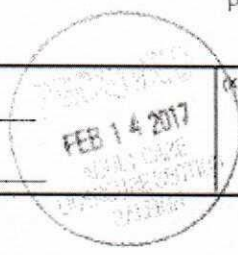


Division of Health Service Regulation



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 01/19/2017 |
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| NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE | STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117 |
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| D 000 | Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on January 17-19, 2017. | D 000 | | |
| 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 observation and interviews, the facility failed to repair 5 of 20 resident room doors on the Special Care Unit that did not latch properly when closed. The findings are: Observation on 01/17/17 at 10:15AM of Resident Room #221 revealed: -The resident was lying in bed with his eyes closed. -When pulled closed, the door latch would not catch in the strike plate on the door jamb, preventing the door from remaining closed. Observation on 01/17/17 at 10:31AM of Resident Room #229 revealed: -The resident was not in the room. -When pulled closed, the door latch would not catch in the strike plate on the door jamb, preventing the door from remaining closed. Observation on 01/17/17 at 10:32AM of Resident Room #230 revealed: | D 074 | Rooms 218-221-229-225B door adjustment made so that the door will catch in the strike plate and close appropriately | 1/20/17 |

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

TITLE: *Stephanie Fitzgerald* (X6) DATE: 2-10-17

REVIEWED & ACCEPTED *Cathy Fitzgerald* 2/20/17

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| D 074 | <p>Continued From page 1</p> <ul style="list-style-type: none"> -The resident was not in the room. -The door to the bathroom would not pull closed into the door jamb without additional pulling up on the door lever. -The topmost hinge on the door appeared loose when the door was pulled. <p>A second observation on 01/18/17 at 8:47AM of Resident Room #221 revealed:</p> <ul style="list-style-type: none"> -The Medication Aide (MA) assisted the resident from a supine position in bed to a sitting position, on the edge of the bed. -Upon removing the bed covers, the resident was wearing a t-shirt and incontinence briefs. -A Personal Care Aide came into the room with supplies and upon leaving pulled the door closed but it did not latch and the door popped open. -The MA pushed the door closed but it did not latch and it popped open. -The resident was assisted to a chair for a breathing treatment and the door was left open. <p>Based on observation and record review the resident in Room #221 was determined to be not interviewable.</p> <p>A second observation on 01/18/17 at 10:00AM of Resident Room #229 revealed:</p> <ul style="list-style-type: none"> -The resident was not in the room. -When pulled closed, the door latch would not catch in the strike plate on the door jamb, preventing the door from remaining closed. <p>Observation on 01/18/17 at 10:00AM of Resident Room #225B revealed:</p> <ul style="list-style-type: none"> -The resident was not in the room. -When pulled closed, the door latch would not catch in the strike plate on the door jamb, preventing the door from remaining closed. | D 074 | Room 230- door adjustment made so that door will close without having to pull up on door lever. Hinge on door was tightend | 1/20/17 |

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| D 074 | <p>Continued From page 2</p> <p>Observation on 01/18/17 at 10:00AM of Resident Room #218 revealed: -The resident was not in the room. -Extra effort at pulling on the door lever was required to pull the latch into the strike plate on the door jamb in order keep the door closed.</p> <p>Interview on 01/18/17 at 10:00AM of the Hospice Nurse revealed: -She regularly visited the resident of Resident Room #221. -"There's a trick" with closing his door, requiring one to pull up on the door level to latch it. -She did not think he had any privacy concerns.</p> <p>Interview on 01/18/17 at 10:30PM with the Maintenance Director revealed: -He was aware that doors needed adjusting from the last state survey done by the agency responsible for construction matters. -He was aware that Resident Room #221 was one of the doors requiring adjustment. -Staff should not have to know a "trick" like pulling up on a door handle in order to make a door close properly. -Hinges needed to be adjusted on the door. -He would expect staff to report things like doors not latching to him as there is a book they can use to document these issues for him to review.</p> <p>Interview on 01/18/17 at 2:00PM with a family member of the resident of Resident Room #221 revealed: -The door not latching was closed was noticed a couple of weeks ago. -She could not remember if she mentioned it to staff. -"Someone was closing the door with a hamper," but she thought the resident of the room was doing this.</p> | D 074 | <p>Reminder to all staff during staff meeting that they are to report any issues / concerns with anything in need of repair so it can be addressed. Reminded all staff to use the maintenance repair book to report the concern.</p> | 1/25/17 |

