Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING HAL001025 11/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 613 W WHITSETT STREET SPRINGVIEW - CROUSE BUILDING GRAHAM, NC 27253 SUMMARY STATEMENT OF DEFICIENCIES PROMDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **JEACH CORRECTIVE ACTION SHOULD BE** COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 000 Initial Comments D 000 The Adult Care Licensure Section completed an annual survey on November 9, 2016 with an exit conference via telephone November 10, 2016. D 315 10A NCAC 13F .0905(a)(b) Activities Program D 315 10A NCAC 13F .0905 Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure residents were offered activities daily. The findings are: Observation on 11/9/16 from 10:15 a.m. to 3:30 p.m. revealed no activities were done or offered. Review of the November 2016 activity calendar revealed from 11/6/16-11/12/16, over 14 hours of activities were to be offered. Review of the activity calendar dated 11/9/16 revealed: -From 8:00 a.m. -8:35 a.m., prayer was to be offered. -From 9:30 a.m.-10:00 a.m., daily chronicles were to be offered. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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AND PLAN OF CORRECTION IDENTIFICATION HALO01025		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 11/10/2016	
					1 11/	10/2016
NAME OF F	ROVIDER OR SUPPLIER		ODRESS, CITY, STATE			
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D 315	Continued From pag	ge 1	D 315			VISE
	-From 10:00 a.m10 offered.	0:30 a.m., exercise was to be				
	-From 10:30 a.m11:00 a.m., devotions were to		8 (
	be offered.	*	7			
	-From 2:30 p.m3:30 be offered.	0 p.m., popcom social was to	- i			
		0 p.m., current events were				
	to be offered.					
	-From 6:30 p.m7:30 be offered.	0 p.m., movie/snack was to	1			
	be offered.					
		/16 at 3:30 p.m. revealed the				
	residents were partic	cipating in a popcom social.				
	Telephone interview	with the Activity Coordinator				
	on 11/10/16 at 11:50	a.m. revealed:	1			
		ing at the facility as the	1			
	Activity Coordinator :	orarily working as the	T T			
		dinator (RCC) at the facility	1 1			
	for one month.		1 1			
	 She covered other facility with activities 	acilities and she helped the	1			
		z-3 times weekly. facility were offered ice	1			
		om socials, bingo, painting				
	and crafts.	70 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	1			
	- The residents last w	ent on an outing on 9/16/16. sidents wanted to go on the				
	outing.	sidents wanted to go on the	1 1			
	-On 11/9/16, the resid	dents had done the popcorn				
	social and current ev	ents at the same time. She	- 6			
	told staff to help out v	with activities, I to do activities with the	- fr			
	residents when she v		1			
	-Many times staff we	re busy doing other things	1			
	for residents at the fa	icility.	-			
	Confidential interview	with a staff member	til 8			
	revealed:		70	TWI		1 1
	-Activities were not of	flered daily, because staff	962	()	1 02.00	CHILI

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING _ B. WING HAL001025 11/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **613 W WHITSETT STREET** SPRINGVIEW - CROUSE BUILDING GRAHAM, NC 27253 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X6) COMPLETÉ (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) pot in place. Convail neets D 315 D 315 Continued From page 2 were busy tending to resident needs. -Activities were not offered to the residents on twice morthly to discuss 11/8/16 or 11/9/16, because staff were too busy tending to the resident needs. desired activities -The residents had complained a couple of days ago wanting more activities. Staff had not told ongste staffmentigte establish the management management. Confidential interview with a resident revealed: ¿ discus importance of -Activities were not offered at the facility. -The resident would like to see Bingo offered at activities a that activities the facility. must bear He red Confidential interview with a second resident revealed: activités participation recorded on lux per activités à bezeran -They did not do activities at the facility. -The resident would like to play games for activities. Confidential interview with a family member revealed: activity Directon will -The facility did not offer activities to the residents. -Staff does not have time to do activities with next of con side stops -The staff are always busy doing other things for twice monthly to resolve residents. -The residents does not leave the facility and go any issues w/ activities on outings for activities. Telephone interview with the Administrator on 11/10/16 at 2:35 p.m. revealed: all connective measures -Her expectations was for activities to be offered daily at the facility. prenerviative measures, -The residents had not complained of not doing rainny, convald ofun -The Supervisor's were responsible for assuring the scheduled was followed. Charge we se made in Division of Health Service Regulation

