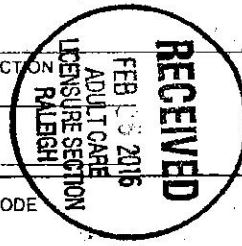


Division of Health Service Regulation



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/15/2016
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NAME OF PROVIDER OR SUPPLIER
HERITAGE CARE OF ROCKY MOUNT

STREET ADDRESS, CITY, STATE, ZIP CODE
**1650 COKEY ROAD
ROCKY MOUNT, NC 27801**

(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	{D 000}		
	The Adult Care Licensure Section conducted a follow-up survey and a complaint investigation on January 13-15, 2016.			
{D 074}	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 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; This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the walls, ceilings and floors in the resident rooms located on B hall were cleaned. The findings are: Observation of room #201 on 1/13/16 at 11:15 a.m. revealed: -The cream tiled floor had brown dried stains. -On all four walls, the paint had peeled. Observation of room #202 on 1/13/16 at 11:19 a.m. revealed all four walls had brown stains, peeled paint and multiple indentions. Observation of room #203 on 1/13/16 at 11:24 a.m. revealed the bottom of one of four walls had indentions. Observation of room #207 on 1/13/16 at 11:41 a.m. revealed: -Rust stains were at the bottom of the door posts, which led to the bathroom.	{D 074}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Bonnie Williams, Administrator

TITLE
Administrator

(X6) DATE
2-24-16

approved 2/24/16 kg

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/15/2016
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{D 270} Continued From page 12

RCC to followup with the doctor on next week to determine if there were any other possible options for the resident.

- The administrator had talked with the resident many times about slowing down and taking her time so she would not fall as often.
- The resident had seizures but had not fallen because of seizures to her knowledge.
- She was aware the resident has had increased falls and had a Falls Protocol.
- Facility staff were trained at least annually regarding falls.
- Facility staff were always present in the hallways to assist all residents in between the 2 hour checks when needed.
- The administrator was unable to contact the resident's guardian after repeated attempts following the holidays due to their contact numbers no longer working.
- The family would receive a certified letter or visit from the local authorities, as deemed appropriate, to obtain update contact information and to inform them of the resident's falls with injuries, hospital/ER visits, and overall status.

Resident #2's Guardian could not be reached by the end of the survey.

The facility submitted a Plan of Protection dated 1/15/16, which revealed:

- Immediately the facility will notify Resident #2's primary care physician about the resident's seizures and falls.
- Resident #2 will be monitored every 30 minutes by the nurse aide. The nurse aide will document the monitoring.
- A supervisor will check the monitoring and the Resident Care Coordinator will check the documentation of monitoring weekly.
- Residents will be assessed who has had two to

{D 270}

Physician was immediately notified about falls and seizures per incident reports. Resident ^{was} placed on monitoring of 30 minutes supervised and/or RCC checking documentation. all residents are now being tracked by administrator.

Immediately
1/15/16
1/30/16
1/30/16

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NAME OF PROVIDER OR SUPPLIER HERITAGE CARE OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 COKEY ROAD ROCKY MOUNT, NC 27801
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{D 270}	Continued From page 13 three falls within the past seven days. -The residents primary care physician will be contacted of the falls and will give guidance to staff. -Inservices will be provided to staff on falls and falls precautions. CORRECTION DATE FOR THE UNABATED TYPE A2 VIOLATION SHALL NOT EXCEED FEBRUARY 14, 2016	{D 270}	<i>and when noted resident(s) have and/or being re assessed.</i>	<i>1/16/16</i>
{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: FOLLOW-UP TO TYPE B VIOLATION Non-compliance continues with increased severity resulting in residents placed at substantial risk that death or serious physical harm, abuse, neglect or exploitation will occur. THIS IS A TYPE A2 VIOLATION Based on observations, interviews, and record review, the facility failed to ensure that the physician was notified of the increase in the number of seizures and falls for 1 of 7 sampled residents (#2). Review of Resident #2's current FL2 dated 11/18/15 revealed the resident's diagnoses included seizure disorder, chronic obstructive	{D 273}	<i>inservices provided to staff concerning falls and fall precaution.</i>	<i>1/27-28/16</i>

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{D 273}	<p>Continued From page 20</p> <p>and running at times with her walker which caused her to fall.</p> <ul style="list-style-type: none"> -She was aware that the resident has had increased falls and had a Falls Protocol. -The doctor was contacted about what to do to help reduce the resident's falls over a year ago or so when a wheelchair and walker without wheels was tried. -A wheelchair was tried, then a walker without wheels, and both devices did not help prevent or reduce falls for the resident. -Facility staff were trained at least annually regarding falls, seizures, behaviors, etc. -Facility staff were always present in the hallways to assist all residents in between the 2 hour checks when needed. -The RCC would follow up with the doctor when he visited the facility next week (between 1/17-1/23/16) to discuss the resident's increased falls and concerns regarding seizures and behaviors. <p>Resident #2's Guardian could not be reached by the end of the survey.</p> <p>The facility submitted a Plan of Protection dated 1/15/16, which revealed:</p> <ul style="list-style-type: none"> -Immediately the facility will notify Resident #2's primary care physician about the resident's seizures and falls. -Resident #2 will be monitored every 30 minutes by the nurse aide. The nurse aide will document the monitoring. -A supervisor will check the monitoring and the Resident Care Coordinator will check the documentation of monitoring weekly. -Residents will be assessed who has had two to three falls within the past seven days. -The residents primary care physician will be 	{D 273}	<p>Physician was immediately notified about resident's seizures and falls.</p> <p>Resident is monitored @ 30min checks</p> <p>Supervisor / RCC ✓ - weekly</p> <p>Residents assessed 23 falls checked by administrator</p>	<p>Immediately</p> <p>1/15/16</p> <p>1/30/16</p> <p>1/30/16</p>