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| D 074 | Continued From page 3 -[The resident] would like to have his privacy." | D 074 | | |
| D 079 | <p>10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations and interviews, the facility failed to ensure safe storage of portable oxygen tanks for 1 of 4 residents on oxygen therapy.</p> <p>The findings are:</p> <p>Observation on 01/17/17 at 10:35AM of Resident Room #228 revealed:</p> <ul style="list-style-type: none"> -The resident was not present. -There was a M60 size oxygen tank with a regulator, sitting in a floor rack and stable. -There was a M9 size oxygen tank with no regulator and no seal, sitting on a wood chair, not in a rack (a fabric sling used to hold tanks to wheelchairs was also lying on the chair). -One M9 size oxygen tank with no regulator and no seal, was on the floor next to the chair, not in a rack. -Seven M9 size oxygen tanks with intact seals (indicating the tanks were full), were sitting on the | D 079 | <p>O2 tank storage immediate plan of protection: Lincare O2 provider contacted and they brought out the appropriate O2 containers for the O2 canisters.</p> <p>Staff made aware of the proper way to store O2, the policy for storage, why this is important, and the expectation to ensure safety.</p> <p>Staff advised to look at the O2 canisters while in with the residents to ensure proper storage To protect from further risk/harm: O2 provider, Lincare, contacted and made expectations clear that upon delivery they are to bring the appropriate containers for the O2 cylendars.</p> <p>Staff will check behind the O2 providers upon delivery for the appropriate O2 storage rack</p> | <p>1/20/17</p> <p>1/25/17</p> <p>1/25/17</p> <p>1/19/17</p> |

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| D 079 | <p>Continued From page 4</p> <p>floor in no rack.</p> <p>A second observation on 01/17/17 at 3:53PM of Resident Room #228 revealed:</p> <ul style="list-style-type: none"> -The resident was not present. -There was a M60 size oxygen tank with a regulator, sitting in a floor rack and stable. -A M9 size oxygen tank with no regulator and no seal, was sitting on a wood chair in no rack (a fabric sling used to hold tanks to wheelchairs was also lying on the chair). -One M9 size oxygen tank with no regulator and no seal, was sitting next the chair on the floor in no rack. -Seven M9 size oxygen tanks with intact seals (indicating the tanks were full), were sitting on the floor in no rack. <p>Interview on 01/17/17 at 3:55PM with the Wellness Director revealed:</p> <ul style="list-style-type: none"> -She was responsible for staff training and orientation. -There had been turnover of staff with new employees. -Oxygen tanks were expected to always be in a "milk crate [rack]". -The handling of oxygen tanks was part of orientation training. -The facility used agency staffing for personal care aides. <p>Interview on 01/17/17 at 4:00PM with the Executive Director revealed:</p> <ul style="list-style-type: none"> -Oxygen tanks were expected to be stored sitting in "rings" or in "a crate." -The Wellness Director or the Special Care Unit Coordinator were expected to be immediately notified to contact the oxygen supplier to provide the "rings" for oxygen tank storage. -Staff needed to hold the oxygen supplier | D 079 | | |

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| D 079 | <p>Continued From page 5</p> <p>accountable to provide proper oxygen tank storage devices.</p> <p>A third observation on 01/17/17 at 10:15AM of Resident Room #228, with the oxygen supplier technician present revealed:</p> <ul style="list-style-type: none"> -The resident was not present. -An M60 size oxygen tank with a regulator, was sitting in a floor rack and stable. -Seven M9 size oxygen tanks with intact seals (indicating the tanks were full), were sitting on the floor in a stable wire rack. <p>Interview on 01/17/17 at 10:15AM with the oxygen supplier technician revealed:</p> <ul style="list-style-type: none"> -He could not recall the date of his last oxygen tank delivery to Resident Room #228. -He could not recall if there was a rack present the last time he made a delivery. -Oxygen tanks should be stored in racks. <p>The facility failed to ensure safe storage of portable oxygen tanks for 1 of 4 residents on oxygen therapy. Oxygen tanks not stored in racks in resident rooms could tip over and explode, presenting potential harm of death or injury to residents. The failure of the facility to control this hazardous condition was detrimental to the health and safety of the residents and constitutes a Type B Violation.</p> <p>A Plan of Protection was obtained from the Executive Director dated 01/17/17 and included:</p> <ul style="list-style-type: none"> -A call was made to the oxygen supplier to provide holders for tanks immediately. -Staff were made aware of proper oxygen storage policy and of the expectation to look at tanks when in resident rooms to ensure safety. -Other resident rooms where oxygen tanks were used and stored were checked for holders. | D 079 | | |

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| D 079 | Continued From page 6 THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED MARCH 5, 2017. | D 079 | | |
| D 113 | <p>10A NCAC 13F .0311(d) Other Requirements</p> <p>10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure safe hot water temperatures were maintained at or between 100 and 116 degrees Fahrenheit (F), as checked with a calibrated thermometer in 8 of 20 resident bathroom sinks on the Special Care Unit.</p> <p>The findings are:</p> <p>Observation on 01/17/17 at 9:35AM of Resident Room #215 on the Special Care Unit revealed: -The resident was present. -The room was located in the middle of a hallway of rooms. -The water temperature at the sink in this room's bathroom was 118 degrees F.</p> <p>Interview on 01/17/17 at 9:35AM with the resident</p> | D 113 | <p>Immediate plan of protection included: Maintenance to recheck the hot water temps every 2 hours until readings are within the regulatory range. Plumber called in 1/17/17 to check the mixing valve and replace for appropriate temps and the temps be maintained. Signs placed in all affected bathrooms on the mirrors to warn of hot water and to use caution. Staff notified of the water issue/concern and issue placed on the shift report for all staff to be reminded of the same. Protect from future risk/harm: Maintenance to check hot water temps daily to ensure safety and compliance once temp concerns have been resolved for one week. Maintenance to resume weekly hot water temp checks to ensure safety and compliance.</p> | <p>1/17/17</p> <p>1/20/17</p> |

