

Sunrise Senior Living Plan of Correction Worksheet Template

Name of Community: Sunrise of Raleigh
Address: 4801 Edwards Mill Road, Raleigh, NC 27612
License number: HAL-092-096
Inspection date(s): 6/28/16-6/30/16
Name and Title of Sunrise Representative Signing the Plan of Correction:
Peggy A. Smith, Executive Director – Sunrise of Raleigh
Signature of Sunrise Representative: 
Date of Submission: 7/26/16

8/5/16
 Revised accepted
 RM

Regulation	Target Date by Which Correction will be completed	Plan of Correction
10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings	6/30/16	<p>A. With respect to the specific resident/situation cited:</p> <p>Maintenance Coordinator repaired the refrigerators in memory care neighborhood: filled refrigerator screw holes with plugs and compound, replaced handles and gaskets and repaired sharp edges.</p> <p>In addition, the refrigerators were cleaned: frost build-up, stains and food particles were eliminated and rust issues addressed.</p>
	6/30/16	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>The Maintenance Coordinator checked the refrigerators in Memory Care and created a priority list of repairs to be made as needed.</p> <p>The repairs were scheduled and have been addressed as of 6/30/16.</p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	6/30/16	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>Maintenance Coordinator will conduct training with housekeeping in regards to checking and cleaning refrigerators in the memory care unit.</p> <p>Maintenance Coordinator or designee will conduct random inspections of refrigerators in memory care unit weekly for three months to confirm that they are in good repair and are clean.</p> <p>Maintenance Coordinator will present findings of the random refrigerator inspections at Leadership meetings for the next three months.</p>
	6/30/16	<p>D. With respect to how the plan of correction will be monitored:</p> <p>Results of random refrigerator inspections by the Maintenance Coordinator or designee will be reviewed monthly for three months at Leadership meetings.</p> <p>Plan of correction for inspection of refrigerator inspections was reviewed and noted at the July 21, 2016 Quality Assurance and Performance Improvement meeting.</p> <p>After three months, the Leadership Team will re-evaluate and initiate any necessary action or extend the review period.</p>

8/5/16 - Telephone Addendum - The housekeeping, maintenance Coordinator & Administrator will monitor the entire facility in respect to the whole rule area. Kulu

Regulation	Target Date by Which Correction will be completed	Plan of Correction
10A NCAC 13F .0703 (a) Tuberculosis Test Medical Exam & Immunizations	6/29/16	<p>A. With respect to the specific resident/situation cited:</p> <p>Resident #4 had a TB skin test administered on 6/29/16. The test was read on 7/1/16, revealed no active TB, and the results were documented in the medical file.</p>
	6/29/16	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>Residents were reviewed by the Resident Care Director to confirm documentation related to 2 step TB testing. No issues were identified.</p>
	6/29/16	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>The Resident Care Director has conducted training with the Wellness and Leadership teams to ensure residents have a 1st step TB skin test prior to admission to the community.</p> <p>The Resident Care Director has conducted refresher training with the Wellness Nurses regarding the placement of a 2nd step TB skin test within 2 weeks of admission to the community.</p> <p>The Resident Care Director will conduct random audits of documentation related to the placement of 2nd step TB skin tests, weekly for three months.</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		The Resident Care Director will present the findings of audits at Leadership meetings for three months.
	6/29/16	<p>D. With respect to how the plan of correction will be monitored:</p> <p>Results of the TB test audits will be reviewed monthly for three months at Leadership Meetings.</p> <p>Plan of correction for TB test process was reviewed and noted at the July 21, 2016 Quality Assurance and Performance Improvement meeting.</p> <p>After three months, the Leadership Team will re-evaluate and initiate any necessary action or extend the review period.</p>

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2016
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NAME OF PROVIDER OR SUPPLIER SUNRISE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 4801 EDWARDS MILL ROAD RALEIGH, NC 27612
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D 000	Initial Comments	D 000		
D 079	<p>10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 10 of 14 sampled resident rooms observed in the Memory Care unit were maintained in a clean and orderly manner and free of hazards related to refrigerators with worn gaskets, thick frost build-up and missing handles where there were sharp metal was projecting out from the screw holes. The findings are:</p> <p>Facility tour in the Memory Care units on 6/28/16 from 10:00 a.m. - 11:05 a.m. revealed:</p> <ul style="list-style-type: none"> - Resident room #3's refrigerator handle was missing and there were five handle connection holes with sharp metal projecting out at each hole. - There was a thick build-up of frost from the top to the bottom of the inside of the freezer. - Resident room #4's refrigerator handle was missing and there were five handle connection holes with sharp metal edges sticking up at each hole. 	D 079		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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STATE FORM *See signed POC from facility. Addendum. Miles* ⁶⁸⁹⁹ JHRE11 *815116 Reviewed accepted - Addendum RM* If continuation sheet 1 of 7

