the facility revealed: -There were no bathrooms accessible in residents' rooms. -On 100 hall, there was a bathroom labeled women's with one toilet, sink, and shower (without a shower head) that did not lock. -The bathroom on 100 hall, opened directly onto the main corridor and the privacy shower curtain was in full view from the hallway. -There were three bathrooms on 200 hall: 1. There was a common bathroom labeled "Shower Room" and "Women" with two toilets, and one shower that did not lock. 2. There was a private bathroom labeled "women" with one toilet, one shower, and a knob lock. 3. There was a locked bathroom labeled "women" not currently being used by residents. -On 300 hall, there was one common bathroom labeled "Shower Room" with 3 toilet stalls (one not working and door tied shut with a garbage	D911	Facility is moving men on one hall area and women on another to allow more dignity and privacy in bathrooms and shower.	5/15/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D911	Continued From page 377 bag), 3 sinks, and one shower with a privacy curtain, and no door lock. -On 400 hall, there was one common bathroom labeled "Shower Room" with 2 toilets, one shower (without a shower head), and no door lock. -On 500 hall, there was one private bathroom labeled "Mens". -On 600 hall, there was a lockable private bathroom with no label with one toilet, a sink, and no shower. -On 600 hall, there was also a bathroom with no label with a knob lock. The current census was 77 residents with the breakdown as follows: -100 hall had 9 women and 3 men. -200 hall had 12 women and 7 men. -300 hall had 7 women and 4 men. -400 hall had 5 women and 5 men. -500 hall had 12 men. -600 hall had 13 men. Observation during an environmental tour with the Maintenance Supervisor on 2/19/16 from 2:25pm to 3:30pm revealed: -A routine check of all common bathrooms and showers to identify repair concerns. -Upon knocking on the door of the common bathroom with a shower adjacent to room 207 before attempting to enter, Resident #26 and Resident #34 open the door. -Both residents were fully clothed but Resident #26 had wet hair. -Both residents left the bathroom/shower room. Interview with a resident with the Maintenance Supervisor on 2/19/16 from 2:25pm to 3:30pm revealed the locked bathroom on 200 hall was not accessible to residents because there was a problem with a drain and the Operations Director	D911	Toilet has been repaired and working	4/8/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D911	Continued From page 378 was the only person that had a key. Interview with a female resident on 2/11/16 at 5:50pm revealed: -She was taking a shower in the common bathroom on 300 hall on the afternoon of 2/12/16 when a male resident came into the bathroom. -The male resident was close to the shower curtain and she could see his feet. -The male resident was yelling and cursing at her. -She was very upset about the lack of privacy in the bathroom during her showers. -She did not like having men come into the bathroom when she was taking a shower. -There was only a privacy curtain in the bathroom and the door did not lock. -She made staff aware of the incident. Interview with a female resident on 2/16/16 at 3:25pm revealed: -She resided on 300 hall. -Approximately six months ago,while taking a shower in the common bathroom on 300 hall, she pulled back the shower curtain when finishing her shower and there was a male resident seated on a toilet without the door closed. -She reported the incident to the Operations Manager and told him she was uncomfortable with men using the same bathroom as the women. -She did not feel safe taking a shower on halls 400, 500, or 600. -She now used a private bathroom on 200 hall that was lockable. -"We have more men than women now and I guess that is why they made them common bathrooms." -There were not many bathrooms women could go to that would lock and they had privacy.	D911		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D911	Continued From page 379 Interview with a female resident on 2/17/16 at 11:50am revealed: -She used the "big bathroom" on 300 hall for showering and toileting. -About a week ago, a male resident walked in the bathroom, while she was in the shower, and stood in front of the mirror. -The male resident did not say anything to her and she was not afraid. -She stayed in the shower until he left the bathroom. Interviews during the survey with two staff persons who worked on the halls revealed: -The facility previously had designated bathrooms for men and women, but this was changed by management approximately six months ago. -The common bathroom on Hall 300 used to be for women and had a sign on the door designating it was a women's bathroom. -The facility did have a few private bathrooms on the halls for resident use. -One staff person had witnessed, on several occasions, male residents walking into the bathroom when a female resident was taking a shower. -One staff person had heard female residents express concerns about privacy during showers. -She knew that one female resident now used one of the private bathrooms instead of the common bathroom because a male resident had entered the bathroom while she was showering. Interview on 2/12/16 at 8:35 am with the Operations Manager revealed: -The bathrooms that were private had a shower, sink, and commode and had locks on the doors. -The common bathrooms that had toilets and showers had doors to the toilets and a privacy shower curtain or door to the shower.	D911		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D911	Continued From page 380 A second interview with the Operations Manager on 2/19/16 at 3:25pm revealed: -The facility previously had males on one side of the facility and females on the other with designated bathrooms. -Due to the facility admitting more males recently, management made some of the female bathrooms coed. -He was aware of concerns from at least one female resident about privacy in the common bathrooms. -He made the decision to have one of the private bathrooms on 200 hall previously designated for men to be used by women or men so they would have privacy and added a lock on the door. Interview on 2/19/16 at 4:50pm with the Administrator revealed: -To her knowledge, the bathrooms in the facility were designated as men and women. -She was not aware of the bathrooms being changed to "coed" use. -"This is not acceptable." -This was a privacy concern and would be fixed immediately. C. Observation on 2/9/16 at 2:25pm revealed: -Room #106's residents were Resident #1 and Resident #35. -A male resident (Resident #39) was lying in the bed nearest the doorway with Resident #1. -Both residents were fully clothed. -Resident #35 was lying in her bed next to the window. Interview with Resident #35 on 2/16/16 at 1:00pm revealed: -Her roommate engaged in sexual activity with a man who had "moved in there" and was in the	D911		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D911	Continued From page 381 room "day and night." -She felt she could not go into her room, but she said she had never been kicked out of her room. -The male partner of her roommate was "in bed at night when I am in bed." -"No one is paying attention to it." -She did not see her roommate and their male partner having sexual activity, but he "lays in bed with his clothes on." Interview with the Licensed Health Professional Support (LHPS) Registered Nurse on 2/17/16 at 2:25pm revealed: -Roommates of residents engaged in sexual activity had to be protected and if they expressed signs of being uncomfortable they would "stop it [sex]." -Both roommates had to consent to permitting one to have sexual relations in their room. -Unless married, mixed gender couples could be roommates nor were they permitted overnight stays in rooms. -Night shift staff did rounds, knocked on doors and would "poke their heads" into rooms. Interview with the Operations Director on 2/19/16 at 3:30pm revealed: -The facility tried to encourage residents to sleep in their own beds. -If the facility knew there were residents who were a couple, they tried to give one of the resident a private room. -He had received complaints from residents regarding "couples in their room." -He had not received a complaint from Resident #35. -If he received a complaint, a room change would be made. -He was unaware Resident #35 was in the room with Resident #1.	