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| D 113 | <p>Continued From page 7</p> <p>of Resident Room #215 revealed she was not interviewable.</p> <p>Observation on 01/17/17 at 9:52AM of Resident Room #216 on the Special Care Unit revealed: -The resident was not present. -The room was located at the end of a hallway of rooms. -The water temperature at the sink in this room's bathroom was 118 degrees F.</p> <p>Observation on 01/17/17 at 9:55AM of Resident Room #217 on the Special Care Unit revealed: -The resident was present. -The room was located at the end of a hallway of rooms. -The water temperature at the sink in this room's bathroom was 118 degrees F.</p> <p>Interview on 01/17/17 at 9:55AM with the resident of Resident Room #217 revealed she was not a reliable historian and was not interviewable.</p> <p>Observation on 01/17/17 at 10:02AM of Resident Room #219 on the Special Care Unit revealed: -The resident was present. -The room was located in the middle of a hallway of rooms. -The water temperature at the sink in this room's bathroom was 118 degrees F.</p> <p>Interview on 01/17/17 at 10:02AM with the resident of Resident Room #219 revealed no concerns about water being too hot as he could "adjust it" if it was too hot.</p> <p>Observation on 01/17/17 at 10:16AM of Resident Room #227 on the Special Care Unit revealed: -The resident was present. -The room was located in the middle of a hallway</p> | D 113 | | |

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| D 113 | <p>Continued From page 8</p> <p>of rooms.</p> <p>-The water temperature at the sink in this room's bathroom was 120 degrees F.</p> <p>Interview on 01/17/17 at 10:16AM with the resident of Resident Room #227 revealed she was not interviewable.</p> <p>Observation on 01/17/17 at 10:21AM of Resident Room #226 on the Special Care Unit revealed: -The resident was present. -The room was located in the middle of a hallway of rooms. -The water temperature at the sink in this room's bathroom was 122 degrees F.</p> <p>Interview on 01/17/17 at 10:21AM of the resident of Resident Room #226 revealed water temperatures had been "fine" and if it were too hot it could be adjusted.</p> <p>Observation on 01/17/17 at 10:32AM of Resident Room #230 on the Special Care Unit revealed: -The resident was not present. -The room was located in the end of a hallway of rooms. -The water temperature at the sink in this room's bathroom was 120 degrees F.</p> <p>Observation on 01/17/17 at 10:35AM of Resident Room #228 on the Special Care Unit revealed: -The resident was not present. -The room was located in the end of a hallway of rooms. -The water temperature at the sink in this room's bathroom was 118 degrees F.</p> <p>Random interview on 1/17/17 with two Personal Care Aides on the Special Care Unit revealed all the residents were supervised when being</p> | D 113 | | |

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| D 113 | <p>Continued From page 9</p> <p>bathed.</p> <p>Interview on 01/17/17 at 10:50AM with the Maintenance Director revealed:</p> <ul style="list-style-type: none"> -He had just turned down the temperature at the water tank which had read 120 degrees F. -There was one water tank that serviced the Special Care Unit and the 200 hallway, another tank that serviced the 100 hallway and two tanks in the Riser Room that serviced the kitchen and lobby bathrooms. -Water temperatures were usually checked once a week, they had not yet been checked this particular week. -There had been no complaints of hot water temperatures from residents, staff or family. -There had been no recent repairs or maintenance to the water system. -The last adjustment to the water tank servicing the Special Care Unit was in the previous one to two months. <p>Observation on 01/17/17 at 10:50AM of calibration of the State Surveyor's glass bulb thermometer and the Maintenance Director's digital thermometer in an ice water bath revealed both reading within 1 to 2 degrees F of 32 degrees F.</p> <p>Observation on 01/17/17 at 11:05AM of the thermometer gauge at the water tank in the Mechanical Room of the Special Care Unit, with the Maintenance Director present, was 120 degrees F.</p> <p>Continued observation on 01/17/17 at 11:05AM of Resident Room #212 on the Special Care Unit with the Maintenance Director (a vacant room at the end of a hallway of resident rooms) revealed the water temperature at the sink in this room's</p> | D 113 | | |