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{D 273}	Continued From page 21 contacted of the falls and will give guidance to staff. -Inservices will be provided to staff on when to contact the resident's primary physician. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED FEBRUARY 14, 2016	{D 273}	Physician is contacted concerning falls - Resident # 2 was re-assessed by physician and psychiatrist Orders were given for P.T and O.T. P.T. denied by medicaid. Resident has been given a w/chain to help decrease her running w/walker.	1/16/16 1/30/16
{D 282}	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 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. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the kitchen and dining room was cleaned. The findings are: Observation of the dining room on 1/13/16 at 10:20 a.m. revealed: -The bottom of the door post located at the entrance dining room door on the dining room on B hall had peeled paint. -One of four walls in the large dining room had dried brown stains. -The wall paper on one of four walls, which was located in the front of the dining room, had black streaks and stains on the lower part of the wall. -The metal, which was located on the lower part of the door, had rust.	{D 282}		

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NAME OF PROVIDER OR SUPPLIER: HERITAGE CARE OF ROCKY MOUNT
STREET ADDRESS, CITY, STATE, ZIP CODE: 1650 COKEY ROAD, ROCKY MOUNT, NC 27801

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{D 282}	Continued From page 23 at 10:28 a.m. and a second MA on 1/15/16 at 2:36 p.m. revealed no residents had complained about the cleanliness of the dining room. Interview with the Administrator on 1/15/16 at 3:40 p.m. revealed: -She supervised dietary. -Repairs are currently being done in the entire facility. -The walls in the dining room, the door in the kitchen are on the list to be repaired. -The walls in the dining room should be cleaned daily and as needed. -She checked the cleanliness in the kitchen daily.	{D 282}	Repairs are currently being done and above concerns being addressed and will be completed. To ensure not to happen again -Kitchen will continue to do their shift reports - noted any concerns. -Maintenance will check with kitchen staff - during week of any concerns and will report to Administrator.	3/25/16 1/30/16
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure residents received adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to supervision and health care referral and follow-up. The findings are: 1. Based on observations, interviews, and record review, the facility failed to ensure that the level of supervision for the resident was modified after	{D912}		

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{D912}	Continued From page 24 repeated falls continued for 1 of 7 sampled residents (#2). [Refer to Tag D270, 10A NCAC 13F .0901(b). (Type B Violation)] 2. Based on observations, interviews, and record review, the facility failed to ensure that the physician was notified of the increase in the number of seizures and falls for 1 of 7 sampled residents (#2). [Refer to Tag D273, 10A NCAC 13F .0902(b). (Type A2 Violation)]	{D912}	<i>All Residents have been re-assessed for falls, seizures, behaviors, etc..... Staff have and will continue to have in-services concerning Med techs and Supervisors have been re-trained in how to complete an accident/incident report RCC, Supervisors and Administrator will monitor reports and ensure follow through are done</i>	<i>1/30/16 1/27-28/16 1/27-28/16 1/30/16</i>

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{D 074}	Continued From page 2 the rooms. Interview with a Medication Aide (MA) on 1/15/16 at 10:28 a.m. and a second MA on 1/15/16 at 2:36 p.m. revealed no residents had complained about the cleanliness of the facility. Interview with the Administrator on 1/15/16 at 3:40 p.m. revealed: -She was aware of the repairs needed in the building. - Currently, the facility was making repairs in the building. -All of the residents' rooms will be repainted. -Housekeeping cleaned the walls and floors daily and as needed. -If a wall was damaged, housekeeping reported the damage to Maintenance for repairs.	{D 074}			
{D 270}	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A2 VIOLATION The Type A2 Violation was abated. Non-compliance continues. TYPE B VIOLATION Based on observations, interviews, and record	{D 270}			