D911		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D911	Continued From page 382 -He was aware Resident #1 and Resident #39 were a couple. -He was aware Resident #39 was in the room with Resident #1 frequently -It was not appropriate for Resident #35 to be the roommate of Resident #1. -He would ensure a room change was made today.	D911	Resident #1 has been discharged to a group home. #35 is in room by herself.	3/8/14
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 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. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations in the areas of physical environment, other requirements, health care, residents rights, pharmaceutical care, and reporting of incidents and accidents. The findings are: A. The facility failed to assure that four of six coded exit doors accessible by residents were maintained secure with alarms which could only be deactivated by designated staff, resulting in one Resident (#12), with a diagnosis of dementia, exiting outside unsupervised at night in freezing	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D912	Continued From page 383 weather and falling, causing injury. [Refer to Tag D067 10A NCAC 13F .0305(h)(4) Physical Environment (Type A2 Violation).] B. The facility failed to assure all equipment which included three washers, two clothes dryers, the kitchen stove, an upright three door reach in refrigerator, a water fountain, a hallway handrail, shower heads, an exhaust fan, a resident door (fire barrier), electrical outlet covers, a hallway firedoor were maintained in a safe and operating condition. [Refer to Tag D105 10A NCAC 13F .0311(a) Other Requirements (Type B Violation).] C. The facility failed to assure complete dialysis treatments were received for 1 of 1 sampled resident (Resident #28) with a physician's order for dialysis. [Refer to Tag D276 10A NCAC 13F .0902(c3-4) Health Care (Type B Violation).] D. The facility failed to assure adequate medication reviews were completed for 5 of 12 (#1, #3, #6, #7, and #12) sampled residents in the areas of refusal of medications, confusing medication orders, changes in the Medication Administration Records (MARs) without physician's orders, incomplete documentation on the MARs, medications unavailable to administer to residents, and low blood sugars in an insulin dependent diabetic resident. [Refer to Tag D400 10A NCAC 13F .1009(a)(1) Pharmaceutical Care (Type B Violation).] E. The facility failed to assure notification of Resident #17's guardian when emergency medical treatment including surgery was required after a fall, failed to assure notification of Resident #12's guardian when emergency medical evaluation was required after leaving the building unsupervised and falling, and failed to	D912	Resident had 1:1 staff until discharged from facility to a secured dementia unit in skilled care. Washers and dryers operating kitchen stove, refrigerator ordered water fountain repaired hallway handrails repaired hallway door replaced electrical outlet cover replaced All residents having life threatening appointments will have a scheduled transporter to take to appointment as scheduled. Contracted pharmacy consultant has been contacted regarding pharmacy completing review per rules and regulation from DHHRS	4/8/16 3/1/16 4/8/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D912	Continued From page 384 assure notification of Resident #8's guardian twice after leaving the premises unsupervised and without staff awareness.[Refer to Tag D454 10A NCAC 13F .1212(e) Reporting of Accidents and Incidents (Type B Violation).]	D912	Per policy Guardians and/or responsible party will be notified upon resident leaving facility without signing out.	3/1/16
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, failed to assure residents were free of neglect related to housekeeping, staffing, personal care, supervision, health care, medications, management, residents rights and failed to ensure residents who had been discharged from the facility were free of exploitation related to the facility refunding their personal funds and cost of care, and that current residents were free of exploitation regarding the accounting of resident funds. The findings are: A. The facility failed to assure an adequate supply of washcloths, towels, sheets, and pillowcases were available for resident's use at all times for 77 residents residing in the facility. [Refer to Tag D080 10A NCAC 13F .0306(a)(6) Housekeeping and Furnishings.] B. The facility failed to assure sufficient staff was available to perform laundry, housekeeping, and food service duties. [Refer to Tag D199 10A NCAC 13F .0604(d)(5) Personal Care and Other	D914	Wash cloths, towels,sheets,and pillow, pillowcases are available personal care needs. Housekeeping/ laundry has been hired and available to maintain all laundry and housekeeping needs.	2/20/16 4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D914	Continued From page 385 Staffing.] C. The facility failed to assure any housekeeping performed by the personal care aides and the medication aides was limited to occasional, non-routine tasks. [Refer to Tag D206 10A NCAC 13F .0604(B) Personal Care and Other Staff.] D. The facility failed to assure personal care needs including the removal of facial hair for 2 of 7 sampled residents (Resident # 35 and #36), toenail care for 2 of 5 sampled residents (Resident #3 and #5), and supervision with haircuts (Resident #10) in accordance with the residents' care plans. [Refer to Tag D269 10A NCAC 13F .0901(a) Personal Care and Supervision.] E. The facility failed to assure staff provided supervision in accordance with 9 of 11 residents (#3, #8, #9, #11, #12, #13, #20, #21, #26, and #34) assessed needs, care plan, and current symptoms resulting in Resident #12 leaving the building unsupervised and without staff knowledge which resulted in a fall, Resident #3 leaving the facility unsupervised and walking across a busy state highway and smoking inside the building, Resident #8 twice leaving the facility unsupervised and without staff knowledge, Resident #9 overdosing 3 times, Resident #11 smoking unsupervised resulting in injured fingertips, Resident #13 assaulting another resident, Resident #20 assaulting another resident, Resident #21 leaving the facility unsupervised, without staff knowledge, and arrest for vandalism and property damage, Resident #26 leaving the facility unsupervised and without