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| D 113 | Continued From page 10 bathroom was 119 degrees F by the Maintenance Director's thermometer and 118 degrees F by the State Surveyor's thermometer. Continued observation on 01/17/17 at 11:05AM of Resident Room #214 on the Special Care Unit with the Maintenance Director revealed the water temperature at the sink in this room's bathroom was 118 degrees F by both the State Surveyor's and the Maintenance Director's thermometers. Continued observation on 01/17/17 at 11:05AM of Resident Room #216 on the Special Care Unit with the Maintenance Director revealed the water temperature at the sink in this room's bathroom was 118 degrees F by both the State Surveyor's and the Maintenance Director's thermometers. Continued observation on 01/17/17 at 11:05AM of Resident Room #217 on the Special Care Unit with the Maintenance Director revealed the water temperature at the sink in this room's bathroom was 119 degrees F by the Maintenance Director's thermometer and 118 degrees F by the State Surveyor's thermometer. Continued observation on 01/17/17 at 11:05AM of Resident Room #219 on the Special Care Unit with the Maintenance Director revealed the water temperature at the sink in this room's bathroom was 119 degrees F by the Maintenance Director's thermometer and 118 degrees F by the State Surveyor's thermometer. Continued observation on 01/17/17 at 11:05AM of Resident Room #227 on the Special Care Unit with the Maintenance Director revealed the water temperature at the sink in this room's bathroom was 121 degrees F by the Maintenance Director's thermometer and 120 degrees F by the State | D 113 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 01/19/2017 |
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| NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE OF MOORESVILLE | STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117 |
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| D 113 | <p>Continued From page 11</p> <p>Surveyor's thermometer.</p> <p>Continued observation on 01/17/17 at 11:05AM of Resident Room #230 on the Special Care Unit with the Maintenance Director revealed the water temperature at the sink in this room's bathroom was 119 degrees F by the Maintenance Director's thermometer and 118 degrees F by the State Surveyor's thermometer.</p> <p>A second observation on 01/17/17 at 11:20AM of the thermometer gauge at the water tank in the Mechanical Room of the Special Care Unit, with the Maintenance Director present, was 124 degrees F.</p> <p>An interview on 01/17/17 at 11:30AM with the Executive Director revealed: -She would have to review the corporate policy to determine how often the Maintenance Director was required to check water temperatures. -The Maintenance Director had water temperature logs which would be available for review.</p> <p>Review of a computer-generated instruction sheet for taking water temperatures (confirmed as policy by the Executive Director) revealed: -The name of the facility, "Water Temps: Test and log the hot water temperatures" and "Was Due by January 14, 2017 " at the top of the page. -The instruction "Ensure patient room water temperatures are between 105 degrees and 115 degrees Fahrenheit (or as specified by state requirements)." -Weekly water temperature checks for lobby bathroom, a random "Room A" (100 hall) and a random "Room B" (200 hall) from the period of 09/26/16 through 01/04/17, ranging from 103 to 115 degrees F.</p> | D 113 | | |

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| D 113 | Continued From page 12 Observation on 01/17/17 at 11:59AM of the Special Care Unit revealed the Maintenance Director and a plumber walking towards the Maintenance Room where the water tank was located. | D 113 | | |
| D 131 | <p>10A NCAC 13F .0406(a) Test For Tuberculosis</p> <p>10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with 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, NC 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to assure 3 of 8 sampled staff (Staff B, C and E) had received the Step 2 tuberculosis (TB) test upon employment in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>1. Review of Staff B's personnel record revealed: -A hire date of 09/27/16 as a Medication Aide (MA). -There was documentation of the Step 1 TB test being completed on 9/28/16. -There was no documentation of the Step 2 TB test being completed.</p> | D 131 | | |

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| D 131 | Continued From page 13 Telephone interview on 01/19/17 with Staff B was unsuccessful by exit. Telephone interview on 01/19/17 with the LHPS nurse was unsuccessful by exit. Refer to interview on 01/19/17 at 10:22AM with the Business Office Manager (BOM). Refer to interview on 01/19/17 at 1:10PM with the Administrator. 2. Review of Staff C's personnel record revealed: -A hire date of 10/11/16 as a Personal Care Aide (PCA). -There was documentation of the Step 1 TB test being completed on 10/10/16. -There was no documentation of the Step 2 TB test being completed. Telephone interview on 01/19/17 with Staff C was unsuccessful by exit. Telephone interview on 01/19/17 with the LHPS nurse was unsuccessful by exit. Refer to interview on 01/19/17 at 10:22AM with the BOM. Refer to interview on 01/19/17 at 1:10PM with the Administrator. 3. Review of Staff E's personnel record revealed: -A hire date of 3/8/16 as a PCA. -There was documentation of the Step 1 TB test being completed on 3/9/16. -There was no documentation of the Step 2 TB test being completed. | D 131 | All staff records reviewed and perpetual staff log/tickler was implemented for tracking and to ensure all staffing requirements are met All 2 step TB tests will be given and read | 2/1/17 2/12/17 |

