

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/01/2016
NAME OF PROVIDER OR SUPPLIER THE COMMONS AT BRIGHTMORE		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 FORTY-FIRST STREET WILMINGTON, NC 28403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING 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 and the New Hanover County Department of Social Services conducted an annual and follow-up survey on July 26, 27, 28, 29, 2016 and August 1, 2016.	D 000		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with 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, NC 27699-1902. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record review, observation and interviews, the facility failed to ensure that 3 of 12 staff (Staff B, C, and D) sampled was tested for tuberculosis (TB) in compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41 .0205. The findings are: A. Review of Staff B's personnel records revealed: -Staff B's hire date was 8/1/14. -Staff B was hired as a dietary aide/waitress. -There was no documentation of a 2-step TB skin tests.	D 131		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Diana P. Driver

TITLE
Administrator

(X6) DATE
8/31/2016

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D 131	<p>Continued From page 1</p> <p>Interview with Staff B on 7/28/16 at 5:35pm revealed: -Staff B had been employed since August 2014. -Staff B's duties included presetting the dining tables, serving food and beverages to facility residents during meal time, cleaning tables and removing dishes after meals. -Staff B did not remember having a 2-step TB skin test when hired.</p> <p>Refer to interview with the Executive Director on 7/28/16 at 5:17pm.</p> <p>Refer to interview with the Dietary Manager on 7/28/16 at 5:25pm.</p> <p>Refer to interview with the Dietary Director on 7/29/16 at 11:25am.</p> <p>B. Review of Staff C's personnel records revealed: -Staff C's hire date was 1/12/16. -Staff C was hired as a dietary aide/waitress. -There was no documentation of a 2-step TB skin tests.</p> <p>Interview with Staff C on 7/28/16 at 5:30pm revealed: -Staff C had been employed since February 2016. -Staff C's duties included changing table linens, rolling silverware, and serving food and beverages to residents during meal time. -Staff C did not have a 2-step TB skin test when hired.</p> <p>Refer to interview with the Executive Director on 7/28/16 at 5:17pm.</p>	D 131		

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D 131	<p>Continued From page 2</p> <p>Refer to interview with the Dietary Manager on 7/28/16 at 5:25pm.</p> <p>Refer to interview with the Dietary Director on 7/29/16 at 11:25am.</p> <p>C. Review of Staff D's personnel records revealed: -Staff D's hire date was 6/20/16. -Staff D was hired as a dietary aide/waiter. -There was no documentation of a 2-step TB skin test.</p> <p>Interview with Staff D on 7/28/16 5:28pm revealed: -Staff D had been employed for "several weeks". -Staff D's duties included cleaning tables, mopping, and serving food and beverages to residents during meal time -Staff D did not have a 2-step TB skin test when hired.</p> <p>Refer to interview with the Executive Director on 7/28/16 at 5:17pm.</p> <p>Refer to interview with the Dietary Manager on 7/28/16 at 5:25pm.</p> <p>Refer to interview with the Dietary Director on 7/29/16 at 11:25am.</p> <p>Observations made on 7/28/16 at 5:45pm revealed the following: -Staff B, C, and D were working in the main dining room. -Staff B was serving coffee to residents, removing dishes from the dining table, and rolling the dish cart from the dining room to the kitchen. -Staff C was removing dishes from the tables in</p>	D 131		

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D 131	<p>Continued From page 3</p> <p>the dining room. -Staff D was removing dishes from the dining tables, and later removing dishes from the cart and placing them in the kitchen sink.</p> <p>Interview with Executive Director on 7/28/16 at 5:17 p.m. revealed: -On 7/6/14, the facility's parent company contracted with a food service company to provide the facility's food service operations. -All facility dietary staff, including the Dietary Manager, was employed by the food service company. -The Dietary Manager was responsible for hiring dietary staff and maintaining the personnel records and staff qualifications for those employees.</p> <p>Interview with the Dietary Manager on 7/28/16 at 5:25 p.m. revealed: -The Dietary Manager was originally employed by the facility until September 2014, when the food service company took over food service operations. -The Dietary Manager was now an employee of the food service company. -The Dietary Manager was responsible for hiring dietary staff to work on-site at the facility, ensuring pre-employment requirements were met, and maintaining documentation in the personnel records that were kept in her office at the facility. -TB skin tests were completed on all new hires and should be in the personnel records. -The Dietary Manager would follow up to see if the documentation was located elsewhere.</p> <p>Interview with the Dietary Director on 7/29/16 at 11:25 a.m. revealed:</p>	D 131	<p>Addendum as per telephone conversation with Administrator on 9/12/16 at 2:48pm.</p> <ul style="list-style-type: none"> - The facility Director of Services will be responsible to ensure 2-step TB skin testing results are in each employee personnel file prior to the employee being assigned to patient care. - Information requirement sheets will be placed in all staff folders upon hire. The Staff Development Coordinator and Administrator will monitor the information requirement sheet for completion. - The Administrator or designee will sign the information sheet indicating all required documents have been completed. - Each employee file will be audited at least yearly by the Administrator or designee to ensure appropriate documentation is maintained in the personnel file. 	

*Hope Jette, R
License Consultant*

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D 131	<p>Continued From page 4</p> <ul style="list-style-type: none"> -The Dietary Director was employed by the food service company. -The food service company took over the facility's food service operations and the facility's dietary employees in September 2014. -The food service company was responsible for hiring dietary staff and maintaining personnel records. -TB skin tests were completed on-site at the facility by nursing staff. -The food service company initiated the process and filed the paperwork in the personnel records. -It was difficult to locate the TB skin tests documentation for some staff because there was some duplication of effort in relation to the personnel files during the transition of employees from the facility to the food service company in September 2014. -The Dietary Director would work with the facility Administrator to ensure all dietary staff had their TB skin tests. <p>Review of the Plan of Protection submitted by the facility on 07/29/2016 revealed:</p> <ul style="list-style-type: none"> -All employee records have been reviewed for TB testing. -All employees, including contract employees, found to not have had TB skin testing would be removed from the work schedule until such time as TB testing could be given and read. -A new hire policy has been implemented, to include TB testing, which will be completed prior to employment. -The Staff Care Coordinator will arrange for TB testing. -The Food Service Manager will check weekly with the Staff Care Coordinator to verify that all items have been accomplished. <p>CORRECTION DATE FOR THE TYPE B</p>	D 131	<p>131 10A NCAC 13F.0406(a) Test for Tuberculosis.</p> <p>The Commons will ensure that every employee including contract employees will have TB skin tests in accordance with the above rule.</p> <p>All employee records have been audited and those who needed to be tested were tested immediately and their records reflect that.</p> <p>All dietary employees will now have a record maintained in the Commons Bldg.</p> <p>Form ([REDACTED] Information Requirement Sheet) will be placed in all Dietary Folders. It will be signed by the administrator or her designee prior to being placed in file in the Staff Development Office.</p>	08/01/2016