staff knowledge and smoking inside the building, and Resident #34 smoking inside the building. [Refer to Tag D270 10A NCAC 13F .0901(b)	D914	Adequate food service staff have been hired and trained in food service. PCA's offer to assist in all removal of facial hair. At times it may take more than 1 attempt for resident to agree. PCA's also offer to assist with men to trim hair. Resident leaving facility without signing out staff attempts to redirect to return to facility. Staff must notify guardian or responsible party. We are not a locked facility. Any resident assaulting residents will be given an immediate discharge as we are not able to met his needs. Supervised smoking 1 cigarette per hour to assure safety of all residents	4/1/16 3/1/16 3/1/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D914	Continued From page 386 Personal Care and Supervision (Type A2 Violation).] F. The facility failed to assure referral and follow-up for 8 of 9 residents; for Resident #3's low blood sugars, Resident #4's delay of 3 months for a neurologist consult and missed doses of Avonex, for Resident #5's referral for podiatry, for Resident #7's infection disease specialist referral and medication refusals with associated behaviors, for Resident #8 not receiving an ordered montly injectable antipsychotic for 3 months, for Resident #11's burnt fingertips from smoking behaviors, Resident #14's request for birth control, and for Resident #30's order for a protective helmet to prevent injury from head banging. [Refer to Tag D273 10A NCAC 13F .0902(b) Health Care (Type A2 Violation).] G. The facility failed to ensure verification or clarification of medications of sliding scale Novolin Insulin, Levemir, and Depakote Sprinkles and implementation of fingerstick blood sugars for 1 of 5 sampled residents (#5). Physician orders were not dated within 24 hours of admission for Resident #5. [Refer to Tag D344 10A NCAC 13F .1002(a) Medication Orders (Type A2 Violation).] H. The facility failed to assume its responsibility for caring for individuals with communicable diseases and those with diminished mental capacity, addressing the care needs and interventions for monitoring and reporting of communicable diseases, and by failing to make available and implement preventative measures to protect residents from transmission of a communicable disease for 4 sampled residents (# 1, #7, #26 and # 34); and failed to ensure	D914	Medication Aide training and validation of medication administration. MAR and medication cart audits. This is an going process. MD notification of refusals of medication and appointments. Supervised smoking No payment source for protective helmet and MD notified and canceled order Appointment to see gynecologist for birth control needs has been scheduled. All medications are to be verified or clarified by RCC on all admissions and readmissions. A assessment will be made by RCC and or administrator to assure appropriate for facility environment.	4/1/16 3/1/16 3/1/16 3/1/16 3/1/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D914	Continued From page 387 residents were treated with respect, consideration, dignity, and right to privacy related to lack of staff response to an inappropriate touch of Resident #9 and privacy during showers and respect and privacy for a roommate (Resident #35) and failed to provide responses to reasonable requests in the areas of providing a therapeutic plate (Resident #6), allowing residents to have locks on their doors (Resident #6, #17, #20, #24, and #32). [Refer to Tag D338 10A NCAC 13F .0909 Residents' Rights (Type A2 Violation)]. I. The facility failed to assure medications were administered as ordered by a licensed prescribing practitioner to 2 of 6 residents (#6 and #33) observed during a medication pass, and 6 of 9 (#1, #3, #5, #12, #25 and #32) sampled residents. (Diabetic medications, narcotic pain medications, topical creams, Cogentin, Guaifenesin, Levsin SL, Levothyroxine, and Xanax). [Refer to Tag D358 10A NCAC 13F .1004(a) Medication Administration (Type A2 Violation).] J. The facility failed to maintain an accurate accounting of personal funds for 1 of 1 resident (Resident #32) by not crediting to her resident trust account a total of $1,000 in trust fund deposits and $122 in special assistance funds [Refer to Tag D420, 10A NCAC 13F .1104(b) Accounting for Resident's Personal Funds (Type B Violation)]. K. The facility failed to assure the balance of 4 of 4 residents (#17. #31, #37, and #38) personal funds were given to the resident or the residents responsible person within 14 days of the residents leaving the facility resulting in a 160 day delay for Resident #17, 111 day delay for	D914	All residents whom have a sexual transmitted disease is to be aware of protected sexual activity, facility provides condoms Therapeutic plate is in facility for resident usage. Our facility does not have locked resident rooms but does have lockable personal space. Residents are aware of this when admitted per admission contract Medication training and administration validation all MA's . MAR audits and medication cart audits to assure medication availability and admission Administrator and BOM will met every Friday am to review financial statement and resident trust reconciliation. Also will review settlement of cost sent to corporate	3/1/16 3/1/16 3/1/16 4/1/16 4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D914	Continued From page 388 Resident #31, 133 day delay for Resident # 37, and 114 day delay for Resident #38. [Refer to Tag D425 10A NCAC 13F .1105(a) Refund Of Personal Funds (Type B Violation).] L. The facility failed to assure the balance of 4 of 4 residents (#17, #31, #37, and #38) cost of care money was refunded within 14 days of the residents discharge date, resulting in a 160 day delay for Resident #17, 111 day delay for Resident #31, 133 day delay for Resident # 37, and 114 day delay for Resident #38. [Refer to Tag 427 10A NCAC 13F .1106(a) Settlement Of Cost Of Care (Type B Violation).] M. The administrator failed to ensure that the management, operations, and policies of the facility ensured implementation of resident rights by the failure to treat residents with respect, consideration, dignity, the failure to provide appropriate care and services, and the failure to provide the services necessary to maintain the residents' physical and mental health as evidenced by the failure to maintain substantial compliance with the rules and statutes governing adult care homes, which is the responsibility of the administrator. [Refer to Tag D980 G.S. 131D-25 Implementation (Type A2 Violation).] _____ A plan of protection was received from the facility on 2/11/16 as follows: -Administrator-In-Charge (AIC) will have an immediate mandatory staff meeting in regards to any resident complaints. -Complaints must be documented and turned into the AIC immediately. -AIC will have a resident council meeting to ensure Residents are aware of procedure on communicating complaints to staff.	D914	Every Friday BOM and Administrator will meet to assure refunds have been sent to corporate office for checks to be issued. Staff meeting held for all staff to discuss resident complaints. All complaints must be documented and turned in for follow up response. Resident council meeting was held and residents were informed of procedure for communicating issues	4/1/16 3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D914	Continued From page 389 -Facility Activity Director will interview all Residents to ensure Residents feel safe and cared for and report to AIC. -There will be a phone number posted for the Resident complaint line at corporate office throughout the building that is available to all residents 24 hours a day. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 8, 2016.	D914	and have a response in a timely manner. A phone number to corporate office is posted near private phone for residents to call	3/1/16