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| D 131 | <p>Continued From page 14</p> <p>Telephone interview on 01/19/17 with Staff E was unsuccessful by exit.</p> <p>Telephone interview on 01/19/17 with the LHPS nurse was unsuccessful by exit.</p> <p>Refer to interview on 01/19/17 at 10:22AM with the BOM.</p> <p>Refer to interview on 01/19/17 at 1:10PM with the Administrator.</p> <p>Interview on 01/19/17 at 10:22AM with the BOM revealed:</p> <ul style="list-style-type: none"> -It was "normally the resident services staff" (Special Care Unit Coordinator/SCC) who tracked the required trainings. -They were in the process of hiring for the SCC position. It had been vacant since October 2016. -A Regional Nurse and a Nurse from a sister facility were filling in in the interim. -She (the BOM) would also track the training requirements, "as a back-up". -New employees obtained the Step 1 TB test before they were hired and the Step 2 test was administered by the SCC. -She was not sure why Staff B, C, and E had not received their Step 2 TB test. <p>Interview on 01/19/17 at 1:10PM with the Administrator revealed:</p> <ul style="list-style-type: none"> -She had started working at the facility on 10/28/16. -She could not attest to the new hire process prior to her employment start date. -She was very close to filling the vacant SCC position, which would be filled with a registered nurse (RN). -Since the start of November 2016 she had been using a RN from a sister facility, who was at the | D 131 | | |

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| D 131 | Continued From page 15 facility approximately two days per week. -She remembered the RN was in the facility training staff in mid-November but did not know the reason she had not completed the Step 2 TB test for Staff B, C and E. -The new RN will be responsible for completing the Step 2 TB test. | D 131 | | |
| D 181 | 10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to assure 3 of 6 sampled staff (Staff B, C and D) was competency validated for Licensed Health Professional Support (LHPS) tasks. The findings are: 1. Review of Staff B's personnel record revealed: -A hire date of 09/27/16 as a Medication Aide (MA) -There was documentation of Staff B 's certified | D 161 | All LHPS competency validations will be complete. We have created a staff tickler (with all the perpetual staff log requirements) that will ensure completion of all staff requirements for employment | 2/12/17 |

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| D 161 | <p>Continued From page 16</p> <p>nursing assistant (CNA) certification dated 9/20/16.</p> <p>-There was no documentation of the LHPS competency validation.</p> <p>Telephone interview on 01/19/17 with Staff B was unsuccessful by exit.</p> <p>Telephone interview on 01/19/17 with the LHPS nurse was unsuccessful by exit.</p> <p>Refer to interview on 01/19/17 at 10:22AM with the Business Office Manager (BOM).</p> <p>Refer to interview on 1/19/17 at 11:30AM with the Wellness Director.</p> <p>Refer to interview on 01/19/17 at 1:10PM with the Administrator.</p> <p>2. Review of Staff C's personnel record revealed: -A hire date of 10/11/16 as a Personal Care Aide (PCA). -There was documentation of Staff C's CNA certification that expired in August 2015. -There was no documentation of the LHPS competency validation.</p> <p>Telephone interview on 01/19/17 with Staff C was unsuccessful by exit.</p> <p>Telephone interview on 01/19/17 with the LHPS nurse was unsuccessful by exit.</p> <p>Refer to interview on 01/19/17 at 10:22AM with the BOM.</p> <p>Refer to interview on 1/19/17 at 11:30AM with the Wellness Director.</p> | D 161 | | |

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| D 161 | <p>Continued From page 17</p> <p>Refer to interview on 01/19/17 at 1:10PM with the Administrator.</p> <p>3. Review of Staff D's personnel record revealed: -A hire date of 12/19/16 as a Medication Aide (MA). -There was documentation that Staff D had completed the personal care services 80-hour training on 12/17/15. -There was no documentation of the LHPS competency validation.</p> <p>Telephone interview on 01/19/17 with Staff D was unsuccessful by exit.</p> <p>Telephone interview on 01/19/17 with the LHPS nurse was unsuccessful by exit.</p> <p>Refer to interview on 01/19/17 at 10:22AM with the BOM.</p> <p>Refer to interview on 1/19/17 at 11:30AM with the Wellness Director.</p> <p>Refer to interview on 01/19/17 at 1:10PM with the Administrator.</p> <p>Interview on 01/19/17 at 10:22AM with the BOM revealed: -It was "normally the resident services staff" (Special Care Unit Coordinator/SCC) who tracked the required trainings. -They were in the process of hiring for the SCC position. It had been vacant since October 2016. -A Regional Nurse and a Nurse from a sister facility were filling in in the interim. -She (the BOM) would also tack the training requirements, "as a back-up". -She was not sure why Staff B, C, and D had not received their LHPS competency validation.</p> | D 161 | | |