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D 131	Continued From page 5 VIOLATION SHALL NOT EXCEED SEPTEMBER 15, 2016.	D 131	D137	
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 5 of 12 staff (Staff A, B, C, D, and E) sampled had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR). The findings are: A. Review of Staff A's personnel records revealed: -Staff A's hire date was 4/5/16. -Staff A was hired as a personal care aide. -There was no documentation of the HCPR check. Interview with the Staff Care Coordinator on 7/27/16 at 11:40am revealed: -Staff A was hired as a personal care aide, and was scheduled to take the Nurse Aide (NA) test. -The Staff Care Coordinator had looked at Staff A's HCPR on the computer, but did not print a report to verify the HCPR check, because Staff A failed the skills portion of the Nurse Aide test. -Staff A was scheduled to retake the skills portion	D 137	10A NCAC13F .04076 (a) (5)Other Staff Qualifications The Commons will ensure that every employee including contract employees will have a check done with the North Carolina Health Care Personnel Registry(HCPR) in accordance with the above rule. All employee records have been audited and those who needed to have a HCPR check done have been done and are now in compliance. A copy of all dietary employees records will be maintained in the Commons Bldg. The Dietary Manager will work with the Staff Development coordinator to ensure that this is done. (REDACTED) Information Requirement Sheet) will be placed in all Dietary Folders. It will be signed by the administrator or her designee prior to being placed in the file in the Staff Development office.	07/29/2016

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D 137	<p>Continued From page 6</p> <p>of the Nurse Aide test on 7/30/16, and the Staff Care Coordinator planned to complete the HCPR check and print it for the personnel file when Staff A passed the test.</p> <p>Interview with the Staff Care Coordinator on 7/28/16 at 4:40pm revealed the Staff Care Coordinator was unable to obtain confirmation from the HCPR of Staff A's initial HCPR check at hire, but provided documentation that the HCPR check for Staff A was completed on 7/28/16.</p> <p>Refer to interview with the Staff Care Coordinator on 07/27/16 at 11:40am and 07/28/16 at 4:40pm.</p> <p>Refer to interview with the Executive Director on 07/28/16 at 7:17pm.</p> <p>Refer to interview with the Dietary Manager on 07/28/16 at 5:25pm.</p> <p>Refer to interview with the Dietary Director on 07/29/16 at 11:25am.</p> <p>Refer to subsequent interviews with the Executive Director on 08/01/16 at 3:45pm.</p> <p>B. Review of Staff B's personnel records revealed: -Staff B's hire date was 8/1/14. -Staff B was hired as a dietary aide/waitress. -There was no documentation of the HCPR check.</p> <p>Refer to interview with the Staff Care Coordinator on 07/27/16 at 11:40am and 07/28/16 at 4:40pm.</p> <p>Refer to interview with the Executive Director on 07/28/16 at 7:17pm.</p>	D 137	<p><i>Addendum to Def D137 as per telephone conversation with the Administrator on 8/12/16 at 2:48pm.</i></p> <ul style="list-style-type: none"> - Information requirement sheets will be placed in all staff folders upon hire. - The Staff Development Coordinator and Administrator will monitor the information requirement sheet for completion. - The Administrator or designee will mark the information sheet indicating all required documents have been completed. - Each employee file will be audited at least yearly by the Administrator or designee to ensure appropriate documentation is maintained in the personnel file. - Mary Lantz, RN, Licensee Consultant 	

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D 137	<p>Continued From page 7</p> <p>Refer to interview with the Dietary Manager on 07/28/16 at 5:25pm.</p> <p>Refer to interview with the Dietary Director on 07/29/16 at 11:25am.</p> <p>Refer to subsequent interviews with the Executive Director on 08/01/16 at 3:45pm.</p> <p>C. Review of Staff C's personnel records revealed: -Staff C's hire date was 1/12/16. -Staff C was hired as a dietary aide/waitress. -There was no documentation of the HCPR check.</p> <p>Refer to interview with the Staff Care Coordinator on 07/27/16 at 11:40am and 07/28/16 at 4:40pm.</p> <p>Refer to interview with the Executive Director on 07/28/16 at 7:17pm.</p> <p>Refer to interview with the Dietary Manager on 07/28/16 at 5:25pm.</p> <p>Refer to interview with the Dietary Director on 07/29/16 at 11:25am.</p> <p>Refer to subsequent interviews with the Executive Director on 08/01/16 at 3:45pm.</p> <p>D. Review of Staff D's personnel records revealed: -Staff D's hire date was 6/20/16. -Staff D was hired as a dietary aide/waiter. -There was no documentation of the HCPR check.</p> <p>Refer to interview with the Staff Care Coordinator on 07/27/16 at 11:40am and 07/28/16 at 4:40pm.</p>	D 137		

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D 137	<p>Continued From page 8</p> <p>Refer to interview with the Executive Director on 07/28/16 at 7:17pm.</p> <p>Refer to interview with the Dietary Manager on 07/28/16 at 5:25pm.</p> <p>Refer to interview with the Dietary Director on 07/29/16 at 11:25am.</p> <p>Refer to subsequent interviews with the Executive Director on 08/01/16 at 3:45pm.</p> <p>E. Review of Staff E's personnel records revealed: -Staff E's hire date was 8/23/92. -Staff E was currently the Dietary Manager. -There was no documentation of the HCPR check.</p> <p>Refer to interview with the Staff Care Coordinator on 07/27/16 at 11:40am and 07/28/16 at 4:40pm.</p> <p>Refer to interview with the Executive Director on 07/28/16 at 7:17pm.</p> <p>Refer to interview with the Dietary Manager on 07/28/16 at 5:25pm.</p> <p>Refer to interview with the Dietary Director on 07/29/16 at 11:25am.</p> <p>Refer to subsequent interviews with the Executive Director on 08/01/16 at 3:45pm.</p> <p>Interviews with the Staff Care Coordinator on 7/27/16 at 11:40am and 7/28/16 at 4:40pm revealed: -The Staff Care Coordinator was responsible for</p>	D 137		