D917	G.S. 131D-21(7) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 7. To receive a reasonable response to his or her requests from the facility administrator and staff. This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to provide responses to residents' requests related to the provisions of a therapeutic plate (Resident #6), allowing residents to have locks on their doors (Resident #6, #17, #20, #24, and #32). The findings are: A. Review of Resident #6's current FL2 dated 10/8/16 revealed: -Diagnoses included dementia, lupus, hypothyroidism, and fibromyalgia. 1. Review of Resident #6's record revealed a recommendation from occupational therapy (OT) dated 1/30/14 for a scoop plate to assist resident with decreased food intake.(A scoop plate is a therapeutic dining plate with a higher than normal rim to allow residents to "scoop" their food into an eating utensil. Scoop plates are often used for	D917	All request to the facility administrator will respond within 24 hours with outcome. Resident has scoop plate.	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D917	Continued From page 390 individuals who have weakness or impaired coordination secondary to a stroke.) Interview with Resident #6 on 2/9/16 at 11:55am revealed: -The plate which OT obtained for her had been misplaced. -She needs the plate to keep from "flipping" food on other residents at meal time due to after effects from a stroke. -She did not go to some meals because she was "embarrassed" to eat without her special plate. -The plate had been missing for at least 1 week. Interview with Resident #6 on 2/16/16 at 3:20pm revealed: -She had been using a scoop plate for "about a year and a half." -Her scoop plate had been missing for about 2 weeks. -She believed the dietary staff lost the plate. -She needed the scoop plate due to weakness in her hands from a stroke. -Without the scoop plate, she had to eat with her fingers and this embarrassed her. -Dietary staff were aware of the missing plate immediately and were going to order another plate, but were told the purchase had to go through the Operations Manager. -The Operations Manager came to Resident #6 at the end of last week, around 2/11/16 or 2/12/16, and told her he did not know about the missing plate until then. -The Operations Manager told Resident #6 he would have a scoop plate here by suppertime today. Interview with Resident #6 on 2/17/16 at 12:20pm revealed: -The Operations Manager had purchased the	D917		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D917	Continued From page 391 wrong type of scoop plate. -The plates he purchased were not divided like the original plate, and she didn't like it. -She had talked with the Operations Manager and he was going to get another divided scoop plate for her. Interview with the Operations Manager on 2/17/16 at 4:03pm revealed: -He was made aware of the missing plate about a week ago. -He asked dietary staff about the missing plate and was told it had been missing about a week prior to that. -Dietary staff had tried to order a new plate from (named food service provider.) -He had picked up 2 new scoop plates for Resident #6, but they were not divided like the old plate. Observation of the kitchen on 2/19/16 at 9:50am revealed 2 undivided scoop plates. Interview with dietary staff on 2/19/16 at 9:55am revealed: -He believed Resident #6 threw her scoop plate away about two weeks ago. -"We tried to reorder a new scoop plate from (named food provider), but it did not come." -The Operations Manager bought new scoop plates for Resident #6 two days ago. -The new scoop plates aren't divided and Resident #6 doesn't like them. -Resident #6 did not like the old scoop plate either and complained about it. Review of facility records revealed: -The facility could not provide a recent invoice showing a divided scoop plate had been ordered. -An invoice dated 10/29/15 had an entry for a	D917		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D917	Continued From page 392 scoop plate with a cost of $54.20. Interview with dietary staff on 2/19/16 at 11:55am revealed: -Resident #6's divided scoop plate went missing around 2/4/16 and the Operations Manager was told it was missing a few days later. 2. Interview with Resident #6 on 2/11/16 at 10:26am revealed: -Another resident told her today that "she ran a guy out of my room last night." -The other resident told her the man was standing over Resident #6's bed. -She did not report the incident to staff because "it was hearsay." -She did not recall seeing a man in her room. Interview with Resident #6 on 2/16/16 at 3:20pm revealed: -She had asked for a lock for the entrance door for her room. -She was told by the Operations Manager and maintenance worker that she could not have a lock on her entrance door because it was against "the rules." -She had a lockable space in her closet. -Over the years she had items missing from her room. -She told staff about the missing items, and was told they (staff) would look for them, but nothing ever happened. -She had uninvited guests come into her room while she was sleeping and this scared her. -A man came into her room a few nights ago, and "was just staring at me." -She told unspecified staff about the uninvited guest in her room, but "it didn't seem to help." Interview with the Operations Manager on 2/17/16	D917		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D917	Continued From page 393 at 4:03pm revealed: -No resident has asked for locks on their doors, and did not believe the facility could have them. -He talked to the uninvited guests who came into Resident #6's room, told them they could not go into other residents' rooms, and the problem seemed to have stopped. -The Operations Manager believed the uninvited guests were asking for money. Interview with the facility Administrator on 2/19/16 at 4:40pm revealed she was not aware any residents were asking for locks on their doors. B. Review of Resident Register for Resident #17 revealed he was admitted to the facility on 5/14/11. Review of the local hospital discharge record for Resident #17 revealed: -He was admitted to the hospital on 7/25/15 and discharged to a skilled facility on 8/20/15. -History of present illness: "...advanced mental illness..He has very advanced schizophrenia and behavioral disorder. Review of the only FL2 available in Resident #17's record dated 1/29/14 revealed diagnoses which included organic personality disorder and history of closed head injury. Telephone interview with Resident #17's guardian on 2/18/16 at 9:30am revealed: -When Resident #17 was discharged from the hospital to a skilled nursing center, the guardian contacted the facility staff regarding Resident #17's personal belongings and clothes. -Facility staff (did not know who) reported to the guardian that Resident #17's clothes and personal belongings had "all been stolen" and	D917		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D917	