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D 079	<p>Continued From page 1</p> <ul style="list-style-type: none"> - The top of the refrigerator had food particles in the gasket and the metal top had brownish liquid stains and smears. - There was a thick build-up of frost from the top to the bottom of the inside of the freezer. - Resident room #5's refrigerator handle was missing and there were five handle connection holes with sharp metal edges projection out at each hole. - Resident room #7's refrigerator handle was missing and there were five handle connection holes with sharp metal edges sticking up at each hole. - The refrigerator's freezer had a thick build-up from the bottom to the top of the freezer opening. - Resident room #11's refrigerator door handle had broken off pieces leaving sharp plastic edges across 10 inches of the door. - There were rusted areas where the handle connected to the front of the door. - Food particles and stains were on the top of the refrigerator. - Resident room #12 refrigerator had the door handle missing - Five handle connection holes with sharp metal edges were projecting out. - The refrigerator in resident room #12 had a 5 - 6 inches of thick frost build-up across the opening of the freezer. - A 2 inch long piece of cream colored paper was stuck into the frost buildup in the freezer. - Resident room #307's refrigerator handle was missing and there were five handle connection holes with sharp metal sticking up at each hole. - The refrigerator gasket at the top was pulled away from the door about 1-2 inches and was discolored with brownish stains. - The top of the refrigerator was covered with a beige colored dust and food particles. - Resident room #308's refrigerator handle was 	D 079		

Handwritten notes and signatures at the bottom of the page, including a signature that appears to read "Dr. [unclear]".

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D 079	<p>Continued From page 2</p> <p>missing and there were five handle connection holes with sharp metal edges projecting out at each hole.</p> <ul style="list-style-type: none"> - There were brownish stains and a beige colored dust on the top of the refrigerator. - Resident room #317's refrigerator handle was missing and there were five handle connection holes with sharp metal edges projecting out at each hole. - The refrigerator gasket at the top had pulled away from the door about 9 inches along the top edge. - Resident room #320's refrigerator handle was missing and there were five handle connection holes with sharp metal edges projecting out at each hole. - There was beige colored dust and food particles on the top of the refrigerator. <p>Interview on 6/28/16 at 10:45 a.m. in the Memory Care unit with a Care Manager revealed:</p> <ul style="list-style-type: none"> - She was not aware of a the hazardous sharp metal holes on the refrigerators. - The residents had not had any injuries on the sharp metal holes. <p>Interview on 6/28/16 at 3:20 p.m. with the Executive Director (ED) revealed:</p> <ul style="list-style-type: none"> - She had not been informed of the condition of the refrigerators in the Memory Care unit. - Staff members were to tell the maintenance person about any concerns. - All areas of the facility were gradually going through refurbishing. - The company would be able to replace each of the refrigerators over time. - No plan was in place to ensure residents were not injured with the sharp handle connection hole edges and broken handles. - She would discuss with maintenance and the 	D 079		

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D 079	<p>Continued From page 3</p> <p>company to come up with a plan.</p> <p>A second observation on 6/29/16 at 2:45 p.m. of the 10 rooms sampled (#s 3, 4, 5, 7, 11, 12, 307, 308, 317, and 320) with the hazardous and poorly maintained refrigerators revealed the conditions and hazards with the refrigerators were the same.</p> <p>Interview on 6/29/18 at 3:05 p.m. with a Care Manager on the third floor Memory Care revealed:</p> <ul style="list-style-type: none"> - She was not aware of the sharp edges on the refrigerator doors. - There had not been any scratches or injuries with the metal holes on the refrigerators. <p>Interview on 6/30/16 at 10:05 a.m. with the ED revealed:</p> <ul style="list-style-type: none"> - The plan for the refrigerators was to have them replaced gradually as the corporation allowed. - A supply of plugs to cover the sharp metal holes were on order which hopefully would arrive as soon as possible, but she was not sure when they were to arrive. - She would check with the maintenance coordinator to see if any refrigerators had come in. - She would check with their corporation managers to see if anything else could be done about the hazardous refrigerator doors. - No protections had been implemented to immediately protect residents from the hazardous refrigerator projections. <p>A third observation on 6/30/16 between 10:25 a.m. and 11:20 a.m., of the 10 rooms sampled (#s 3, 4, 5, 7, 11, 12, 307, 308, 317, and 320) with the hazardous and poorly maintained refrigerators revealed:</p> <ul style="list-style-type: none"> - No compound had been applied to the holes 	D 079		