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D 137	<p>Continued From page 9</p> <p>maintaining the personnel records for facility employees, with the exception of dietary staff.</p> <ul style="list-style-type: none"> -The dietary staff were employees of the contracted food service company, and that company also maintained the dietary staff's personnel records. -The Staff Care Coordinator pulled the Health Care Personnel Registry check on employees prior to hire, printed the verification, and filed it in the personnel record. -The Staff Care Coordinator always completed the HCPR for non-direct care staff, because they were not taking a test. <p>Interview with the Executive Director on 7/28/16 at 5:17pm revealed:</p> <ul style="list-style-type: none"> -On 7/6/14, the facility contracted with a food service company to provide the facility's food service operations. -All dietary staff, including the Dietary Manager, was employed by the food service company. -The Dietary Manager was responsible for hiring dietary staff and maintaining the personnel records and staff qualifications for those employees. <p>Interview with the Dietary Manager on 7/28/16 at 5:25pm revealed:</p> <ul style="list-style-type: none"> -The Dietary Manager was originally employed by the facility until September 2014 when the food service company took over the food service operations. The Dietary Manager was now an employee of the food service company. -The Dietary Manager was responsible for hiring dietary staff to work on-site in the facility, ensuring pre-employment requirements were met, and maintaining documentation in the personnel 	D 137		

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D 137	<p>Continued From page 10</p> <p>records that were kept in her office at the facility.</p> <ul style="list-style-type: none"> -The Dietary Manager was not aware of HCPR checks being completed for dietary staff (Staff B, C, and D). -The Dietary Manager had some computer printing issues because her computer was incompatible with the facility's printer. Therefore, she could not print off all the employment related documents. -The Dietary Manager would complete the checks for all current dietary employees and would ensure these were completed at hire in the future. <p>Interview with the Dietary Director on 7/29/16 at 11:25am revealed:</p> <ul style="list-style-type: none"> -The Dietary Director was employed by the food service company. -The food service company took over the facility's food service operations and facility's dietary employees in September 2014. -The food service company was responsible for hiring dietary staff and maintaining personnel records. -The food service company was not aware of the HCPR and did not have any role in obtaining this information for dietary staff. <p>Subsequent interviews with the Executive Director on 8/1/16 at 3:45pm revealed:</p> <ul style="list-style-type: none"> -The HCPR check for Staff E could not be located in the old facility personnel record. -The HCPR checks were completed for all dietary staff on 7/29/16. -The facility would be responsible for completing the HCPR checks on dietary staff in the future. <p>Subsequent review of personnel records on 7/29/16 revealed:</p>	D 137		

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D 137	Continued From page 11 -Documentation of HCPR check for Staff A completed on 7/28/16 showed no substantiated findings. -Documentation of HCPR checks for Staff B, C, D and E completed on 7/29/16 showed no substantiated findings.	D 137	D273 10A NCAC13F 0902(b) Health Care	
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 B VIOLATION Based on interviews and record reviews, the facility failed to assure that 1 of 7 sampled residents (Resident #4) received referral and follow-up with the prescribing medical provider to prevent an interruption in prescribed pain medication. The findings are: Review of Resident #4's current FL-2 dated 10/22/15 revealed diagnoses included Parkinson's disease, chronic back pain and spinal stenosis. Review of Resident #4's physician's orders revealed: -There was an order dated 05/05/16 for hydrocodone-acetaminophen 7.5mg/325mg, one tablet twice a day and one tablet six hours after scheduled dose as needed for pain. -There was an order for Tylenol 325 mg, 2 tablets every 6 hours as needed for pain or fever dated	D 273	The Commons will ensure that referral and follow-up to meet the routine and acute health care needs of residents in accordance with the above rule. All staff and med techs have been re-educated to our Emergency Response –Resident Policy with particular emphasis on Significant Change, Fall or Sudden Illness. When a resident reports pain this will be reported immediately to the med tech. The med tech will immediately report to the supervisor. This will be noted on the shift report. The Area Director will review shift report daily and initial. ✓ Supervisor will ensure that situation is handled.	8/2/2016

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NAME OF PROVIDER OR SUPPLIER THE COMMONS AT BRIGHTMORE		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 FORTY-FIRST STREET WILMINGTON, NC 28403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING 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 12 05/05/16. Review of a faxed order form sent to Resident #4's medical provider dated 07/23/16 revealed: -Resident #4 was out of hydrocodone-acetaminophen 7.5mg/325mg. -Resident #4's next scheduled dose of hydrocodone-acetaminophen 7.5mg/325mg was 07/24/16 at 5am. -The providing pharmacy could not refill the hydrocodone-acetaminophen 7.5mg/325mg because they needed a prescription. -The order form requested that a prescription be faxed to the facility so it could be faxed to the pharmacy. Review of Resident #4's July 2016 Medication Administration Record (MAR) revealed: -There was an entry for hydrocodone-acetaminophen 7.5mg/325mg, 1 tablet as needed for pain may be given 6 hours after scheduled dose. -The times scheduled for the routine doses of hydrocodone-acetaminophen 7.5mg/325mg was 5am and 9pm. -The 5 am dose was documented as not given on 07/24/16, 07/25/16 and 07/26/16. -The 9pm dose was documented as not given on 07/24/16 and 07/25/16. -One dose of as needed hydrocodone-acetaminophen was documented as administered on 07/06/16 at 3:22pm. -There was an entry for Tylenol 325mg, give 2 tablets by mouth every 6 hours as needed for pain or fever. -Tylenol 325mg, 2 tablets was documented as administered on 07/24/16 at 4:45am with Resident #4's reported pain level of 9 (a commonly used pain scale used to report pain using 0 as no pain and 10 as the worst pain	D 273	<i>Addendum to Def D273 as per telephone conversation with the Administrator on 8/2/16 at 2:00 pm: -The Medication Aide and/or Area Directors are responsible to ensure resident information is forwarded to the medical provider as needed for follow-up. -The Area Directors or Medication Aide will be responsible for processing any new orders for residents. -The Area Directors will review all new orders received in the facility. -The Director of Services will perform a second review of any new orders received. - Hope Antio is Home Consultant</i>	08/02/2016