Continued From page 394 there was nothing for the guardian to come get for the resident. -When Resident #17 was transferred from the hospital to the skilled nursing facility, he had no clothes. Interview with the Business Office Manager on 2/18/16 at 9:30a, revealed she did not know what happened to #17 ' s clothes and belongings. C. Review of Resident #32's current FL-2 revealed an admission date of 9/17/15. Interview with a guardian on 2/18/16 at 9:30am revealed: -Although not assigned to Resident #32, she traveled to the facility for visits with her wards with the guardian of Resident #32. -She was aware of Resident #32 having a TV stolen before Christmas. -A facility search was done and the TV was never located. -The facility was asked to file a police report which was never done. Interview with Resident #32 on 2/18/16 at 11:35am revealed: -She had a brand new TV which 3 months prior was stolen while she left the room to go to the bathroom (later in the interview she stated it occurred when she was asleep). -She had her TV placed on a nightstand across the room so she could watch it from her bed. -She told the Business Office Manager who told her she had staff look for it but it could not be found. -Her "CPA [certified public accountant]" had purchased it 4 months prior to it disappearing but he would not get another TV until he had a copy of the police report.	D917		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D917	Continued From page 395 -She believed the Business Office Manager filed a police report. -"They won't let us have locks on our doors." -"You can't stay in your room all the time." -She would like a lock on her door as she would "sleep more soundly." -She provided the name and phone number of the CPA. Observation of Resident #32's room on 2/18/16 at 11:35am revealed: -A closet door with a lock. -A room door with no lock. Interview with the Resident #32's CPA on 2/19/16 at 8:30am revealed: -He was the trustee for a trust account in the Resident's name. -He sent a check for $200 on most months to the facility for deposit into her personal funds account. -He had sent additional money for a TV and "a guy bought it" for the Resident, but it got stolen. -He was aware of the missing TV and had requested a copy of the police report to provide funds for another TV and make sure the Resident just did not want the money, but he never received the report. -He was concerned that resident belongings did not get locked up. Interview with the Resident Care Coordinator on 2/21/16 at 9:00am revealed: -She had no knowledge about stolen or missing TVs. -The TV stolen from Resident #32 was reported to the Operations Manager, but she did not know if the police were called as the Operations Manager would make that decision.	D917		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D917	Continued From page 396 Interview with the Operations Manager on 2/23/16 at 11:49am revealed: -He was aware of the missing TV from Resident #32. -He had told staff to file a police report but it was not done in a timely manner. Refer to interview with the Administrator on 2/19/15 at 3:55pm. Refer to interview with Resident Care Coordinator on 2/21/16 at 9:00 am. Refer to interview with Operations Manager on 2/23/16 at 11:49 am. D. Review of Resident #24's record revealed she was admitted to the facility on 11/6/15. Review of a facility home contract, under the heading of "Services and Accommodations" revealed Item 9 as "A lockable space will be provided for each resident and a key furnished." Review of nursing notes made available by the facility revealed none for Resident #24 related to reports of lost or stolen items. Review of accident/injury reports made available by the facility revealed none for Resident #24 related to reports of lost or stolen items. Interview with Resident #24 on 2/9/16 at 2:55pm revealed: -She stayed in her room most of the time because if she did not, "all of my stuff would get stolen." -She had the following items stolen from her room in December 2015 "when I was sick": a	D917		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D917	Continued From page 397 CD player, a radio, a "boom box" a clock on her wall, a hair dryer and hair rollers and new tennis shoes. -She was told by the Operations Manager that he would give her enough money to to replace the tennis shoes and other items stolen and "he did not do it." -She had asked the Operations Manager to place a lock on her closet door 2 to 3 weeks prior. -She had seen the stolen boom box in another resident's room and told the former Resident Care Coordinator (RCC,) but she did nothing about it. -Due to the medication she was on she was doing a lot of sleeping. -She was told by staff (no name mentioned) that she was not permitted to have a lock on her door. -She had also lost a dental fixture (a partial) in December which was never found and which she had last seen in blue cup soaking. Observation of Resident #24's room revealed: -No lock on her closet door. -No lock on her room door. Interview with a Personal Care Aide (PCA) on 2/19/16 at 10:10am revealed: -He could not recall any stolen items from Resident #24. -If a resident reported a missing or stolen item staff would "keep an eye out for it." -Upon being told by residents, staff were expected to report missing or stolen items to the Operations Manager. Interview with the RCC on 2/21/16 at 9:00am revealed: -She had no knowledge about stolen or missing TVs. -She had no knowledge of Resident #24 having	D917		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D917	Continued From page 398 had missing or stolen items. Interview with the Operations Manager on 2/23/16 at 11:49am revealed he was not aware of any issues regarding Resident #24. Refer to interview with the Administrator on 2/19/15 at 3:55pm. Refer to interview with Resident Care Coordinator on 2/21/16 at 9:00 am. Refer to interview with Operations Manager on 2/23/16 at 11:49 am. E. Review of Resident #20's current FL2 dated 12/9/15 revealed an admission date of 6/18/15. Interview with Resident #20's guardian on 2/18/16 at 9:30am revealed: -Other residents were "bullying" the Resident, with family reporting to her that the Resident's clothing was being stolen. -She reported this to the Business Office Manager who "blew it off." -"I think he got his TV stolen." Observation of Resident #20 on 2/19/16 at 10:00am revealed: -The Resident to be in the hallway. -The Resident was initially teary-eyed and anxious but then calming down. -The Resident walked past his room but was easily redirected to the correct room. -Responses to questions were hesitant. Interview with Resident #20 on 2/19/16 at 10:00am revealed: -He had a TV "a while ago" but he "sold it" for $2.50 to a female resident with a first name that	D917		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D917	Continued From page 399 began with an A but he could not remember the entire name. -The TV was not stolen but was sold. -Staff was not aware of the status of the TV. -He missed his TV and thought it had a video camera recorder (VCR) player attached to it. Interview with a Personal Care Aide (PCA) on 2/19/16 at 10:10am revealed: -He could not recall any stolen TV from Resident #20. -If a resident reported a missing or stolen item staff would "keep an eye out for it." -Upon being told by residents, staff were expected to report missing or stolen items to the