

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/26/2016
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NAME OF PROVIDER OR SUPPLIER HARRINGTON ASSISTED LIVING #7	STREET ADDRESS, CITY, STATE, ZIP CODE 1685 CANAL ROAD PEMBROKE, NC 28372
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C 000	Initial Comments	C 000		
C 102	<p>10A NCAC 13G .0317 (a) Building Service Equipment</p> <p>10A NCAC 13G .0317 Building Service Equipment</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain smoke detectors in the hallway and resident rooms in a safe and fully operational condition by failing to replace batteries, despite chirping alert for at least 1 month.</p> <p>The findings are:</p> <p>Observations on 8/18/16 between 9:28am and 7:00pm revealed the smoke detector in the main hallway made a chirping sound at regular intervals.</p> <p>Interview with a resident on 8/18/16 at 9:32am revealed: -The chirping sound was from the "fire alarm system." -The beeping happened all the time. -The smoke detector had been beeping since the resident had moved into the facility. -The resident had been in the facility for</p>	C 102		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 102	<p>Continued From page 1</p> <p>approximately one year.</p> <p>Interview with a second resident on 8/18/16 at 9:49am revealed: -The smoke detector had "not been beeping too long." -It had been about 3 weeks since the beeping started. -Staff knew and were going to replace the battery.</p> <p>Interview with a third resident on 8/18/16 at 10:13am revealed: -The smoke detector had been chirping for about a month. -Staff knew about the chirping smoke detector, "They heard it too."</p> <p>Interview with the Personal Care Aide (PCA) on 8/18/16 at 2:55pm revealed: -The smoke detectors had been chirping for about a week "or so." -The PCA had informed the Owner last week (8/8/16.)</p> <p>Interview with the Medication Aide (MA)/Supervisor in Charge (SIC) on 8/18/16 at 11:00am revealed: -The MA/SIC did not know how long the smoke detector had been chirping. -The MA/SIC had not paid attention to the sound until 8/18/16 at 11:00am. -The Administrator had someone who would come and change the batteries. -The MA/SIC would notify the Administrator.</p> <p>Interview with the MA/SIC on 8/18/16 at 2:40pm revealed: -Staff had come and changed the batteries. -"They must have run out of batteries," as chirping continued in the hallway.</p>	C 102		

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C 102	Continued From page 2 The maintenance person was not available for interview. Interview with the Administrator on 8/26/16 at 9:45am revealed: -The batteries had been changed in the smoke detectors by the maintenance person. -Staff just needed to notify the MA/SIC or the Administrator and repairs would be taken care of.	C 102		
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .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: Based on observations, interviews and record reviews, the facility failed to schedule an appointment with an ENT (ear, nose and throat) and Facial Plastic Surgeon for 1 of 1 sampled residents (#2), with orders to do so. The findings are: Review of Resident #2's current FL-2 dated 1/4/16 revealed diagnoses of Altered Mental Status, Mental Retardation, Falls and Hypertension. Review of hospital discharge orders for Resident #2 dated 1/14/16 revealed: -Resident #2 was seen in the emergency room for a fall with facial lacerations. -Discharge instructions included scheduling an appointment with an ENT (Ear, Nose & Throat) and Facial Plastic Surgeon within 3-5 days.	C 246		

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C 246	<p>Continued From page 3</p> <p>Interview with the ENT and Facial Plastic Surgeon's receptionist on 8/18/16 at 2:47pm revealed an appointment was never scheduled for Resident #2.</p> <p>Interview with the Medication Aide (MA)/Supervisor in Charge (SIC) on 8/18/16 at 3:13pm revealed: -The MA/SIC was not aware of the ENT and Facial Plastic Surgeon referral for Resident #2 in January 2016. -The MA/SIC was not working at the facility at that time. -The MA/SIC knew the referral was not scheduled because Resident #2 had not "been nowhere like that." -The MA/SIC's were responsible for scheduling appointments and referrals for residents.</p> <p>Telephone interview with a family member for Resident #2 on 8/18/16 at 3:26pm revealed: -Resident #2 had lost her balance and fell in January 2016. -During the fall, Resident #2 broke her eyeglasses and dentures. -The family thought Resident #2 had stitches which were removed by the doctor. -The family member was not aware of the ENT and Facial Plastic Surgery Referral.</p> <p>Interview with the Administrator on 8/18/16 at 3:56pm revealed: -The MA/SIC's were expected to schedule appointments and referrals. -The former MA/SIC probably saw the discharge instructions but did not read them. -The Administrator did not recall Resident #2 seeing an ENT and Facial Plastic Surgeon.</p>	C 246		