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D 273	<p>Continued From page 13</p> <p>experienced). The medication was documented as effective.</p> <p>-Tylenol 325mg, 2 tablets was documented as administered on 07/25/16 at 04:04am with Resident #4's reported pain level of 9. The medication was documented as effective.</p> <p>-Tylenol 325mg, 2 tablets were documented as administered on 07/25/16 at 10:02pm with Resident #4's reported pain level of 8. The medication was documented as effective.</p> <p>- Tylenol 325mg, 2 tablets were documented as administered on 07/26/16 at 04:19am with Resident #4's reported pain level of 8. The medication was documented as ineffective.</p> <p>- Tylenol 325mg, 2 tablets were documented as administered on 07/26/16 at 03:29pm with Resident #4's reported pain level of 8. The medication was documented as ineffective.</p> <p>Review of the May 2016 and June 2016 MAR for Resident #4 revealed no as needed dose of hydrocodone-acetaminophen was documented as administered.</p> <p>Review of Resident #4's Progress Notes revealed:</p> <p>-An entry dated 07/24/16 at 4:43am noted pain medication was not in the facility at that time.</p> <p>-An entry dated 07/24/16 at 7:44pm noted that pain medication would be ordered in the morning.</p> <p>-An entry dated 07/25/16 at 4:45am noted that Resident#4 complained of lower back pain and right foot pain. Resident was encouraged to keep his legs elevated while sitting.</p> <p>-An entry dated 07/25/16 at 8:51pm noted that pain medication was not given because it was not in the house at this time.</p> <p>-An entry dated 07/26/16 at 5:00pm noted the administration of Tylenol at 3:29pm was not effective and he was still in pain.</p>	D 273		

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D 273	Continued From page 14 Interview with Resident #4 on 07/28/16 at 1:50pm revealed: - "They don't give me my pain medicine like they should." - "When I ask for pain medication, the MA says she can only give me Tylenol." - He was in so much pain on 07/26/16, he called a family member around 4pm who came and took him to a local emergency department (ED). Interview with a family member of Resident #4 on 07/28/16 at 1:50pm revealed: - She was very upset that Resident #4 had been allowed to run out of pain medication. - She had taken Resident #4 to the ED for his uncontrolled pain on 07/26/16. - The family member had taken Resident #4 to the follow-up appointment with his primary care provider (PCP). - The family member stated that the PCP was dissatisfied about the manner in which Resident #4 pain was being managed by the facility. - A second family member had met with facility management on 07/27/16 to express their displeasure on Resident #4's pain management. Review of Resident #4's ED medical records dated 07/26/16 at 4:59pm revealed: - Resident #4's chief complaint was right foot pain. - Resident #4 had experienced right foot pain for several months. - The pain had increased significantly since last Friday 07/22/16. - Radiographs taken of his right foot were normal. - Resident #4 was medicated with Dilaudid (an opioid pain medication used for moderate to severe pain) 0.5mg injected subcutaneously.	D 273		

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D 273	<p>Continued From page 15</p> <p>-Resident #4 was instructed to follow-up with his primary care physician in 2 days.</p> <p>Interview with a Medication Aide (MA) on 07/29/16 at 1:05pm revealed:</p> <p>-The refill sticker was removed from the medication card by the MA when 12 pills remain.</p> <p>-The refill sticker was placed on a Refill Request Form and faxed to the pharmacy by the MA after the medication pass was completed.</p> <p>-Medications that are ordered on the 7am-3pm shift and by 5pm on the 3pm-11pm shift are received the night they are ordered.</p> <p>-If the medication was not in on the MA's next shift, she called the pharmacy to follow-up on the order.</p> <p>-It had never taken over 2 days for a refill to be received that she has ordered.</p> <p>Telephone interview with a Pharmacy Representative on 07/29/16 at 10:20am revealed:</p> <p>-The pharmacy had prescriptions on file for Hydrocodone/APAP 7.5/325mg take one tablet two times a day and daily as needed six hours after scheduled dose dated 04/25/2016, 05/23/2016, and 07/26/2016.</p> <p>-A prescription for Hydrocodone/APAP 7.5/325mg take one tablet four times a day was received at the pharmacy on 07/28/16.</p> <p>-Hydrocodone/APAP 7.5/325mg tablets had been dispensed to the facility in a quantity of 90 tablets on 04/25/2016 and 07/26/2016.</p> <p>-Hydrocodone/APAP 7.5/325mg tablets, quantity of 60 tablets, were dispensed to the facility on 05/23/2016.</p> <p>-Hydrocodone/APAP 7.5/325mg tablets, quantity of 30 tablets, were dispensed to the facility on 06/19/2016.</p> <p>-The 07/28/16 prescription for Hydrocodone/APAP 7.5/325mg was not filled</p>	D 273		

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D 273	<p>Continued From page 16</p> <p>because 90 tablets of the same medication had been dispensed to the facility on 07/26/2016 with instructions for one tablet two times a day and daily as needed six hours after scheduled dose.</p> <p>-The 07/28/16 prescription for Hydrocodone/APAP was "profiled" which meant the prescription would be kept on file because it was too early to send the medication in the same strength even though instructions had changed.</p> <p>-A quantity of 90 tablets of Hydrocodone/APAP 7.5/325mg would cover a period of 30 days, with the instructions for one tablet two times a day and daily as needed six hours after scheduled dose.</p> <p>-There was no record of a prescription for Hydrocodone/APAP 7.5mg/325mg being filled in June 2016.</p> <p>-Sometimes the pharmacy would fax the physician to get a new prescription for the Hydrocodone/APAP.</p> <p>-If the facility got the prescription for the Hydrocodone/APAP, the facility would send the prescription to the pharmacy.</p> <p>Review of medications on hand on 08/01/16 at 2:37pm revealed 81 tablets of Hydrocodone/APAP 7.5mg/325mg were dispensed on 07/26/2016.</p> <p>Interview with the Area Director on 07/29/16 at 3:05pm revealed:</p> <p>-The Area Director was not aware that Resident #4 was out of his pain medication or having uncontrolled pain.</p> <p>-The Area Director had been in Resident #4's room on at least 3 different occasions during 07/25/16 and 07/26/16 and he did not complain of pain to her.</p> <p>Telephone interview with the PCP's nurse on 08/01/16 at 1:20pm revealed:</p>	D 273		

