

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2015
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NAME OF PROVIDER OR SUPPLIER: SPRING ARBOR OF DURHAM
STREET ADDRESS, CITY, STATE, ZIP CODE: 4523 HOPE VALLEY ROAD, DURHAM, NC 27707

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on July 21, 2015 - July 23, 2015.	D 000		
D 067	10A NCAC 13F .0305(h)(4) Physical Environment 10A NCAC 13F .0305 Physical Environment (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: Based on interview and observation, the facility failed to assure all 9 exit doors sounding devices were loud enough to be heard by staff when showering residents for 1 (Resident #1) of 1 resident identified with exit seeking behavior and disoriented. The findings are: Review of Resident #1's FL-2 dated 9/26/14 revealed resident was documented as "intermittently disoriented" under the orientation category. Review of Resident #1's care plan dated 10/16/14	D 067	It is the Community's standard practice to comply with the referenced licensure rule. Procedures have been modified. <u>D 067 10A NCAC 13F .0305(h)(4) Physical Environment</u> <u>Plan of Correction:</u> Immediately expanded requirement to ALL staff, the responsibility to physically acknowledge the alarm at each exterior door by immediately going to appropriate door for investigation. On 8/14/15, controls were installed on each exterior door to allow for sufficient volume that can be heard by all staff regardless of their current location <u>Prevention of Reoccurrence:</u> Maintenance Director to monitor functionality and compliance. <u>Monitor Responsibility and Frequency:</u> Maintenance Director, Resident Care Coordinator and Executive Director will monitor on an ongoing basis. <u>Plan of Correction Completion Date:</u> August 14, 2015	

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

Sandra Taranto

TITLE

Executive Director

(X6) DATE

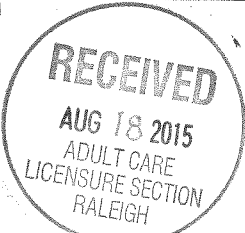
8/18/15

STATE FORM

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If continuation sheet 1 of 10



8/25/15 Approved Homler

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D 067	<p>Continued From page 1</p> <p>revealed: -Resident #1 was not documented as a "wanderer" under the mental health and social history category. -Resident #1 was documented as "sometimes disoriented" under the orientation category.</p> <p>Review of the facility's Incident Report dated 6/28/15 at 1:50 a.m. revealed: -Resident was observed outside in front of the building in his wheelchair on the sidewalk. -The wheelchair went off the edge of the sidewalk. -Resident fell onto his left side on the ground. -Resident stated, "He was going to the (...Road and (...Blvd.)</p> <p>Telephone interview with Resident #1's Responsibility Party on 7/23/15 at 11:36 a.m. revealed: -She was made aware that Resident #1 had exit seeking behaviors as of 6/28/15. -Resident #1 was found outside in front of the building on 6/28/15. -The facility ask family to provide a sitter for Resident #1.</p> <p>Review of Resident #1's Nurse's Notes revealed: -On 7/21/15 at 10:50 a.m., Resident #1's Responsibility Party was notified by the Resident Care Coordinator of Resident #1's increased behavior for exit seeking behavior. The resident may require a locked unit within a memory care community in order to keep him safe. -On 7/20/15 on 11-7 shift, Resident, "Stated he wanted to go home." -On 7/6/15 at 8:30 a.m., Executive Director (ED) discussed with Resident #1 about attempts to leave the facility unsupervised. " Resident reported that he wants to go to the service station</p>	D 067		

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D 067	<p>Continued From page 2</p> <p>and get some gas. ED reminded resident that he no longer drives or owns a car. Resident made aware how dangerous it is to leave the community unsupervised."</p> <p>-On 7/05/15 at 3:00 a.m., "Resident was observed coming out of his room. Resident was going toward the Sunroom. When I asked resident where was he going. Resident stated to (...Road). Redirected the resident. Resident then attempted to leave out the front door."</p> <p>-On 7/4/15 (no date), Resident was very confused. Roaming in and out of other residents' rooms.</p> <p>-On 7/04/15 on 11-7 shift, "Resident was very confused. Resident tried to leave from the Sunroom. Stated that he is going home. Monitor the resident every 1 hour. Resident tried to go into other residents rooms."</p> <p>Observation on 7/23/15 at 2:31 p.m. revealed: -The exit door alarm on Hall 100 L was triggered. -The door exit alarm could be heard in the resident's bathroom with the door closed. -The door exit alarm could not be heard in the resident's bathroom with the door closed and the shower running.</p> <p>Confidential interviews with 7 of 7 staff revealed: -Five staff could not hear the exit door alarm, if they were in the resident's room giving the resident a shower with the door closed. -Two staff did not know, if the exit door alarms could be heard if they were in the resident's room giving the resident a shower with the door closed.</p> <p>Interview with the Resident Care Coordinator (RCC) on 7/23/15 at 11:30 a.m. revealed: -She did not know if the door exit alarms could be heard by the staff, if the alarm went off when staff were in the resident's bathroom with the door</p>	D 067		