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| D 161 | Continued From page 18 -Staff D had transferred from a sister facility. Her date of hire at the sister facility was 08/06/15. Interview on 1/19/17 at 11:30AM with the Wellness Director revealed: -PCA 's are responsible to care for the residents daily living needs, such as assisting with dressing, transfers or bathing. -They will check on the residents at least every two hours, more often if necessary. Interview on 01/19/17 at 1:10PM with the Administrator revealed: -She had started working at the facility on 10/28/16. -She could not attest to the new hire process prior to her employment start date. -She was very close to filling the vacant SCC position, which would be filled with a registered nurse (RN). -Since the start of November 2016 she had been using a RN from a sister facility, who was at the facility approximately two days per week. -She remembered the RN was in the facility training staff in mid-November but did not know the reason she had not completed the LHPS competency validation for Staff B, C and D. -The new RN will be responsible for completing the LHPS competency validation. | D 161 | | |
| D 352 | 10A NCAC 13F .1003(a) Medication Labels 10A NCAC 13F .1003 Medication Labels (a) Prescription legend medications shall have a legible label with the following information: (1) the name of the resident for whom the medication is prescribed; (2) the most recent date of issuance; (3) the name of the prescriber; | D 352 | All prescription sample medications will be labeled by the prescribing MD or pharmacist with the date, resident's name, medication name, strength, instructions for taking the medication, expiration date of the sample and initialed by the MD or pharmacist. <i>PER 2/17/17 email from ED - sample no longer being USED. CA</i> | 1/20/17 |

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| D 352 | <p>Continued From page 19</p> <p>(4) the name and concentration of the medication, quantity dispensed, and prescription serial number;</p> <p>(5) directions for use stated and not abbreviated;</p> <p>(6) a statement of generic equivalency shall be indicated if a brand other than the brand prescribed is dispensed;</p> <p>(7) the expiration date, unless dispensed in a single unit or unit dose package that already has an expiration date;</p> <p>(8) auxiliary statements as required of the medication;</p> <p>(9) the name, address, telephone number of the dispensing pharmacy; and</p> <p>(10) the name or initials of the dispensing pharmacist.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure proper labeling of the prescription medication (Fanapt) for 1 of 5 residents observed for medication administration (Resident #7).</p> <p>The findings are:</p> <p>Review of Resident #7's current FL-2 dated 01/09/17 revealed: -Diagnoses which included schizophrenia. -An order for Fanapt (an antipsychotic medication used in the treatment of schizophrenia), 8mg tablets, give ½ of a tablet (4mg) twice a day.</p> <p>Review of Resident #7's Physician Visit Summary dated 12/14/16 revealed "Fanapt 8mg samples given #14 tablets ..." and instructions to give ½ tablets until the contract pharmacy received the order.</p> <p>Review of Resident #7's handwritten prescription</p> | D 352 | | |

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| D 352 | <p>Continued From page 20</p> <p>dated 12/14/16 revealed an order for Fanapt, 4mg, one tablet twice a day, 60 count.</p> <p>Review of Resident #7's Non-Covered Medication Notification form from the contract pharmacy dated 12/27/17 revealed:</p> <ul style="list-style-type: none"> -The non-covered medication was Fanapt 4mg tablet, a prescription number, directions to take one tablet by mouth twice daily for 30 days and an estimated cost of \$1,166.31 for 8 tablets. -Handwritten comments from the Wellness Director dated 12/27/16 of "Please do not send until I get in contact with family." -Handwritten comments dated 12/28/16 of "Dr. office notified [psychiatric clinic office provider] for pre- auth[orization]." <p>Review of Resident #7's Resident Service Notes dated 12/28/16 revealed:</p> <ul style="list-style-type: none"> -A Medication Aide (MA) gave the last 4mg of Fanapt to the resident and it was ordered from the contract pharmacy, but a pre-authorization was required due to cost. -A call was made to a person who was reported saying the facility had enough "samples" until the next office visit. -A call was made to the psychiatric clinic office for new orders. -"I will drive and pick up samples tomorrow." -Signature was illegible. <p>Review of Resident #7's provider telephone orders (written on a fax transmittal form) dated 12/28/16 revealed "Give Fanapt 3mg," "1 tab tonight," "1 tab in AM per [psychiatric clinic office provider]" and "(coming in AM for more samples of 8mg)."</p> <p>Review of Resident #7's December 2016 Medication Administration Record (MAR)</p> | D 352 | | |