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D 273	Continued From page 17 -The provider had not been notified about Resident #4 being out of pain medication until 07/25/16. -The provider had not been notified that Resident #4 was experiencing uncontrolled pain. -The provider expected that Resident #4's pain medication be administered as ordered. -The provider expected to be notified by the facility if Resident #4 was out of pain medication or if his pain was not being controlled. _____ Review of the Plan of Protection dated 07/29/16 revealed: -Staff will be trained on Emergency Procedures regarding actions to be taken by Medication Aides (MA). -The Emergency Procedures included are falls, sudden illness, significant change which includes uncontrolled pain, fever of 101 degrees Fahrenheit, vomiting, no voiding in an 8 hour period, etc. -Training of Area Directors and MAs will be held 07/29/16 and continue with each shift until all MAs are trained. -This will include when primary physicians are to be called and that primary physicians will be called by the MAs when a significant change occurs. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 15, 2016	D 273			
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service	D 282			

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D 282	<p>Continued From page 18</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the walls in the kitchen, the floor and walls in the walk-in cooler, the floor in the walk-in freezer, the reach-in cooler, and the fryer were cleaned.</p> <p>The findings are:</p> <p>Observations of the walk-in cooler and walk-in freezer on 7/26/16 at 3:20 p.m. revealed: -Two of four corners of the walk-in cooler's floor and in the middle of the floor had built-up brown and white scum. -The bottom of one of four walls in the walk-in cooler had rust. -One of four corners in the walk-in freezer had built up white and brown scum.</p> <p>Observation of the kitchen on 7/26/16 at 3:25 p.m. revealed: -Built-up grease was on the sides and the back of the fryer. -The bottom of the wall beside the stove had brown and black stains.</p> <p>Interview with the Dietary Supervisor on 7/26/16 at 3:25 p.m. revealed: -The walk-in cooler and the walk-in freezer were cleaned last Monday (7/18/16) by a cook. -The floor in the walk-in freezer only gets swept, because the mop sticks to the floor and staff safety (the water from mopping the floor would</p>	D 282	<p>D282 10A NCAC 13F .0904</p> <p>(a)(1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.</p> <p>The Commons will ensure that the above rule is met.</p> <p>Wall and floor in the walk-in cooler are being replaced. Cleanliness will be monitored by the dietary manager.</p> <p>The walls in the kitchen will be replaced with FRP panels and cleanliness will be monitored by the dietary manager.</p> <p>The fryer vat is cleaned weekly. The sides and back are cleaned when used. The fryer is on the cleaning schedule which is monitored by the dietary director and kept on file in her office.</p> <p><i>Weekly log is maintained by the dietary manager.</i></p>	<p>9-30-16</p> <p>9-30-16</p>

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D 282	<p>Continued From page 19</p> <p>cause the floor surface to become slippery). -The last time the walk-in freezer was mopped was June 2016. -She had not noticed the built-up grease on the sides and top of the fryer before. -The cooks cleaned the fryer twice weekly.</p> <p>Observation of the reach-in cooler on 7/26/16 at 3:30 p.m. revealed a dead fly was on the bottom shelf.</p> <p>Interview with the Dietary Supervisor on 7/26/16 at 3:30 p.m. revealed the cook assigned put up the weekly stock after the truck order, cleaned the reach-in cooler.</p> <p>Interview with the Dietary Supervisor on 7/27/16 at 11:35 a.m. revealed: -She cleaned the floors in the walk-in cooler and walk-in freezer on the night of 7/26/16. -The rust stains on the wall and the corners of the floor in the walk-in cooler and freezer would not come up.</p> <p>Observation of the fryer on 7/27/16 at 11:35 a.m. revealed: -Built-up grease was on the sides and the top of the fryer. -The wires on the inside of the fryer had built-up grease.</p> <p>Interview with a Cook on 7/29/16 at 4:31 p.m. revealed: -The cooks cleaned the kitchen. -There was a cleaning schedule posted in the kitchen. -The cook, who worked in the evening, cleaned the floors. -The walk-in cooler and walk-in freezer's floor was cleaned twice weekly.</p>	D 282		

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D 282	Continued From page 20 -The walls in the kitchen are cleaned weekly and as needed. -The fryer was cleaned weekly. -He last cleaned the fryer a couple of days ago, between 7/27/16 and 7/28/16. Before that, the fryer had been a couple of weeks ago. -The walk-in cooler was 28 years old and it was hard to clean the rust in the walk-in cooler. -The reach-in cooler was cleaned weekly. He cleaned it last on Monday (7/25/16.) Interview with the Dietary Supervisor on 7/29/16 at 4:45 p.m. revealed: -She had a cleaning log posted in the kitchen. -The cooks "signed off" on the log after the cleaning tasks were completed, but she could not find any of the signed logs. -The fryer had not been cleaned for three weeks. Interview with the Administrator on 7/29/16 at 5:05 p.m. revealed: -She did not know how often dietary staff cleaned the reach-in cooler and the floors of the walk-cooler and the walk-in freezer. -She checked the kitchen daily for cleanliness. -She last checked the cleanliness of the kitchen this morning (7/29/16). -On 7/28/16, she walked through kitchen to check the cleanliness of the kitchen. -She had not checked the cleanliness of the reach-in cooler in a couple of months. -If something needed to be cleaned in the kitchen, she told dietary staff what needed to be cleaned. -Her expectation was for dietary staff to keep the kitchen cleaned.	D 282			
D 358	10A NCAC 13F .1004(a) Medication Administration	D 358			