Operations Manager. -Residents were told they were not permitted to sell or barter items among themselves but they did it anyway. Interview with the Resident Care Coordinator on 2/21/16 at 9:00am revealed if staff had known that Resident #20 had sold his TV they could have gone to the buyer and told them the sale was no good. Interview with the Operations Manager on 2/23/16 at 11:49am revealed: -He was not aware of Resident #20 missing a TV but he was known to trade or sell items. -Staff should have been monitoring Resident #20 for trading or selling his items. -If a Guardian was involved and said Resident #20 was not permitted to sell his TV then his TV would have to be returned to him. Refer to interview with the Administrator on 2/19/15 at 3:55pm. Refer to interview with Resident Care Coordinator	D917		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D917	Continued From page 400 on 2/21/16 at 9:00 am. Refer to interview with Operations Manager on 2/23/16 at 11:49 am. _____ Interview with the Administrator on 2/19/15 at 3:55pm revealed: -In the event of missing or stolen items, staff were expected to do room searches. -The event was to be documented in the nursing notes "depending on the severity." -If the item missing or stolen was "important to the resident" and of value, an incident report was to be completed. -Police reports "should be filed." -Reports to the Health Care Personnel Registry for missing or stolen items had not been done at the time of the interview.	D917	Response from the administrator is procedure to be followed. All items missing or stolen has to be reported to HCPR	3/1/16
D980	G.S. § 131D-25 Implementation G.S. 131D-25 Implementation Responsibility for implementing the provisions of this Article shall rest with the administrator of the facility. Each facility shall provide appropriate training to staff to implement the declaration of residents' rights included in G.S. 131D-21. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews and record reviews, the administrator failed to ensure that the management, operations, and policies of the facility ensured implementation of resident rights by the failure to treat residents with respect, consideration, dignity, the failure to provide	D980	Administrator instructed all staff in resident rights module given by ombudsman for training or staff. This will be on going training. According to the rules and regulations the Administrator is responsible for the oversight of facility. and resident's rights. r	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D980	Continued From page 401 appropriate care and services, and the failure to provide the services necessary to maintain the residents' physical and mental health as evidenced by the failure to maintain substantial compliance with the rules and statutes governing adult care homes, which is the responsibility of the administrator. The findings are: Interview with the Operations Manager on 2/11/16 at 5:50pm revealed: -The Administrator had been to the facility one day in January and had spent most of the day "9am to 3pm." -When asked if the Administrator was aware of the problems in the facility he stated "I speak to her daily by text or phone call." -"I'm sure she didn't know about all the incidents with the residents." -"She knew I was working on getting mattresses." -"I don't know if she knew the state of the mattresses." -Usually somebody administrative comes in "monthly." -"A lot of times" the Regional Administrator and Regional Director will come for the Administrator for the facility visits. -Someone came to the facility "once a month." Confidential interview revealed: -"If things don't change" in the facility the guardian would "move all my people." -The administration was "chaotic," "disorganized" and had "no protocols." -Staff were not trained to know what to do. -There was a "complete lack of communication." -He had requested on behalf of his ward a new FL2, the first request made to the Operations Manager in December, 2015 then a second	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D980	Continued From page 402 request in February 2016 of an unnamed staff member. Telephone interview on 2/19/16 at 3:00pm with the Administrator revealed: -She physically was in the facility "once per month." -"Every other month" the Regional Administrator and Regional Director "would come in and do audits." Telephone interview with the Administrator on 2/19/16 at 4:10 pm revealed: -A quality assurance team (staff from her other facility) went into the facility every other month and conducted an audit. -The teams' recommendations were given to her verbally and not written. -The team had not found "any enormous issues." Noncompliance identified during the survey included: 1. The facility failed to assure that four of six coded exit doors accessible by residents were maintained secure with alarms which could only be deactivated by designated staff, resulting in one Resident (#12), with a diagnosis of dementia, exiting outside unsupervised at night in freezing weather and falling, causing injury. [Refer to Tag D067 10A NCAC 13F .0305(h)(4) Physical Environment (Type A2 Violation).] 2. The facility failed to keep clean or repair walls, floors, ceilings or appliances attached to them for 8 of 45 resident rooms, resident hallways and dining rooms and the outside of the facility. [Refer to Tag D074 10A NCAC 13F .0306(a)(1) Housekeeping and Furnishings.]	D980	All referrals will have a assessment for appropriate admission to our facility. Residents will also be assessed for needs to move to a higher level of care. Monthly maintenance check list will be completed to assure corporate aware of facility physical needs of repairs	3/1/16 4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D980	Continued From page 403 3. The facility failed to assure the facility was clean and free of all hazards related to not effectively controlling rodents throughout the facility. [Refer to Tag D079 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings.] 4. The facility failed to assure an adequate supply of washcloths, towels, sheets, and pillowcases were available for resident's use at all times for 77 residents residing in the facility. [Refer to Tag D080 10A NCAC 13F .0306(a)(6) Housekeeping and Furnishings.] 5. The facility failed to provide for 19 of 77 occupied resident beds mattresses, pillows, top and bottom sheets, blankets and/or pillowcases in clean and good repair. [Refer to Tag D087 10A NCAC 13F .0306(b)(1) Housekeeping and Furnishings.] 6. The facility failed to assure 20 of 43 resident occupied rooms had at least 1 comfortable chair for each resident. [Refer to Tag D091 10A NCAC 13F .0306(b)(5) Housekeeping and Furnishings.] 7. The facility failed to have 12 of 12 fire extinguishers in the residential hallways receive an annual maintenance inspection since September, 2014 or to complete monthly facility checks since September, 2015. [Refer to Tag D096 10A NCAC 13F .0307(a)(b)(c) Fire Alarm System.] 8. The facility failed to assure all equipment which included three washers, two clothes dryers, the kitchen stove, a three door reach in refrigerator, water fountain, a hallway handrail, shower heads, an exhaust fan, a resident door (fire barrier), electrical outlet covers, and a hallway firedoor were maintained in a safe and operating	D980	Housekeeping/laundry staff has been hired trained and actively performing duties as deemed by rules and regulations by DHHRS Pest control contract with McNeil pest control. Wash cloths, towels, sheets, pillow cases, pillows are in facility. Mattresses have been replaced Each room has a chair for resident occupancy. Fire extinguishers have been inspected. Maintenance super visor will comply with monthly check and document. All of these items have been repaired or newly purchased.	4/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D980	Continued From page 404 condition. [Refer to Tag D105 10A NCAC 13F .0311(a) Other Requirements (Type B Violation).]	D980		