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| D 352 | <p>Continued From page 21</p> <p>revealed:</p> <ul style="list-style-type: none"> -A transcription entry for Fanapt 8mg give ½ tab (4mg) twice a day, with consistent documentation of administration from 12/14/16 through 12/31/17. -A transcription entry for Fanapt 6mg give ½ tab tonight and ½ tab in AM, with documentation of administration on 12/28/16 and 12/29/16. <p>Review of Resident #7's January 2017 MAR revealed a transcription entry for Fanapt 8mg give ½ tab (4mg) twice a day, with consistent documentation of administration from 01/01/17 through 01/19/17.</p> <p>Review of Resident #7's (health care) provider communication form dated 01/05/17 revealed an MA's signature and the handwritten comment "Pre-Authorization request form please fill out."</p> <p>Review of Resident #7's fax transmittal form dated 01/06/17 revealed it was sent by the Wellness Director to the resident's psychiatric clinic with handwritten comments of "pre auth for Fanapt."</p> <p>Review of Resident #7's provider communication form dated 01/12/17 revealed an MA's signature and the handwritten comment "Pre-Auth form please sign & fax back."</p> <p>Continued review of Resident #7's record revealed an undated letter from the contract pharmacy titled "Prior Authorization Follow-Up Required" with directions.</p> <p>Review of Resident #7's Resident Service Notes dated 01/18/17 at 6:00PM revealed "Fanapt 8mg sample from [psychiatric clinic office provider] is expired family coming in to give med[ication]" with an illegible signature.</p> | D 352 | | |

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| D 352 | <p>Continued From page 22</p> <p>Review of Resident #7's Resident Service Notes dated 01/19/17 revealed "Family came in this morning & gave Fanapt 8mg ½ tab[let] PO [by mouth] this a.m. ..." with an illegible signature.</p> <p>Observation on 01/19/17 at 8:05AM of medication administration for Resident #7 revealed: -While the MA was retrieving medications from the medication cart, Resident #7's family member approached asking where medication was that was on the cart the previous night but was now not there. -The Wellness Director approached stating "I know what is going on" with a bottle of Fanapt, gave the family member a pill from the bottle and the family member went into Resident #7's room. -Inspection of the bottle revealed a manufacturer's label of Fanapt, 8mg tablets, with a printed expiration date of October, 2015. -There was no printed prescription label on the bottle of Fanapt.</p> <p>Interview on 01/19/17 at 8:05AM with the Wellness Director revealed the bottle of Fanapt was pulled from the medication cart due to being past manufacturer's expiration date, but "family can give it."</p> <p>Interview on 01/19/17 at 8:25AM with the MA revealed: -As documented on the December 2016 and January 2017 MARs, Resident #7 had received Fanapt as ordered but from a pharmaceutical company sample bottle, provided by the psychiatric clinic office. -She thought the family had a number of these sample bottles and had brought them in from home, insisting that they be used first. -A prescription had never been filled by the</p> | D 352 | | |

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| D 352 | <p>Continued From page 23</p> <p>contract pharmacy from which the resident had been given medication.</p> <p>-The Fanapt tablets in the sample bottles came in 8mg strength tablets that required staff to cut them in half to obtain the ordered 4mg strength dose.</p> <p>-The third shift the previous night did a "cart audit" and removed the Fanapt sample bottle which was why it was not available to give.</p> <p>-She was not sure if the Fanapt sample bottle had been expired, yet still administered, when it was stored on the cart.</p> <p>Telephone interview on 01/19/17 at 10:25AM with the Pharmacist at the contract pharmacy revealed:</p> <p>-Her records showed Resident #7's Fanapt required prior authorization, which the insurance rejected and the pharmacy billing department had notified the facility.</p> <p>-Her records showed a note from the billing department to follow up on the issue on 01/06/17.</p> <p>-A provider can dispense samples of medication so long as there was an order for it.</p> <p>-The provider would have to be contacted regarding any further information regarding samples of Fanapt.</p> <p>-It was not appropriate to administer expired medications to a resident.</p> <p>-It was "kind of shocking that the bottle is unlabeled."</p> <p>Telephone interview on 01/19/17 with staff at the psychiatric clinic office was unsuccessful by exit.</p> <p>Interview on 01/19/17 at 11:20AM with the Wellness Director revealed:</p> <p>-Fanapt was a "really expensive medication."</p> <p>-Pre-authorization was in process with the insurance company.</p> | D 352 | | |

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| D 352 | <p>Continued From page 24</p> <ul style="list-style-type: none"> -She made sure the resident's name was on the box that contained the sample bottle of Fanapt. -"As far as I know, as long as I put a name on it [sample bottle], I was good." -Medications were not to be administered past their expiration date, which the family knew about but were still insistent on Resident #7 being given the Fanapt. -She had not heard back from the psychiatric clinic office and the next dose was due at 8:00PM. -A representative from the contract pharmacy did a "cart audit" the previous night, pulled the Fanapt due to being past the manufacturer's expiration date and it was now in her possession. -The resident had a history of behaviors and she did not want her to miss a dose. | D 352 | | |
| D912 | <p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure residents received care and services that are adequate, appropriate and in compliance with federal and state laws and rules and regulations related to unsafe storage of oxygen tanks.</p> <p>The findings are:</p> | D912 | | |