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D 358	<p>Continued From page 21</p> <p>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.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interviews and record reviews, the facility failed to ensure that 1 of 7 sampled residents (Resident #4) received prescribed pain medication as ordered. The findings are:</p> <p>Review of Resident #4's current FL-2 dated 10/22/15 revealed diagnoses included Parkinson's disease, chronic back pain and spinal stenosis.</p> <p>Review of Resident #4's physician's orders revealed: -There was an order dated 05/05/16 for hydrocodone-acetaminophen 7.5mg/325mg, one tablet twice a day and one tablet six hours after scheduled dose as needed for pain. -There was an order for Tylenol 325 mg, 2 tablets every 6 hours as needed for pain or fever dated 05/05/16.</p> <p>Review of a faxed order form sent to Resident #4's medical provider dated 07/23/16 revealed: -Resident #4 was out of hydrocodone-acetaminophen 7.5mg/325mg. -Resident #4's next scheduled dose of hydrocodone-acetaminophen 7.5mg/325mg was</p>	D 358	<p>D358 10A NCAC 13F.1004 Medication Ordering Policy and Procedures were updated.</p> <p>All Maintenance medication Refill orders will be processed on . After every medication pass to ensure timely ordering to prevent disruption of medication administration. The evening shift Med-Tech on each unit will be responsible for Medication ordering, if not delivered</p> <p>A Log Sheet will be used for Controlled Medications ordering to prevent disruption of medication administration for residents. Each Area Director will be responsible for Controlled Medication reordering.</p> <p>When reordering a Controlled Medication the resident's name, Medication, date, time, physician's contact will be entered onto the Log Sheet. On subsequent Monday, Wednesday, and Friday's the Log sheet will be Checked by each Area Director to see what meds are outstanding and follow up to the Physician's office or pharmacy</p>	

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D 358	<p>Continued From page 22</p> <p>due 07/24/16 at 5am.</p> <p>-The providing pharmacy could not refill the hydrocodone-acetaminophen 7.5mg/325mg because they needed a prescription.</p> <p>-The order form requested that a prescription be faxed to the facility so it could be faxed to the pharmacy.</p> <p>Review of Resident #4's July 2016 Medication Administration Record (MAR) revealed:</p> <p>-There was an entry for hydrocondone-acetaminophen 7.5mg/325mg, 1 tablet as needed for pain may be given 6 hours after scheduled dose.</p> <p>-The scheduled administration times for the routine doses of hydrocodone-acetaminophen 7.5mg/325mg were 5:00am and 9:00pm.</p> <p>-The 5:00am dose was documented as not given on 07/24/19, 07/25/16 and 07/26/16.</p> <p>-The 9:00pm dose was documented as not given on 07/24/16 and 07/25/16.</p> <p>-One dose of as needed hydrocodone-acetaminophen was documented as being administered on 07/06/16 at 3:22pm.</p> <p>-There was an entry for Tylenol 325mg give 2 tablets by mouth every 6 hours as needed for pain or fever.</p> <p>-Tylenol 325mg, 2 tablets were documented as administered on 07/24/16 at 4:45am with Resident #4's reported pain level of 9 (a commonly used pain scale used to report pain using 0 as no pain and 10 as the worst pain experienced). The medication was charted as effective.</p> <p>-Tylenol 325mg, 2 tablets were documented as administered on 07/25/16 at 04:04am with Resident #4's reported pain level of 9. The medication was charted as effective.</p> <p>-Tylenol 325mg, 2 tablets were documented as administered on 07/25/16 at 10:02pm with</p>	D 358	<p>will be done until the Medication prescription is received.</p> <p>Once the prescription is written, picked up, and pharmacy has delivered, the resident's name and medication will be highlighted in yellow on the Log Sheet.</p> <p>The Administrator and Director of Services will check The Log Sheet weekly to ensure proper ordering and follow up.</p> <p>The Log Sheets will be reviewed at the Safety/QA meeting for patterns and/or problems with controlled medications being received.</p>	08/01/2016

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/01/2016
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D 358	<p>Continued From page 23</p> <p>Resident #4's reported pain level of 8. The medication was charted as effective. - Tylenol 325mg, 2 tablets were documented as administered on 07/26/16 at 04:19am with Resident #4's reported pain level of 8. The medication was charted as ineffective. - Tylenol 325mg 2, tablets were documented as administered on 07/26/16 at 03:29pm with Resident #4's reported pain level of 8. The medication was charted as ineffective.</p> <p>Review of May 2016 and June 2016 MARs revealed: -There was an entry for hydrocodone-acetaminophen 7.5mg/325mg, 1 tablet as needed for pain may be given 6 hours after scheduled dose. -No as needed dose of hydrocodone-acetaminophen was documented as administered.</p> <p>Review of Resident #4's Progress Notes revealed: -An entry dated 07/24/16 at 4:43am noted pain medication was not in the facility at that time. -An entry dated 07/24/16 at 7:44pm noted that pain medication would be ordered in the morning. -An entry dated 07/25/16 at 4:45am noted that Resident#4 complained of lower back pain and right foot pain. Resident was encouraged to keep his legs elevated while sitting. -An entry dated 07/25/16 at 8:51pm noted that pain medication was not given because it was not in the house at this time. -An entry dated 07/26/16 at 5:00pm noted the administration of Tylenol at 3:29pm was not effective and he was still in pain.</p> <p>Telephone interview with a Pharmacy Representative on 07/29/16 at 10:20am revealed:</p>	D 358	<p><i>Addendum to Log D 358 as per telephone conversation with the Administrator on 9/12/16 at 2:08 pm:</i></p> <ul style="list-style-type: none"> - All maintenance medication refill orders will be processed after each medication pass to ensure timely ordering to prevent disruption of medication administration. - Each Medication Aide will be responsible for reorder reordering medications as needed. - Controlled medications will be ordered 14 days in advance. - Hope Lantz, RN dispensing consultant 	

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D 358	<p>Continued From page 24</p> <ul style="list-style-type: none"> -The pharmacy had prescriptions on file for Hydrocodone/APAP 7.5/325mg take one tablet two times a day and daily as needed six hours after scheduled dose dated 04/25/2016, 05/23/2016, and 07/26/2016. -A prescription for Hydrocodone/APAP 7.5/325mg take one tablet four times a day was received at the pharmacy on 07/28/16. -Hydrocodone/APAP 7.5/325mg tablets had been dispensed to the facility in a quantity of 90 tablets on 04/25/2016 and 07/26/2016. -Hydrocodone/APAP 7.5/325mg tablets, quantity of 60 tablets, were dispensed to the facility on 05/23/2016. -Hydrocodone/APAP 7.5/325mg tablets, quantity of 30 tablets, were dispensed to the facility on 06/19/2016. -The 07/28/16 prescription for Hydrocodone/APAP 7.5/325mg was not filled because 90 tablets of the same medication had been dispensed to the facility on 07/26/2016 with instructions for one tablet two times a day and daily as needed six hours after scheduled dose. -The 07/28/16 prescription for Hydrocodone/APAP was "profiled" which meant the prescription would be kept on file because it was too early to send the medication in the same strength even though instructions had changed. -A quantity of 90 tablets of Hydrocodone/APAP 7.5/325mg would cover a period of 30 days, with the instructions for one tablet two times a day and daily as needed six hours after scheduled dose. -A prescription for Hydrocodone/APAP was not filled June 2016. -Sometimes the pharmacy would fax the physician to get a new prescription for the Hydrocodone/APAP. -If the facility got the prescription for the Hydrocodone/APAP, the facility would send the prescription to the pharmacy. 	D 358		