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001025	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	219 CODE	11/10/2016	
- DINCLE	THE CROSSES		WHITSETT STREET			
PRINGV	EW - CROUSE BUILDIN	NG	M, NC 27253			
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLET	
D935	Continued From pag	je 3	D935			
D935	G.S.§ 131D-4.5B(b) Training and Compe	ACH Medication Aides; tency	D935			
	G.S. § 131D-4.5B (b) Adult Care Home				
	Medication Aides; Tr	aining and Competency				
	Evaluation Requirem	nents.				
	(b) Beginning Octobe	er 1, 2013, an adult care	1			
	home is prohibited fr	om allowing staff to perform				
	any unsupervised me	edication aide duties unless				
	that individual has pr	reviously worked as a	1			
	medication aide duni	ng the previous 24 months in				
	of the following:	or successfully completed all	85			
		g program developed by the	*			
	Department that inclu	udes training and instruction				
	in all of the following:					
	a. The key principles	of medication				
	administration.	S	1 1			
		rs for Disease Control and				
	applicable, safe injec	s on infection control and, if	1			
	procedures for monitor	oring or testing in which				
	bleeding occurs or the exists.	e potential for bleeding				
	NCAC 13F .0503 and	aluation consistent with 10A I 10A NCAC 13G .0503.				
	(3) Within 60 days fro	om the date of hire, the	72. 101			
	novidual must have	completed the following:				
	a. An additional 10-ho	our training program partment that includes	Ji			
8	training and instruction	n in all of the following:				
	The key principles					
3	administration.		6			
	The federal Center	s of Disease Control and	- 1			
3	Prevention guidelines	on infection control and, if	u I			
9	applicable, safe inject	tion practices and	100			
	procedures for monito	oring or testing in which	1			
1	bleeding occurs or the	e potential for bleeding	1		a ricalul	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL001025	8. WNG		11/10/2016
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE	
			WHITSETT STREET	201	
SPRING\	/IEW - CROUSE BUILDI	NG	M, NC 27263		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	PREFIX TAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETE
D935	Continued From page	ge 4	D935		53
	exists.				
	b. An examination d	eveloped and administered	4		
	by the Division of He	ealth Service Regulation in			
		osection (c) of this section.	1		
			11		
	This Rule is not me	t as evidenced by:			
	Based on observation	ons, interviews and record	4		
	review, the facility fa	siled to assure 1 of 3 Staff (C),	4		
		10/1/13 and administered	1 1		
	medications, had tal	ken the written medication	1 1		
	examination within 6	30 days of completing the			
	clinical skills evaluat	tion.			
	The findings are:		N		
	Review of Staff C's.	Supervisor/Caregiver,			
	personnel file reveal	100mm - 1 100mm 100mm 100mm 100mm 100mm	4 4		
	-Staff C was hired to	work at the facility as a			
	Supervisor/Caregive		1 1		
		he Medication Clinical Skills	4		
	Checklist on 8/1/16	기가 하네요요요 - 김리아이스(지리) 주었는 그래는 그래는 그래 사이에			
		he 5 hour medication training	1 1		
		hour training on 9/7/16. mentation of the successful	1 1		
	completion of the wr				
ĺ.	completion of the wi	mon examination.	4		
	Interview with the Se	enior Manager on 11/9/16 at	9		
	2:14 p.m. revealed:	(-			
	-He kept-up with sta	ff qualifications and training.			
	-He set up the writte	n examination for staff and			
	made sure they pass	sed the written examination.			
		sed the written examination,			
		medications to the residents.			
		assing medications at the			
	facility since 8/1/16.				
		led to take the written mination, within 60 days of	1 1		
		kills evaluation, but she did			000 11
		to personal reasons.			police theto
		To bornous consolitor	38		DYUNNE CHILL

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL001025	B. WING		11/10/20	16
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
SPRINGV	NEW - CROUSE BUILDIN	NG	VHITSETT STREET			
	CARNO CARRONAL POR CARRONAL PROPERTY CONTRACTOR CONTRAC		M, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE CON EAPPROPRIATE	(X5) MPLETE DATE
D935	Continued From pag	je 5	D935	05		
	-He was not aware if	f staff had not taken and				
		xamination within 60 days.	12			
		nister the medications and				
		nister medications until they	8			
	had passed the exam					
	-He thought since St	aff C had retaken the clinical	1			
	skills checklist on 10/19/16, she had another 60					
	to take and pass the	written examination.				
	Interview with the Re	esident Care Coordinator				
	(RCC) on 11/9/16 at 2:27 p.m. revealed:					
	-She had been the RCC at the facility for one		1			
	month.		1			
	-The Senior Manage	r kept-up with staff	U			
	qualifications.		10			
		shift as a medication aide.	10			
	-Staff C had administ		Ti-			
	residents within the p	past month.	1			
	Review of a sampled	resident's November 2016				
	Medication Administr	2	500			
	revealed Staff C had		20			
		inolone Cream (used to help	F6			
	treat discomfort of sk	in conditions), Symbicort	2			
		treat asthma and Chronic				
	Costructive Pulmona	ry Disease), Seroquel (used				
	to neip treat depressi	ion), Colace (used to help				
	treat constipation), Remeron (used to help treat		126			
	depression), Hydrocodone-Acetaminophen (used to help treat pain), Haldol (used to help treat					
			3			
	schizophrenia) and Losartan-Hydrochlorothiazide (used to help treat high blood pressure).					
	Telephone interview	with the Administrator on				
	11/10/16 at 2:35 p.m.					
	-The Senior Manager					
	qualifications and trai	ining.	4			
		e for staff to take the clinical	1			
	skills checklist and pa	ass the written examination	(4		ania 11	1
	within 60 days.		4 1		12000 111	111

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD01025			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		B. WING		11/10/2016	
NAME OF P	ROMDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE	5 ± 10 + 10 ± 10 ± 10 ± 10 ± 10 ± 10 ± 10
SPRINGV	NEW - CROUSE BUILDIN	G .	WHITSETT STREE M, NC 27253	ET .	
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	the time frame staff hexamination.			Stoff C. was immedial newneved from Med She subself of Albert When the leave of Ordina retrator ine 1 4	Chifdules absedite 11/29/16 Cane
				Condinator a senio tropo ever all training for all stoff when the training of the word are novitrated man tropole was requirements inches training of the word was requirements will moretally. Concertific a previous manufactures previous manufactures previous more previous	amongs aincre aincre aincre aincre aincre adin the adin the
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administrator