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{D 270}	<p>Continued From page 12</p> <p>RCC to followup with the doctor on next week to determine if there were any other possible options for the resident.</p> <ul style="list-style-type: none"> -The administrator had talked with the resident many times about slowing down and taking her time so she would not fall as often. -The resident had seizures but had not fallen because of seizures to her knowledge. -She was aware the resident has had increased falls and had a Falls Protocol. -Facility staff were trained at least annually regarding falls. -Facility staff were always present in the hallways to assist all residents in between the 2 hour checks when needed. -The administrator was unable to contact the resident's guardian after repeated attempts following the holidays due to their contact numbers no longer working. -The family would receive a certified letter or visit from the local authorities, as deemed appropriate, to obtain update contact information and to inform them of the resident's falls with injuries, hospital/ER visits, and overall status. <p>Resident #2's Guardian could not be reached by the end of the survey.</p> <p>The facility submitted a Plan of Protection dated 1/15/16, which revealed:</p> <ul style="list-style-type: none"> -Immediately the facility will notify Resident #2's primary care physician about the resident's seizures and falls. -Resident #2 will be monitored every 30 minutes by the nurse aide. The nurse aide will document the monitoring. -A supervisor will check the monitoring and the Resident Care Coordinator will check the documentation of monitoring weekly. -Residents will be assessed who has had two to 	{D 270}	<p>Physician was immediately notified concerning falls and seizures.</p> <p>Resident # 2 placed on q 30 min check.</p> <p>Supervisor and RCC doing weekly</p> <p>All residents have been reassessed</p>	<p>immediately</p> <p>1/15/16</p> <p>1/30/16</p>

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{D 270}	Continued From page 12 RCC to followup with the doctor on next week to determine if there were any other possible options for the resident. -The administrator had talked with the resident many times about slowing down and taking her time so she would not fall as often. -The resident had seizures but had not fallen because of seizures to her knowledge. -She was aware the resident has had increased falls and had a Falls Protocol. -Facility staff were trained at least annually regarding falls. -Facility staff were always present in the hallways to assist all residents in between the 2 hour checks when needed. -The administrator was unable to contact the resident's guardian after repeated attempts following the holidays due to their contact numbers no longer working. -The family would receive a certified letter or visit from the local authorities, as deemed appropriate, to obtain update contact information and to inform them of the resident's falls with injuries, hospital/ER visits, and overall status. Resident #2's Guardian could not be reached by the end of the survey. The facility submitted a Plan of Protection dated 1/15/16, which revealed: -Immediately the facility will notify Resident #2's primary care physician about the resident's seizures and falls. -Resident #2 will be monitored every 30 minutes by the nurse aide. The nurse aide will document the monitoring. -A supervisor will check the monitoring and the Resident Care Coordinator will check the documentation of monitoring weekly. -Residents will be assessed who has had two to	{D 270}	<i>Physician was immediately notified concerning falls and seizures. Resident # 2 placed on q 30 min check. Supervisor and RCC visit weekly All residents have been reassessed</i>	<i>immediately 1/15/16 1/30/16</i>	

HERITAGE CARE OF ROCKY MOUNT:

03-16-16: Response for Plan of Correction: Dated February 3, 2016. Spoke to Ms. Gant on 03-15-16: needing more in depth response.

Page 2 -3: Objecting due to fact that this was not on the original survey when sited on housekeeping.

Additional information requested:

Date to be completed: April 30, 2016

As per the original survey, I sent you a copy of the housekeeper's shift report that is done daily by the housekeeper and a supervisor and/or med. Tec checks off with the staff member on a daily bases.

If the housekeeper sees a need for a repair: they are to report to the maintenance person and/or administrator as well as documentation on their daily shift report.

Page 13- 14: Personal Care and Supervision and referrals

Additional information requested:

The physician will be immediately notified about falls, seizures, behaviors, blood sugars, etc...when not in line for all residents. All residents of the facility have currently been re-assessed for the above issues. Those that have shown above concerns have been placed on a "30" minute monitor system and documentation is in place by the aides and then monitored by the supervisor and/or med tech. Also, the administrator keeps a log for monitoring of multiple falls, seizures, behaviors, blood sugars, etc... and follow up as needed.

At any point when instructions are given by the physician are followed. When referrals are given, supervisor immediately contacts the referral for an appointment.

Page 24 -25: Kitchen

As I indicated in the original survey: we have the procedures in place for the kitchen staff that are posted on the bulletin board in the kitchen. The kitchen floor cleaning procedures, work assignments for the cook and diet aides, and daily duties. Also, the cook fills out a kitchen check off daily sheet that is given to the administrator each evening. If there is a concern it is written on the sheet for the administrator to review and address the concern.

Daily there is a cook, supervisor, maintenance, and/or administrator in the dining room and kitchen and would see if there is a need for cleaning and repairs to be done then it would be addressed at the time of observation.

There is a main cook for each team who is in charge of her team. When she sees that something needs to be cleaned, she will instruct the staff to do so.

Concerns that were addressed in the original survey have been completed in regards to needed repairs.

Addendum received 3/16/16

Addendum; Housekeeping + Funding

Telephone interview with the administrator on 3/21/16

at 12:00 revealed:

- The staff (housekeeper) shift report is done daily.
- The MA's check the report for completion of tasks
- Housekeeping clean the walls daily.
- The floors are cleaned daily.
- The sinks are cleaned daily.
- If something is impossible to clean, housekeeping contact maintenance or the Admin.
- The laundry facility was currently having repairs done.
- The repairs in the res. rooms, bathrooms and the halls will be completed until 4/30/16.
- The owner will contact OHSR management for the extension.

✓ kg approved 3/21/16