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D 358	<p>Continued From page 25</p> <p>Review of medications on hand on 08/01/16 at 2:37pm revealed 81 tablets of Hydrocodone/APAP 7.5mg/325mg that were dispensed on 07/26/2016</p> <p>Interview with Resident #4 on 07/28/16 at 01:50pm revealed: -"They don't give me my pain medicine like they should." -"When I ask for pain medication, the MA says she can only give me Tylenol." -He was in so much pain on 07/26/16, he called a family member around 4pm who came and took him to a local emergency department (ED).</p> <p>Interview with a family member of Resident #4 on 07/28/16 at 1:50pm revealed: -She was very upset that Resident #4 had been allowed to run out of pain medication. -The family member had taken Resident #4 to the follow-up appointment with his primary care provider (PCP). -The family member stated that the PCP was dissatisfied about the manner in which Resident#4 pain was being managed by the facility. -A second family member had met with facility management on 07/27/16 to express thier displeasure on Resident #4's pain management.</p> <p>Review of medical records from Resident #4's Emergency Department visit on 07/26/16 at 4:59pm revealed: -Resident #4's chief complaint was right food pain. -Resident #4 had experienced right foot pain for several months. -The pain has increased significantly since last Friday 07/22/16.</p>	D 358		

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D 358	<p>Continued From page 26</p> <ul style="list-style-type: none"> -Radiographs take of his right foot were normal. -Resident #4 was medicated with Dilaudid (an opioid pain medication used for moderate to severe pain) 0.5mg injected subcutaneously. -Resident #4 was instructed to follow-up with his primary care physician in 2 days. <p>Interview with a Medication Aide (MA) on 07/29/16 at 11:15am revealed:</p> <ul style="list-style-type: none"> -The MAs were responsible for reordering resident medications from the pharmacy. -The MA would fax a request to the pharmacy to reorder medications. -The pharmacy usually got the prescription for any controlled medication from the physician, but if not, the pharmacy would send the facility a form letting the facility know that a prescription was needed to refill a controlled medication. The facility would then fax the physician a copy of the medication administration record along with the form from the pharmacy for the physician to send the prescription for the controlled medication to the pharmacy. -The pharmacy was "pretty good" about requesting a prescription from the physician for a controlled medication. -Medication reorders were delivered to the facility on the 3pm-11pm shift. <p>Interview with a second Medication Aide (MA) on 07/29/16 at 1:05pm revealed:</p> <ul style="list-style-type: none"> -The refill sticker was removed from the medication card by the MA when 12 pills remain. -The refill sticker was placed on a Refill Request Form and faxed to the pharmacy by the MA after the medication pass was completed. -Medications that were ordered on the 7am-3pm shift and by 5pm on the 3pm-11pm shift are received the night they were ordered. -If the medication was not in on the MA's next 	D 358		

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D 358	<p>Continued From page 27</p> <p>shift, she called the pharmacy to follow-up on the order. -It has never taken over 2 days for a refill to be received that she has ordered.</p> <p>Interview of the Area Director on 07/29/16 at 3:05pm revealed: -The Area Director was not aware that Resident #4 was out of his pain medication. -The Area Director was not aware that Resident #4 was in uncontrolled pain. -The Area Director had been in Resident #4's room on at least 3 different times on 07/25/16 and 07/26/16 and he did not complain of pain to her.</p> <p>Telephone interview with the prescribing provider's nurse on 08/01/16 at 1:20pm revealed: -The provider had not been notified about Resident #4 being out of pain medication until 07/25/16. -The provider expected that Resident #4's pain medication be administered as ordered. -The provider expected to be notified by the facility if Resident #4 was out of pain medication or if his pain was not being controlled.</p> <hr/> <p>Review of the Plan of Protection dated 07/29/16 revealed: -The Medication Ordering Policy and Procedures were updated with the new control medication ordering procedure. -All of the medication carts have been checked to be sure that all control medications are available. -Ordering of controlled medications will be placed on a Control Medications Refill Form. -A Log Sheet will be used for Controlled Medication ordering to prevent disruption of</p>	D 358		

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D 358	<p>Continued From page 28</p> <p>medication administration for residents.</p> <p>-When reordering a Controlled Medication the resident's name, medication, date, time physician's contact information will be entered onto the Log Sheet. On subsequent Monday, Wednesday and Thursday, the Log Sheet will be checked by each Area Director to see what medications are outstanding and follow up with the Physician's office or pharmacy will be done until the medication is received. Once the medication has been received by the facility, the resident's information on the Log Sheet will be highlighted in yellow.</p> <p>-The Administrator and Director of Services will check the Log Sheet weekly to ensure proper ordering and follow-up.</p> <p>-The Log Sheets will be reviewed at the Safety/QA meeting for patterns and/or problems with controlled medications being received.</p> <p>-The training of Area Directors will be done today on the new procedure for reordering controlled medications.</p> <p>-The training of Medication Aides will begin today and continue each shift until all are trained on the new ordering procedure.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 15, 2016.</p>	D 358		
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights:</p> <p>2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p>	D912		

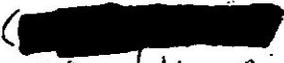
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D912	<p>Continued From page 29</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to staff tuberculosis testing, medication administration, and health care referral and follow-up. The findings are:</p> <ol style="list-style-type: none"> 1. Based on observations, interviews, and record reviews, the facility failed to assure 3 of 12 staff (Staff's B, C, Staff D) sampled were tested for tuberculosis (TB) upon employment in compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41 .0205. [Refer to Tag 0131, 10A NCAC 13F .0406(a) Test For Tuberculosis (Type B Violation)]. 2. Based on interviews and record reviews, the facility failed to assure that 1 of 7 sampled residents (Resident #4) received referral and follow-up with the prescribing medical provider to prevent an interruption in prescribed pain medication. [Refer to Tag 273, 10A NCAC 13F .0902(b) Health Care (Type B Violation)]. 3. Based on interviews and record reviews, the facility failed to ensure that 1 of 7 sampled residents (Resident #4) received prescribed pain medication as ordered. [Refer to Tag 358, 10A NCAC 13F .1004(a) Medication Administration (Type B Violation)]. 	D912		