	9. The facility failed to assure sufficient staff was available to perform laundry, housekeeping, and food service duties. [Refer to Tag D199 10A NCAC 13F .0604(d)(5) Personal Care and Other Staffing.]		Staffing in place for housekeeping and laundry	4/1/16
	10. The facility failed to assure any housekeeping performed by the personal care aides and the medication aides was limited to occasional, non-routine tasks. [Refer to Tag D206 10A NCAC 13F .0604(2-b) Personal Care and Other Staffing.]		All clinical staff is performing clinical duties and supervision of residents	4/1/16
	11. The facility failed to assure staffing hours based on census of 71 to 80 met the guidelines of having 28 total hours on third shift.[Refer to Tag D215 10A NCAC 13F .0605(d) Staffing of Personal Care Aide Supervisors.]		Staffing is per requirements of census as instructed by rules and regulations	3/1/16
	12. The facility failed to assure personal care needs including the removal of facial hair for 2 of 7 sampled residents (Resident # 35 and #36), toenail care for 2 of 5 sampled residents (Resident #3 and #5), and supervision with haircuts (Resident #10) in accordance with the residents' care plans. [Refer to Tag D269 10A NCAC 13F .0901(a) Personal Care and Supervision.]		PCA's are providing grooming assistance to residents needing facial hair removal and hair trimming.	3/1/16
	13. The facility failed to assure staff provided supervision in accordance with 9 of 11 residents (#3, #8, #9, #11, #12, #13, #20, #21, #26, and #34) assessed needs, care plan, and current symptoms resulting in Resident #12 leaving the building unsupervised and without staff knowledge which resulted in a fall, Resident #3 leaving the facility unsupervised and walking		Clinical staff is performing clinical duties allowing more supervision skills	3/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D980	Continued From page 405 across a busy state highway and smoking inside the building, Resident #8 twice leaving the facility unsupervised and without staff knowledge, Resident #9 overdosing 3 times, Resident #11 smoking unsupervised resulting in injured fingertips, Resident #13 assaulting another resident, Resident #20 assaulting another resident, Resident #21 leaving the facility unsupervised, without staff knowledge, and arrest for vandalism and property damage, Resident #26 leaving the facility unsupervised and without staff knowledge and smoking inside the building, and Resident #34 smoking inside the building. [Refer to Tag D270 10A NCAC 13F .0901(b) Personal Care and Supervision (Type A2 Violation).] 14. The facility failed to assure referral and follow-up for 8 of 9 residents; for Resident #3's low blood sugars, Resident #4's delay of 3 months for a neurologist consult and missed doses of Avonex, for Resident #5's referral for podiatry, for Resident #7's infection disease specialist referral and medication refusals with associated behaviors, for Resident #8 not receiving an ordered monthly injectable antipsychotic for 3 months, for Resident #11's burnt fingertips from smoking behaviors, Resident #14's request for birth control, and for Resident #30's order for a protective helmet to prevent injury from head banging. [Refer to Tag D273 10A NCAC 13F .0902(b) Health Care (Type A2 Violation).] 15. The facility failed to assure complete dialysis treatments were received for 1 of 1 sampled resident (Resident #28) with a physician's order for dialysis. [Refer to Tag D276 10A NCAC 13F .0902(c3-4) Health Care (Type B Violation).]	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D980	Continued From page 406 16. The facility failed to assure that the Licensed Health Professional Support staff performed accurate assessments on 2 of 5 sampled residents (Resident #8 for a missed monthly medication injection and Resident #5 for toenail care and the removal of an alarm device placed on his ankle at a previous facility).[Refer to Tag D280 10A NCAC 13F .0903(d) Licensed Health Professional Support.]	D980	LHPS RN has been trained on how to complete assessment using the LHPS module provided by DHRS	3/1/16
	17. The facility failed to ensure food was prevented from contamination related to storing chemicals on the food cart with plated meals to be served to residents. [Refer to Tag D283 10A NCAC 13F .0904(a)(2) Nutrition and Food Service.]		Food service is not sending any chemicals from kitchen to dining areas	3/1/16
	18. The facility failed to assure there was a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus. [Refer to Tag D285 10A NCAC 13F .0904(a)(4) Nutrition and Food Service.]		Adequate food supply is available per DHR	3/1/16
	19. The facility failed to assure that each table place setting included a knife. [Refer to Tag D287 10A NCAC 13F .0904(b)(2) Nutrition and Food Service.]		Knife is available for resident usage	3/1/16
	20. The facility failed to assure at least 14 hours of a variety of planned group activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. [Refer to Tag D317 10A NCAC 13F .0905(d) Activities Program.]		A activity director is in place	3/1/16
	21. Based on observations, record reviews, and interviews, the facility failed to assume it's responsibility for caring for individuals with			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D980	Continued From page 407 communicable diseases and those with diminished mental capacity; addressing the care needs and interventions for monitoring and reporting of communicable diseases; and by failing to make available and implement preventative measures to protect residents from transmission of a communicable disease; and to provide responses to reasonable requests in the areas of providing a therapeutic plate (Resident #6), allowing residents to have locks on their doors (Resident #6, #17, #20, #24, and #32), providing laundry service in a timely fashion, and clothing not coming back from the laundry, for 10 sampled residents (#1, #6, #7, #14, #17, #20, 24, #26, #32, and #34). [Refer to Tag D338 10A NCAC 13F .0909 Resident Rights (Type A2 Violation).]	D980	Facility has condoms available for safe sex. Staff have had training on communicable diseases and sexual transmitted diseases. Resident have had health department discuss the need for safe sex and condom usage. Therapeutic scoop plate available Resident laundry has a 24 hr. turn around now.	3/1/16 3/1/16
	22. Based on observations, interviews, and record reviews, the facility failed to ensure verification or clarification of medications of sliding scale Novolin Insulin, Levemir, and Depakote Sprinkles and implementation of fingerstick blood sugars for 1 of 5 sampled residents (#5). Physician orders were not dated within 24 hours of admission for Resident #5. [Refer to Tag D344 10A NCAC 13F .1002(a) Medication Orders (Type A2 Violation).]		RCC is validating and clarifying all orders MAR's and medication cart are being audited MARs reviewed daily. Medication carts minimum weekly	3/1/15
