

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/17/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER
309ER CITY REST HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
1428 LITTLE VALLEY LANE
LINCOLNTON, NC 28092

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING 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 Lincoln County Department of Social Services conducted an annual and follow-up survey, and complaint investigation on August 16-17, 2016.	D 000		
D 074	<p>10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure carpeting throughout the facility was clean and in good repair.</p> <p>The findings are:</p> <p>Observation during a tour of the facility on 8/16/16 between 10:00am and 11:30am revealed: -Dark circular brown stains of various sizes throughout the halls of the facility. -Dark brown stains of various shapes on the carpet in the two living rooms of the facility. -Heavily worn and dirty areas on the carpet at the entrance to high traffic areas such as the living rooms, and the "staff room."</p> <p>Observation of facility carpets on 8/17/16 at 10:12am revealed: -A tear, approximately 8 inches long on the carpet in the hallway just outside resident room #17. -An unraveling carpet seam, approximately 4 feet in length just outside resident room #22.</p>	D 074	<p>10A NCAC 13F .306(a)(1) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair.</p> <p>Plans: all carpet will be replaced and repaired (a) housekeeping will create and maintain a cleaning schedule specifically for the carpet. (b) Carpet will be cleaned daily (c) To ensure clean carpet, deep cleaning schedule will be put in place for twice a month. (d) Administration or appointed persons will monitor to ensure clean carpet</p>	10/16/2016

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

ADMINISTRATOR

9/15/2016

STATE FORM

R1E11

If continuation sheet 1 of 5

Robert Naylor
[Signature] 9-20-16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD55002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/17/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BOGER CITY REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1428 LITTLE VALLEY LANE LINCOLN, NC 28092
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING 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	<p>Continued From page 1</p> <p>-An unraveling carpet seam, the width of the hall next to the fire doors beside resident room #20.</p> <p>-An unraveling carpet seam at the entrance to the front living room approximately 14 inches in length.</p> <p>Interview with two residents at various times revealed: -The carpet seams began to unravel just after the carpet was installed, "about 2 years ago." -The carpet wasn't installed right about 2 years ago" and that was why it was torn and unraveling.</p> <p>Interview with a facility housekeeper on 8/17/16 at 10:20am revealed: -"We clean the carpet weekly with a steam cleaner." -The spots come up but residents spilled "stuff" on the floors. -The carpet seams are unraveling because the vacuum cleaner catches the carpet seam and the carpet winds around the vacuum cleaner head. -He thought the carpet was only "about a year old." -He did not think the carpet was installed right initially because the seams were fraying and unraveling. -He thought the carpets were professionally cleaned sometime around last Christmas, 2015.</p> <p>-Interview with the facility's Administrator-in-Charge on 8/17/16 at 1:59pm revealed: -She thought the carpet was professionally cleaned "about a month ago." -"We cleaned the carpets ourselves weekly, "we bought our own steam cleaner." -Residents spilled "stuff" on the carpet "all the time." -She thought the carpets were replaced less than</p>	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/17/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER
BOGER CITY REST HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
1428 LITTLE VALLEY LANE
LINCOLNTON, NC 28082

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING 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 2 5 years ago. Interview with the facility's Administrator on 8/17/16 at 2:15pm revealed: -Residents pulled carpet up at the seams causing it to unravel. -He thought the carpet had been replaced within the past 3 years. -"We had the carpet repaired last year." -The company repaired the fraying seams and replaced some areas where the carpet was heavily stained. Review of facility records revealed: -No documentation the carpets were professionally cleaned. -A copy of a cancelled check to a carpet installer dated 4/22/15 for carpet repair.	D 074		
D934	G.S. 131D-4.5B. (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5	D934	G.S. 131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/17/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BOGER CITY REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1428 LITTLE VALLEY LANE LINCOLNTON, NC 28092
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D034	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 3 of 3 sampled Medication Aides (Staff C, D and E) had received the mandatory annual state training on infection control, safe practices for injections, and glucose monitoring.</p> <p>The findings are:</p> <p>A. Review of Staff C's personnel file revealed: -She was hired as a Personal Care Aide (PCA) on 8/18/10. -She passed the written medication administration test on 7/28/15. -There was a certificate documenting state infection control training had been completed in November 2014.</p> <p>Interview with Staff C on 8/17/16 at 3:40 pm revealed: -She worked as a Medication Aide/Personal Care Aide. -She remembered [Nurse's Name] completing infection control training in March 2016. -The training consisted of importance of infection control with diabetic residents, not to share glucometers or resident specific equipment, and universal precautions with all residents and importance of using gloves, washing hands and proper disposal of used diabetic items.</p> <p>Refer to interview on 8/18/16 at 2:45pm with the facility's current LHPS Nurse.</p> <p>B. Review of Staff D's personnel file revealed: -She was hired as a Personal Care Aide (PCA) on 8/7/14. -She passed the written medication</p>	D034	<p>(a) Obtained records of completed training on infection control, safe practices for injections, and glucose monitoring. (b) All staff will have required training on infection control, safe practices for injections, and glucose monitoring. (c) Administration or appointed persons will monitor trainings to ensure each staff and new hires are properly trained every three months.</p>	9/12/2016

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/17/2016
NAME OF PROVIDER OR SUPPLIER BOGER CITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1428 LITTLE VALLEY LANE LINCOLNTON, NC 28092		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D934	Continued From page 4 administration test on 2/23/16. -There was a certificate documenting state infection control training had been completed in September 2014. Observation of Staff D on 8/17/16 at 7:28am revealed: -Staff D obtained a fingerstick blood sugar reading of 160 from Resident #2 using good infection control technique by disinfection of her hands with an alcohol based hand sanitizer, wearing gloves, and disposing of the used supplies in the sharps container. -Staff D administered fixed dose and sliding scale insulin to Resident #2 using good infection control technique by disinfection of her hands with an alcohol based hand sanitizer, wearing gloves, and disposing of the used supplies in the sharps container. Attempted telephone interview with Staff D on 8/17/16 at 2:00 pm was unsuccessful. Refer to interview on 8/18/16 at 2:45pm with the facility's current LHPS Nurse. C. Review of Staff E's personnel file revealed: -She was hired as a Medication Aide on 4/8/13. -There was a certificate documenting state infection control training had been completed in November 2014. Attempted telephone interview with Staff E on 8/17/16 at 3:45 pm was unsuccessful. Interview on 8/17/16 at 4:00 pm with the Administrator revealed: -The previous Licensed Health Professional Support (LHPS) Nurse who completed the infection control training no longer worked for the	D934		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/17/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER
BOGER CITY REST HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
1428 LITTLE VALLEY LANE
LINCOLNTON, NC 28092

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D934	<p>Continued From page 5</p> <p>facility.</p> <ul style="list-style-type: none"> -The 2015 infection control training must have been overlooked and missed. -The new LHPS nurse completed the 15 hour Medication Aide training in March 2016 which included training in infection control. -All staff generally received the infection control training. -Staff E had only been a Medication Aide since March 2016. <p>Refer to interview on 8/18/16 at 2:45pm with the facility's current LHPS Nurse.</p> <hr/> <p>Interview on 8/18/16 at 2:45pm with the facility's current LHPS Nurse revealed:</p> <ul style="list-style-type: none"> -She had completed Medication Aide training at the facility in March 2016 with all the Medication Aides. -She covered infection control related to diabetic patients in the training. -She provided training on the state mandated infection control. -The training that she completed at the facility on March 2016 did cover the same material the state mandated infection control training did, but it was just abbreviated for the time constraints. -The infection control training was a separate class with a certificate given to participants. 	D934		