

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/01/2015
NAME OF PROVIDER OR SUPPLIER WALTONWOOD CARY PARKWAY		STREET ADDRESS, CITY, STATE, ZIP CODE 750 SE CARY PARKWAY CARY, NC 27511		
(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 conducted an Annual Survey on 9/29/15, 9/30/15, and 10/1/15.	D 000		
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that foods were stored in a manner to prevent contamination related to mesh bags of onions being stored directly on the floor. The findings are: Observations of dry foods storage area on 09/30/2015 at 9:30 AM revealed 2 large bags of onions lying directly on the floor. Interview with Staff A, dietary aide, on 09/30/2015 at 9:30 AM revealed: -The food service truck had just made a delivery. -The staff members were busy cleaning up after breakfast and had not had time to properly store the onions. -The staff was aware that foods could not be stored directly on the floor. -Staff A pointed to where the onions should be hung from nails/hook on the wall.	D 283		

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D 283	Continued From page 1 Observation on 10/1/15 at 8AM of the kitchen's dry storage area revealed: -There was a large mesh bag of fresh onions stored directly on the floor. -One onion had rolled underneath another storage rack and was in direct contact with the floor. Interview with the Administrator on 10/1/15 at 11AM revealed: -She was not aware of the onions being in direct contact with the floor. -She held her staff accountable. -The onions should not have been on the floor and she had thrown away the onions that were in contact with the floor. -The Administrator held an in-service with her staff about food storage 10/1/15 before 11 AM. -"Storage bins for the onions were being ordered as we speak." -There had been a food truck delivery in the past 3 days and that might have been the reason for the oversight.	D 283		
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	D934		

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D934	<p>Continued From page 2</p> <p>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</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure 2 of 3 staff (A,B) completed their state approved Annual Infection Control training.</p> <p>The findings are:</p> <p>Record review of Staff A's (Medication Aide) personnel record revealed: -The hire date was documented as 4/9/10. -Staff A worked as a Medication Aide. -The last state approved infection control training was documented as 12/31/13.</p> <p>Refer to interview with the Administrator on 10/1/15 at 11AM. _____</p> <p>Record review of Staff B's (Medication Aide) personnel record revealed: -The hire date was documented as 7/29/13. -Staff B worked as a Medication Aide. -The last state approved infection control training was documented as 7/31/13.</p> <p>Refer to the interview with the Administrator on 10/1/15 at 11AM. _____</p>	D934		

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D934	Continued From page 3 Interview with the Administrator on 10/1/15 at 11AM revealed: -The facility was behind by one year on the state approved infection control training. -The facility used an on-line form of continuing education and a Registered Nurse for their continuing education curriculum. -Over the past year the Administrator and other facility managers had requested from corporate that the state approved annual infection control training be included in the E-learning curriculum. -The Administrator and other facility managers were not aware that this training had not been incorporated into the facilities' continuing education curriculum. -The class had been added to the curriculum to start by 10/8/15.	D934		

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NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320		
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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on on 09/30/15 - 10/01/15.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 5 residents sampled (#1) was tested upon admission for tuberculosis disease (TB) with the two step TB skin test in compliance with control measures adopted by the Commission for Public Health. The findings are: Review of Resident #1's most current FL-2 dated 07/02/15 revealed diagnoses included Alzheimer's dementia, Multiple Sclerosis, hypertension, chronic pain, congestive heart failure (CHF), edema, and gastroesophageal reflux disease (GERD). Review of the Resident Registry revealed Resident #1 was admitted to the facility on 05/18/12.	D 234		

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D 234	<p>Continued From page 1</p> <p>Review of the "TB Skin Test" forms in Resident #1's record revealed:</p> <ul style="list-style-type: none"> -Documentation on the "TB Skin Test" form that Resident #1 had a "Step 1" TB skin test administered 08/27/12 and the test was read 08/30/12 with result "0." -Documentation on the "TB Skin Test" form that Resident #1 was administered "Step 2" TB skin test on 04/21/14. -The "TB Skin Test" form dated 04/21/14 did not contain documentation of the date the TB skin test was read or the result of the test. <p>Review of Resident #1's record revealed no documentation that Resident #1 had received additional TB screenings and TB skin tests.</p> <p>Interview with the Resident Care Coordinator (RCC) on 09/30/15 at 4:00 p.m. revealed TB skin test records were in each resident's record.</p> <p>Interview with the RCC on 10/01/15 at 10:17 a.m. revealed:</p> <ul style="list-style-type: none"> -The RCC was aware of the 2 step TB skin test requirement. -The RCC reviewed Resident #1's record. -The RCC acknowledged there was no date or result documented for the TB skin test administered to Resident #1 on 04/21/14. -The RCC did not know when or if the TB skin test dated 04/21/14 was read because the "TB Skin Test" form did not contain that documentation. -The RCC did not know if Resident #1 had received additional TB tests since admission to the facility. -The RCC would check Resident #1's thinned record for documentation of additional TB skin testing. 	D 234		

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D 234	<p>Continued From page 2</p> <p>-The RCC would contact the contracted home health agency responsible for administering the facility's TB skin tests for additional documentation regarding Resident #1's TB skin tests.</p> <p>Interview with the RCC on 10/01/15 at 11:30 a.m. revealed:</p> <p>-The RCC presented faxed documentation from the contracted home health agency that the TB skin test administered to Resident #1 on 04/21/14 was read as "0 mm" on 04/24/14.</p> <p>-The RCC acknowledged the faxed documentation did not meet the 2 step TB skin test requirements and would continue to look for documentation of TB skin testing for Resident #1.</p> <p>Review of Resident #1's thinned record revealed no additional documentation of TB skin tests or TB screenings.</p> <p>Interview with the Executive Director (ED) on 10/01/15 at 11:00 a.m. revealed:</p> <p>-The ED was aware of the 2 step TB skin test requirement.</p> <p>-The RCC was responsible for ensuring each resident received the 2 step TB test according to guidelines.</p> <p>Interview with Owner/Administrator and RCC on 10/01/15 at 3:30 p.m. revealed:</p> <p>-The facility was still in the process of looking through archived files in an attempt to locate documentation of additional TB skin tests for Resident #1.</p> <p>-If the facility could not locate documentation of the 2 step TB skin test for Resident #1, the 2 step TB skin test would be completed as soon as possible.</p>	D 234		