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C 451	Continued From page 4	C 451		
C 451	<p>10A NCAC 13G .1213 (g) Reporting Of Accidents And Incidents</p> <p>10A NCAC 13G .1213 Reporting Of Accidents And Incidents</p> <p>(g) In the case of physical assault by a resident or whenever there is a risk that death or physical harm will occur due to the actions or behavior of a resident, the facility shall immediately:</p> <p>(1) seek the assistance of the local law enforcement authority;</p> <p>(2) provide additional supervision of the threatening resident to protect others from harm;</p> <p>(3) seek any needed emergency medical treatment;</p> <p>(4) make a referral to the Local Management Entity for Mental Health Services or mental health provider for emergency treatment of the threatening resident; and</p> <p>(5) cooperate with assessment personnel assigned to the case by the Local Management Entity for Mental Health Services or mental health provider to enable them to provide their earliest possible assessment.</p> <p>This Rule is not met as evidenced by: THIS IS A TYPE B VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to contact the Local Management Entity for Mental Health for Resident #2 who attacked Resident #1 leaving a facial bruise resembling a black eye.</p> <p>The findings are:</p>	C 451		

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C 451	<p>Continued From page 5</p> <p>Observations on 8/18/16 at 9:15am revealed: -Resident #1 was sitting in a chair in the living area at the facility. -She had a half moon shaped bruise under her left eye about the diameter of a half dollar coin. -She had another large bruise on her left cheek approximately the size of a half lemon.</p> <p>Interview with Resident #1 on 8/18/16 at 10:02am revealed: -The bruises on her left cheek, left arm and left knee came from a fall last week (8/8/16). -She had fallen out of the bed and hit the frame of the bed. -Resident #1 did not report the fall until the next day. -The bruise under her left eye came from Resident #2 pinching her by squeezing the skin under eye as if grabbing the skin. [Resident #1 gestured while talking.] -Resident #2 had been arguing with a 3rd resident and "just attacked me for no reason." -Resident #2 "gets like that, mean and spiteful for no reason."</p> <p>Interview with a resident on 8/18/16 at 10:02am revealed: -The resident had witnessed Resident #2 pinch Resident #1. -The resident reported what happened to the Personal Care Aide (PCA) who was on duty.</p> <p>The Responsible Person for Resident #1 was unable to be reached.</p> <p>The PCA that was on duty at the time of the incident (8/7/16 and 8/8/16) was not available for interview.</p>	C 451		

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C 451	<p>Continued From page 6</p> <p>Interview with the Medication Aide (MA)/Supervisor in Charge (SIC) on 8/18/19 at 11:25am revealed:</p> <ul style="list-style-type: none"> -Resident #1 had bruises on her face from a fall last week. -The MA/SIC had come in to work and saw the bruises on Resident #1's face. -The PCA did not know what had happened until she got Resident #1 up for breakfast that morning. -At that time, Resident #1 reported to the PCA that she had fallen. -Another resident reported to the MA/SIC that Resident #2 had pinched Resident #1's face under her left eye. -The MA/SIC talked to both residents about the incident. -Resident #2 denied pinching Resident #1. -There were no other witnesses. -There was no report of Resident #2 pinching Resident #1. -There was no further action taken related to Resident #2 pinching Resident #1 who had a bruise under her left eye. <p>Review of incident report for Resident #1 dated 8/8/16 at 5:30am revealed:</p> <ul style="list-style-type: none"> -Resident #1 fell getting out of bed to go to the bathroom. -She tripped over her foot and the left side of her face hit the bottom rail of her bed. -Resident #1 did not notify anyone until it was time for breakfast. -Resident #1 was sent to the emergency room by the MA/SIC. <p>Review of hospital records for Resident #1 dated 8/8/16 revealed:</p> <ul style="list-style-type: none"> -There was documentation that Resident #1 was seen for a fall with facial trauma. 	C 451		

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C 451	<p>Continued From page 7</p> <p>-Resident #1 reported to emergency room staff that she "walked out of the bathroom and fell."</p> <p>Interview with Resident #2 on 8/18/16 at 2:15pm revealed:</p> <p>-Resident #2 replied "Yeah" when asked if she pinched Resident #1.</p> <p>-Resident #2 turned her head away from surveyor and repeated "yeah" in response to any further questions such as, what made you do that?</p> <p>Review of Resident #2's current FL-2 dated 1/4/16 revealed diagnoses of Altered Mental Status, Mental Retardation, Falls and Hypertension.</p> <p>Review of Resident #2's current care plan dated 8/21/16 and signed by the Nurse Practitioner revealed:</p> <p>-There was no documentation Resident #2 received mental health services.</p> <p>-There was no documentation of a mental health referral for Resident #2.</p> <p>Interview with a Personal Care Aide (PCA) on 8/18/16 at 2:55pm revealed:</p> <p>-The PCA did not witness Resident #2 pinch Resident #1.</p> <p>-She had heard about the incident from other residents and staff.</p> <p>-It had been reported to the PCA that Resident #2 had been arguing with Resident #1 and pinched her.</p> <p>-It was further reported to the PCA that it took 3 residents to get Resident #2 off of Resident #1 from attacking her.</p> <p>-Resident #2 argued and picked at other residents "a lot."</p> <p>-Staff was expected to report incidents and concerns to the MA/SIC or the Administrator.</p>	C 451		