	23. Based on observations, interviews, and record reviews, the facility failed to assure medications were administered as ordered by a licensed prescribing practitioner to 2 of 6 residents (#6 and #33) observed during a medication pass, and 6 of 9 (#1, #3, #5, #12, #25 and #32) sampled residents. (Diabetic medications, narcotic pain medications, topical creams, Cogentin, Guaifenesin, Levsin SL, Levothyroxine, and Xanax). [Refer to Tag D358 10A NCAC 13F .1004(a) Medication			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D980	Continued From page 408 Administration (Type A2 Violation).] 24. The facility failed to assure accurate documentation on resident's Medication Administration Records (MARs) for 4 of 9 residents sampled. (Residents #1, #5, #6, #12). [Refer to Tag D367 10A NCAC 13F .1004(j) Medication Administration.] 25. The facility failed to assure medications were not borrowed affecting at least 23 residents in the facility. [Refer to Tag D372 10A NCAC 13F .1004(o) Medication Administration.] 26. The facility failed to accurately document and account for controlled substances for 4 of 12 residents reviewed for medication administration (Resident #13, #32, #28, and #5). [Refer to Tag D392 10A NCAC 13F .1008(a) Controlled Substances.] 27. The facility failed to assure adequate medication reviews were completed for 5 of 12 (#1, #3, #6, #7, and #12) sampled residents in the areas of refusal of medications, confusing medication orders, changes in the Medication Administration Records (MARs) without physician's orders, incomplete documentation on the MARs, medications unavailable to administer to residents, and low blood sugars in an insulin dependent diabetic resident. [Refer to Tag D400 10A NCAC 13F .1009(a)(1) Pharmaceutical Care (Type B Violation).] 28. The facility failed to maintain an accurate accounting of personal funds for 1 of 1 resident (Resident #32) by not crediting to her account a total of $1,000 in trust fund deposits from July to November, 2015 and $122 in special assistance funds for October and November, 2015. [Refer to	D980	We have no borrowing policy in effect. Amended per telephone conversation with Dian Matthews on 5/20/16 at 2:12pm "There is no borrowing of medications unless it is a life threatening situation." Staff will document when a medication is borrowed and the pharmacy will be notified. The facility backup pharmacy is available 24 hours a day to provide medications. BOM and Administrator will weekly review financial records	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D980	Continued From page 409 Tag D420 10A NCAC 13F .1104(b) Accounting For Resident's Personal Funds (Type B Violation).] 29. The facility failed to assure the balance of 4 of 4 residents (#17, #31, #37, and #38) personal funds were given to the resident or the residents responsible person within 14 days of the residents leaving the facility resulting in a 160 day delay for Resident #17, 111 day delay for Resident #31, 133 day delay for Resident #37, and 124 day delay for Resident #38. [Refer to Tag D425 10A NCAC 13F .1105(a) Refund of Personal Funds (Type B Violation).] 30. The facility failed to assure the balance of 4 of 4 residents (#17, #31, #37, and #38) cost of care money was refunded within 14 days of the residents discharge date, resulting in a 160 day delay for Resident #17, 111 day delay for Resident #31, 133 day delay for Resident # 37, and 124 day delay for Resident #38. [Refer to Tag D427 10A NCAC 13F .1106(a) Settlement of Cost of Care (Type B Violation).] 31. The facility failed to report a resident who had an injury of unknown source (Resident #12) and misappropriation of resident property for 4 sampled (Residents #6, #20, #24 and #32) within 24 hours of each occurrence to the Health Care Personnel Registry (HCPR). [Refer to Tag D438 10A NCAC 13F .1205 Health Care Personnel Registry.] 32. The facility failed to assure notification of Resident #17's guardian when emergency medical treatment including surgery was required after a fall, failed to assure notification of Resident #12's guardian when emergency medical evaluation was required after leaving the	D980	All residents whom have unknown source of injury and misappropriation of residents property will be reported to HCPR within 24 hours of occurrence All guardians and responsible party will be notified of all incidents and emergency medical needs	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER: WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 176 REST HOME ROAD, WILKESBORO, NC 28697

(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
D980	Continued From page 410 building unsupervised and falling, and failed to assure notification of Resident #8's guardian twice after leaving the premises unsupervised and without staff awareness. [Refer to Tag D454 10A NCAC 13F .1212(e) Reporting of Accidents and Incidents (Type B Violation).] 33. The facility failed to ensure residents were treated with respect, consideration, dignity, and right to privacy related to lack of staff response to an inappropriate touch of Resident #9 and privacy during showers and respect and privacy for a roommate (Resident #35). [Refer to Tag D911 G.S 131D-21(1) Declaration of Residents' Rights.] 34. The facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations in the areas of physical environment, other requirements, health care, residents rights, pharmaceutical care, and reporting of incidents and accidents. [Refer to Tag D912 G.S 131D-21(2) Declaration of Residents' Rights.] 35. The facility failed to assure residents were free of neglect related to housekeeping, staffing, personal care, supervision, health care, medications, management, residents rights and failed to ensure residents who had been discharged from the facility were free of exploitation related to the facility refunding their personal funds and cost of care, and that current residents were free of exploitation regarding the accounting of resident funds. [Refer to Tag D914 G.S. 131D-21(4) Declaration of Residents' Rights (Type B Violation).] 36. The facility failed to provide responses to	D980	We will have no coed bathrooms assuring respect, dignity and privacy. All rules and regulations regarding physical environment, health care, pharmaceutical care and reporting of incidents and accidents will be adhered too. Procedures, staffing, audits, and financial 1;1 reviews will ensure personal refund needs are communicate to corporate office for check to be written	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL097014		R-C 02/23/2016

NAME OF PROVIDER OR SUPPLIER
WILKES COUNTY ADULT CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
176 REST HOME ROAD
WILKESBORO, NC 28697

(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
D980	Continued From page 411 residents' requests related to the provisions of a therapeutic plate (Resident #6), allowing residents to have locks on their doors (Resident #6, #17, #20, #24, and #32). [Refer to Tag D917 G.S 131D-21(7) Declaration of Residents' Rights.] _____ A Plan of Protecton was received from the facility on 2/18/16 as follows: -Secure a full-time onsite Certified Administrator with experience. -The New Administrator began 2/18/16. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED MARCH 24, 2016.	D980		

Dian Matthews