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D 079	<p>Continued From page 4</p> <p>and no plugs were in the sharp metal holes.</p> <ul style="list-style-type: none"> - The unclean and thick frost conditions and hazards with the refrigerators/freezers were the same as the previous observations in all rooms except resident room #11. - Resident room #11 with the refrigerator with the broken plastic handle had been replaced with a new refrigerator. <p>Observation of the Maintenance Coordinator on 6/30/16 at 10:37 a.m. revealed the maintenance coordinator had a tub of gray compound and was walking out of a resident room with it.</p> <p>Interview on 6/30/16 at 11:37 a.m. with the Maintenance Coordinator revealed:</p> <ul style="list-style-type: none"> - New refrigerators would be ordered and the old ones in the facility would be replaced gradually over about a year. - In the meantime, a compound would be used to cover the sharp edges on the doors where the handles had come off. - Hole plugs would be used in the sharp holes as soon as the order arrived. - Housekeeping was responsible for the maintenance of the refrigerators and were to check and clean them daily. <p>Observation of the maintenance area with the Maintenance Coordinator on 6/30/16 at 11:38 a.m. revealed:</p> <ul style="list-style-type: none"> - There was one full box for a refrigerator on the facility loading dock. - There was one empty box on the loading dock. - Cleaning schedules included the refrigerators in resident rooms. <p>On 6/30/16 at 12:10 p.m. the maintenance assistant walked by and said the hole plugs had arrived.</p>	D 079		

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D 234	<p>10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunization</p> <p>10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations</p> <p>(a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure each resident had tuberculosis (TB) disease testing upon admission to the facility in compliance with the control measures adopted by the Commission for Health Services for 1 (#4) of 5 sampled residents. The findings are:</p> <p>Review of Resident #4's Resident Register revealed an admission date of 11/11/15.</p> <p>Review of Resident #4's FL-2 dated 11/11/15 revealed documentation of a TB skin test dated as given on 11/11/15, but no read date was documented.</p> <p>Interview with Resident #4 on 6/28/16 at 10:45 a.m. revealed she did not know the last time she had a TB skin test.</p> <p>Interview with the Wellness Nurse on 6/29/16 at 11:24 a.m. revealed: -She was aware Resident #4 had a TB skin test</p>	D 234		

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D 234	<p>Continued From page 6</p> <p>placed on 11/11/15, but the TB skin test was not read.</p> <p>-Resident #4 had a chest x-ray completed on 11/17/15 which documented no evidence of active pulmonary TB.</p> <p>-She thought a chest x-ray was sufficient for the 2-step TB skin test.</p> <p>-The facility's monitoring plan in place for residents TB skin tests was 1st step prior to admission and 2nd step within 3 weeks of admission.</p> <p>Interview with the Resident Care Director (RCD) on 6/29/16 at 2:45 p.m. revealed:</p> <p>-She was responsible for making sure the resident had the 1st step TB skin test, prior to admission to the facility.</p> <p>-The Wellness Nurse was responsible for making sure the resident had the 2nd step TB skin test within 2 weeks of admission.</p> <p>-The auditing tool in place was a dashboard on her computer which alerted her when the residents 2nd step TB skin test was due.</p> <p>-She looked at the dashboard on her computer daily.</p> <p>-Resident #4 had a TB skin test administered on 6/29/16.</p> <p>Interview with the Administrator on 6/30/16 at 11:00 a.m. revealed:</p> <p>-She was not aware Resident #4 did not have a 2-step TB skin test.</p> <p>-The RCD was responsible for making sure the resident had a 1st step TB skin test prior to move-in and the 2nd step TB skin test within 2-3 weeks of admission.</p> <p>-The Regional Nurse audited the residents' records for a 2-step TB skin test, but no time frame was given for the audits.</p>	D 234		