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D992	Continued From page 30	D992			
D992	<p>G.S. § 131D-45 (a) Examination and screening</p> <p>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.</p> <p>(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p>	D992	<p>D992 GS#131D-45</p> <p>The Commons at Brightmore will ensure that all employees including contract employees will have pre-employment drug screening in order to be compliant with the above rule.</p> <p>Dietary charts have been audited and all employees have drug screening in the files. A file will be maintained at the Commons of Brightmore for all employees. The dietary manager will work with the staff development co-ordinator to assure that this is done.</p> <p>This form will be signed by the Administrator or her designee.</p> <p>( Information Requirement form)</p>	08/02/2016	

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D992	<p>Continued From page 31</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure that 3 of 12 staff (Staff B, C, and D) sampled received pre-employment drug testing.</p> <p>The findings are:</p> <p>A. Review of Staff B's personnel records revealed: -Staff B's hire date was 8/1/14. -Staff B was hired as a dietary aide/waitress. -There was no documentation of drug testing prior to employment.</p> <p>Interview with Staff B revealed: -Staff B had been employed since August 2014. -Staff B's duties included presetting the dining tables, serving food and beverages to facility residents during meal time, cleaning tables and removing dishes after meals. -Staff B did not take a drug test when hired.</p> <p>Refer to interview with the Executive Director on 07/28/16 at 5:17pm. Refer to interview with the Dietary Manager on 07/28/16 at 5:25pm. Refer to interview with the Dietary Director on 07/29/16 at 11:25am. Refer to subsequent interview with the Executive Director on 08/01/16 at 3:40pm.</p> <p>B. Review of Staff C's personnel records revealed:</p>	D992	<p><i>Addendum to Jaz, D992 as per telephone conversation with the Administrator on 9/12/16 at 2:45pm:</i></p> <ul style="list-style-type: none"> - Information requirement sheets will be placed in all staff folders upon hire. - The Staff Development Coordinator and Administrator will monitor the information requirement sheet for completion. - The Administrator or designee will sign the information sheet indicating all required documents have been completed. - Each employee file will be audited at least yearly by the Administrator or designee to ensure appropriate documentation is maintained in the personnel file. <p><i>- Hope Lantz R Dietary Consultant</i></p>	
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D992	<p>Continued From page 32</p> <ul style="list-style-type: none"> -Staff C's hire date was 1/12/16. -Staff C was hired as a dietary aide/waitress. -There was no documentation of drug testing prior to employment. <p>Interview with Staff C revealed:</p> <ul style="list-style-type: none"> -Staff C had been employed since February 2016. -Staff C's duties included changing table linens, rolling silverware, and serving food and beverages to facility residents during meal time. -Staff C did not take a drug test when hired. <p>Refer to interview with the Executive Director on 07/28/16 at 5:17pm.</p> <p>Refer to interview with the Dietary Manager on 07/28/16 at 5:25pm.</p> <p>Refer to interview with the Dietary Director on 07/29/16 at 11:25am.</p> <p>Refer to subsequent interview with the Executive Director on 08/01/16 at 3:40pm.</p> <p>C. Review of Staff D's personnel records on 7/28/16 revealed:</p> <ul style="list-style-type: none"> -Staff D's hire date was 6/20/16. -Staff D was hired as a dietary aide/waiter. -There was no documentation of drug testing prior to employment. <p>Interview with Staff D revealed:</p> <ul style="list-style-type: none"> -Staff D had been employed for several weeks. -Staff D's duties included cleaning tables, mopping, and serving food and beverages to facility residents during meal time. -Staff D did not take a drug test when hired. <p>Refer to interview with the Executive Director on</p>	D992		

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NAME OF PROVIDER OR SUPPLIER THE COMMONS AT BRIGHTMORE		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 FORTY-FIRST STREET WILMINGTON, NC 28403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D992	<p>Continued From page 33</p> <p>07/28/16 at 5:17pm.</p> <p>Refer to interview with the Dietary Manager on 07/28/16 at 5:25pm.</p> <p>Refer to interview with the Dietary Director on 07/29/16 at 11:25am.</p> <p>Refer to subsequent interview with the Executive Director on 08/01/16 at 3:40pm.</p> <p><u>Interview with the Executive Director on 7/28/16 at 5:17pm revealed:</u></p> <ul style="list-style-type: none"> -On 7/6/14, the facility's parent company contracted with a food service company to provide the facility's food service operations. -All facility dietary staff, including the Dietary Manager, was employed by the food service company. -The Dietary Manager was responsible for hiring dietary staff and maintained the personnel records and staff qualifications for those employees. <p><u>Interview with the Dietary Manager on 7/28/16 at 5:25pm revealed:</u></p> <ul style="list-style-type: none"> -The Dietary Manager was originally employed by the facility until September 2014 when the food service company took over the food service operations. -The Dietary Manager was now an employee of the food service company. -The Dietary Manager was responsible for hiring dietary staff to work on-site at the facility, ensuring pre-employment requirements were met, and documentation maintained in the personnel records that are kept in her office at the facility. -Drug screens were not routinely completed for 	D992		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/01/2016
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D992	<p>Continued From page 34</p> <p>new hires unless there was probable cause to do so.</p> <p>Interview with the Dietary Director on 7/29/16 at 11:25am revealed:</p> <ul style="list-style-type: none"> -The Dietary Director was employed by the food service company. -The food service company took over the facility's food service operations and dietary employees in September 2014. -The food service company was responsible for hiring dietary staff and maintaining personnel records. -Drug screens were not routinely done by the food service company unless it was written in the contract at the request of agency they are contracting with. -The Dietary Director accepted responsibility for the mistake in not including drug screening in the contract, as he was not aware of the pre-employment drug testing requirement. - The Dietary Director would work with the facility Administrator to ensure drug testing is completed for all dietary staff on-site at the facility beginning 7/29/16. <p>Subsequent interview with the Executive Director on 8/1/16 at 3:40pm revealed instant-read drug testing of dietary staff began on-site at the facility on 7/29/16.</p>	D992		