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C 451	<p>Continued From page 8</p> <ul style="list-style-type: none"> -The MA/SIC and the Administrator were aware of resident #2's aggressive behavior. -The MA/SIC and the Administrator would talk to Resident #2 but it did not do any good. <p>Telephone interview with a family member for Resident #2 on 8/18/16 at 3:26pm revealed:</p> <ul style="list-style-type: none"> -The family member had not known of Resident #2 pinching anyone. -Resident #2 "might be loud and talk a lot of junk" but was not violent. <p>Telephone interview with the Physician's Assistant (PA) on 8/18/16 at 4:14pm revealed:</p> <ul style="list-style-type: none"> -The PA was prescribing Seroquel (an antipsychotic medication used to treat schizophrenia) and Clonazepam (a sedative used to treat anxiety) for Resident #2. -Resident #2 had periods of aggressive behavior and problems with socialization. -Resident #2 had taken Haldol in the past (an antipsychotic medication used to treat schizophrenia.) -The PA was not aware of Resident #2 pinching Resident #1. -The PA was aware that Resident #2 would speak "roughly to other residents and other residents would agitate her." <p>Interview with the Administrator on 8/18/16 at 3:56pm revealed:</p> <ul style="list-style-type: none"> -The Administrator was not aware of any incident with Resident #2 pinching Resident #1. -The Administrator would probably have separated the residents into different sister facilities had she known about the pinching incident. -The Administrator was not aware of the reporting rules and regulations for resident to resident abuse. 	C 451		

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C 451	<p>Continued From page 9</p> <p>-Resident #2 did not have a mental health provider.</p> <p>-The facility PA prescribed her antipsychotic and anti-anxiety medication.</p> <hr/> <p>Review of the facility's Plan of Protection dated 8/18/16 revealed:</p> <p>-The facility will contact physician for mental health referral.</p> <p>-Staff will be trained on de-escalation/distraction for agitated residents immediately.</p> <p>-Staff will be trained immediately on reporting and documenting incidents.</p> <p>-All incidents and accidents will have an incident report completed.</p> <p>-The Administrator will review all incident reports.</p> <p>-The Administrator will investigate all allegations of abuse and follow up as necessary according to state rules and regulations.</p> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED 10/10/16.</p>	C 451		
C 914	<p>G.S 131D-21(4) Declaration Of Resident's Rights</p> <p>Every resident shall have the following rights:</p> <p>4. To be free of mental and physical abuse, neglect, and exploitation.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the failed to ensure residents were free of mental and physical abuse, neglect and exploitation in compliance with state laws and rules and regulations related to resident to resident abuse.</p> <p>The findings are:</p>	C 914		

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C 914	Continued From page 10 Based on observations, interviews and record reviews, the facility failed to contact the Local Management Entity for Mental Health for Resident #2 who attacked Resident #1 leaving a facial bruise resembling a black eye. [Refer to Tag D451 10A NCAC 13G .1213(g) Reporting Incidents and Accidents (Type B Violation)]	C 914		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (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	C992		

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C992	<p>Continued From page 11</p> <p>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> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure that 1 of 3 sampled employees (Staff C) had documentation that screening for the presence of controlled substances was completed prior to an offer of employment.</p> <p>The findings are:</p> <p>Review of Staff C's employment record revealed: -Staff C was hired on 6/1/15 as a Personal Care Aide (PCA). -There was no documentation that an examination for screening of controlled substances had been completed prior to an offer of employment for Staff C.</p> <p>Staff C was not available for interview.</p> <p>Interview with the Medication Aide (MA)/Supervisor in Charge (SIC) on 8/18/16 at 6:50pm revealed the Administrator was responsible for hiring, drug tests, CPR and "all that."</p> <p>Interview with the Administrator on 8/26/16 at 9:45am revealed: -Urine drug screens for controlled substances were done before staff were hired. -The Administrator and the MA/SIC were</p>	C992		

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C992	Continued From page 12 responsible for getting drug screenings completed. -The Administrator did not know how Staff C got missed.	C992		