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D 067	Continued From page 3 closed or giving resident a shower. -No staff had reported they could not heard the exit door alarm, if in resident's room with the bathroom door closed or giving resident a shower. -The monitoring plan in plan was for staff on the assigned hallway to respond to the exit alarm door on assigned hall. -Staff should alert supervisor, if unable to respond to exit door alarm on assigned hall. Interview with the Administrator on 7/23/15 at 3:00 p.m. revealed: -She was not aware the exit door alarm could not be heard by the staff, if giving resident a shower. -No staff had reported that they could not heard the exit door alarm, if giving resident a shower. -She did not know all staff should be able to hear the exit door alarms. -The monitoring plan in place was for staff on the assigned hallway to respond to the exit door alarm on assigned hall. -Staff should alert supervisor, if unable to respond to exit door alarm on assigned hall.	D 067	<u>D 139 10A NCAC 13F .0407(a)(7) Other Staff Qualifications</u> It is the Community's standard Practice to comply with the referenced licensure rule. The safety of our residents is and will always be our primary concern. All staff hired undergoes a criminal back-ground check. <u>Plan of Correction</u> Staff B scheduled to obtain fingerprints on 8/14/15 to accompany a nationwide criminal background check. <u>Prevention of Re-occurrence:</u> Immediately put into place the Hiring Manager during interview process is to enquire if lived in NC less than 5 years. The Business Office Manager (BOM) will ensure that any new hire that has State residence less than 5 years, will obtain fingerprints to accompany nationwide background checks. <u>Monitor Responsibility and Frequency:</u> The Hiring Manager and BOM, at the Time of each Hiring moving forward. <u>Plan of Correction Completion Date:</u> August 14, 2015	
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure 1 of 4 staff (B) sampled had a criminal background check in accordance with G.S. 114-19.10 and 131D-40. The findings are:	D 139		

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D 139	<p>Continued From page 4</p> <p>Review of the employee record for Staff B revealed:</p> <ul style="list-style-type: none"> - Staff B was hired on 1/09/15 as a supervisor/medication aide and resident assistant. - There was no documentation of fingerprints having been completed with a nationwide criminal history background check. <p>Observation on 7/22/15 at 4:15 p.m. revealed Staff B was preparing to pass medications on the medication cart.</p> <p>Interview on 7/22/15 at 4:15 p.m. with Staff B revealed:</p> <ul style="list-style-type: none"> - Staff B said she had not lived in this state for 5 years. - She had moved here from another state in January 2015. - She had been working as a medication aide since then in this facility. <p>Interview on 7/23/15 at 11 a.m. with the Business Office Manager revealed:</p> <ul style="list-style-type: none"> - She was responsible for the criminal background checks for new staff. - The form previously used to complete the background check did not indicate how long a staff person had lived in the state. - She had not asked Staff B if she had lived in this state for 5 years in order to determine if a nationwide background check should be completed or if a statewide background check was needed. - The facility's new form has a place to indicate how long the staff person had lived in this state. - Fingerprints for Staff B had not been obtained to accompany a nationwide criminal background check. 	D 139		

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D 164	<p>10A NCAC 13F .0505 Training On Care Of Diabetic Resident</p> <p>10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows:</p> <p>(1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner.</p> <p>(2) Training shall include at least the following:</p> <p>(a) basic facts about diabetes and care involved in the management of diabetes;</p> <p>(b) insulin action;</p> <p>(c) insulin storage;</p> <p>(d) mixing, measuring and injection techniques for insulin administration;</p> <p>(e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms;</p> <p>(f) blood glucose monitoring; universal precautions;</p> <p>(g) universal precautions;</p> <p>(h) appropriate administration times; and</p> <p>(i) sliding scale insulin administration.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to assure 1 of 1 medication aide sampled (B) had completed the training on the care of the diabetic resident prior to administering insulin. The findings are:</p> <p>Review of the employee record for Staff B revealed: - Staff B was hired on 1/09/15 as a supervisor/medication aide and resident</p>	D 164	<p><u>D 164 10A NCAC 13F .0505 Training On Care Of Diabetic Resident</u></p> <p><u>Plan of Correction:</u> It is the Community's standard practice to comply with the referenced licensure rule.</p> <p>Staff B was removed immediately from Med Cart until training was provided. Staff B completed the 15 hour Training Course on 8/4/15 and 8/5/15 that encompasses care of the Diabetic Resident. Additional training by MAST Pharmacy for all Medication Aides is scheduled for 9/1/2015 & 9/2/2015.</p> <p><u>Prevention of Re-occurrence:</u> Resident Care Coordinator will ensure all Med Aids have proper training and documented certification that meets all the State requirements.</p> <p><u>Monitor Responsibility and Frequency:</u> Resident Care Coordinator and Executive Director will monitor on a regular basis.</p> <p><u>Plan of Correction Completion Date:</u> August 15 – September 2, 2015</p>	

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D 164	Continued From page 7 - She thought Staff B had completed her training. - She thought the training on diabetes was covered when the medication administration skills check off was completed with the nurse.	D 164		
D935	G.S. § 131D-4.5B(b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration.	D935	<u>D935 G.S. § 131D-4.5B(b) ACH Medication Aides; Training and Competency</u> It is the Community's standard Practice to comply with the referenced licensure rule. Spring Arbor always hires Medication Aides, to meet regulated qualification requirements. Staff B has completed her 15 hour medication aide training on 8/4/15 and 8/5/15. Additional training by MAST Pharmacy for all Medication Aides is scheduled for 9/1/2015 & 9/2/2015. <u>Prevention of Re-occurrence:</u> Resident Care Coordinator will ensure all Med Aides have proper training and documented certification that meets all the state requirements. <u>Monitor Responsibility and Frequency:</u> Resident Care Coordinator and Executive Director will monitor on a regular basis. <u>Plan of Correction Completion Date:</u> August 15 – September 2, 2015	

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D 164	<p>Continued From page 6</p> <p>assistant.</p> <ul style="list-style-type: none"> - Staff B had completed 5 hour medication aide training on 2/25/15. - A medication administration clinical skills validation had been completed on 2/25/15. - The medication administration written examination was passed on 3/26/15. - There was no documentation of medication aide training on the care of the diabetic resident. <p>Observation on 7/22/15 at 4:15 p.m. revealed:</p> <ul style="list-style-type: none"> - Staff B was preparing to pass medications on the medication cart. - She showed the surveyor a resident's insulin, insulin syringe for administration and the glucose meter used to monitor finger stick glucose results. <p>Interview on 7/22/15 at 4:15 p.m. with Staff B revealed:</p> <ul style="list-style-type: none"> - Staff B had moved here from another state in January 2015. - She had been working as a medication aide since about a month or so after hire. - She had training as a medication aide before and some training here. - She had administered insulin in this facility since hire. - She had used an insulin pen here before for a resident. - Insulin for that resident was now drawn up from a vial to administer to the resident. <p>Interview on 7/23/15 at 11a.m. with the Resident Care Coordinator (RCC) revealed:</p> <ul style="list-style-type: none"> - She was responsible for ensuring training of the medication aides by the facility nurse. - The RCC said the facility nurse had completed the medication administration check off and the 5 hour medication aide training. 	D 164		

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D935	<p>Continued From page 8</p> <p>2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</p> <p>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to assure one of one medication aide sampled (B) had completed the 10 hour medication aide training within 60 days of hire. The findings are:</p> <p>Review of the employee record for Staff B revealed:</p> <ul style="list-style-type: none"> - Staff B was hired on 1/09/15 as a supervisor/medication aide and resident assistant. - Staff B had completed 5 hour medication aide training on 2/25/15. - A medication administration clinical skills validation had been completed on 2/25/15. - The medication administration written examination was passed on 3//26/15. - There was no documentation of 10 hour medication aide training. <p>Observation on 7/22/15 at 4:15 p.m. revealed Staff B was preparing to pass medications on the medication cart.</p> <p>Interview on 7/22/15 at 4:15 p.m. with Staff B revealed:</p> <ul style="list-style-type: none"> - She had been working as a medication aide 	D935		

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D935	Continued From page 9 since about a month or so after hire. - She had training as a medication aide before and some training here. Interview on 7/23/15 at 11a.m. with the Resident Care Coordinator (RCC) revealed: - She was responsible for ensuring training of the medication aides by the facility nurse. - The RCC said the facility nurse had completed the medication administration validation check off and the 5 hour medication aide training. - She thought Staff B had completed her training. - She was not aware the 10 hour training within 60 days of validation/hire was required.	D935			