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| D912 | Continued From page 25 Based on observations and interviews, the facility failed to ensure safe storage of portable oxygen tanks for 1 of 4 residents on oxygen therapy [Refer to Tag 079, 10A NCAC 13F .0306(a)(5), Housekeeping and Furnishings (Type B Violation)]. | D912 | 02 canisters will be stored in appropriate storage container. 02 provider contacted and they brought out the appropriate 02 containers for the 02 canisters. Staff made aware of the proper way to store 02, the policy for storage, why this is important, and the expectation to ensure safety. | 1/20/17 1/25/17 |
| 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: | D935 | Staff advised to look at the 02 canisters while in with the residents to ensure proper storage To protect from further risk/harm: 02 provider, Lincare, contacted and made expectations clear that upon delivery they are to bring the appropriate containers for the 02 cylendars. Staff will check behind the 02 providers upon delivery for the appropriate 02 storage rack | 1/25/17 1/19/17 |

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| D935 | <p>Continued From page 26</p> <p>1. The key principles of medication administration.</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 interview and record review, the facility failed to assure 1 of 4 sampled medication aides (Staff B) hired on or after 10/1/13, had received the medication clinical skills competency validation.</p> <p>The findings are:</p> <p>Review of Staff B's personnel record revealed: -A hire date of 09/27/16. -She was hired as a Medication Aide (MA). -She had completed the 15-hour medication training on 11/18/16. -No MA employment verification documentation. -No documentation of a completed medication clinical skills validation.</p> <p>Review of facility's staffing schedule revealed: -Staff B was scheduled to work as a 2nd shift MA on 01/17/17 and 01/18/17. -Staff B was 1 of 3 MA working 2nd shift on those dates.</p> <p>Telephone interview on 01/19/17 with Staff B was unsuccessful by exit.</p> | D935 | <p>All Medication aides will have their medication clinical skills competency validation. We have created a staff tickler (with all the perpetual staff log requirements) that will ensure completion of all staff requirements for employment</p> | 2/12/17 |

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| D935 | <p>Continued From page 27</p> <p>Telephone interview on 01/19/17 with the LHPS nurse was unsuccessful by exit.</p> <p>Interview on 01/19/17 at 10:22AM with the BOM revealed:</p> <ul style="list-style-type: none"> -It was "normally the resident services staff" (Special Care Unit Coordinator/SCC) who tracked the required trainings. -They were in the process of hiring for the SCC position. It had been vacant since October 2016. -A Regional Nurse and a Nurse from a sister facility were filling in in the interim. -She (the BOM) would also tack the training requirements, "as a back-up". -Staff B had been employed at another facility as a MA but there was no MA employment verification in her personnel record. -She was not sure why Staff B had not received her medication clinical skills competency validation. <p>Interview on 01/19/17 at 1:10PM with the Administrator revealed:</p> <ul style="list-style-type: none"> -She had started working at the facility on 10/28/16. -She could not attest to the new hire process prior to her employment start date. -She was very close to filing the vacant SCC position, which would be filled with a registered nurse (RN). -Since the start of November 2016 she had been using a RN from a sister facility, who was at the facility approximately two days per week. -She remember the RN was in the facility training staff in mid-November but did not know the reason she had not completed Staff B's medication clinical skills competency validation. -The new RN will be responsible for completing the medication clinical skills competency validation. | D935 | | |

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| D935 | Continued From page 28 -They had been in communication with the facility Staff B was previously employed at but had been unsuccessful in obtaining any personnel or training records. They would make contact with the facility again. | D935 | | |

Fitzgerald, Casey E

From: Sellers, Stephanie <SJSELLERS@5SSL.COM>
Sent: Friday, February 17, 2017 12:19 PM
To: Fitzgerald, Casey E
Subject: RE: Summit Place of Mooresville POC Jan 2017 Survey

Good afternoon, Casey.

I trust this finds you well. I am sorry we didn't connect earlier.

Thank you for reaching out with the concerns/ items to add to the POC. I am fine with you adding the following to the POC you have:

1. For all the tags, except tag 113, who will be the point person for monitoring the issues moving forward, and the frequency of the monitoring. You provided this info in tag 113.

Herman Rumbough, maintenance director will be the point of contact for this tag. He will monitor daily from 8am to 4pm. He will instruct the 2nd and 3rd shift SIC how to check water temps from 4pm until 6am and to log the readings. He will then review at 8am for the specified time frames already outlined.

2. Additionally for tag 352, what happened with the samples for the named resident? (Were they labeled? Were they removed from the cart if not labeled? Is the resident no longer needing samples as the provider wrote a new prescription for another medication?).

1/20/17 label received /gotten from the MD prescribing the med label with the required information listed was placed on the sample. Insurance company prior authorization approval process initiated. 2/16/17 prior approval process completed and the pharmacy sent the medication to the facility as all other meds. The sample is no longer being used.

If you have additional concerns or need anything further, please give me buzz.

Thank you, again.

Stephanie

Stephanie Sellers

Executive Director
Summit Place of Mooresville
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Mooresville, NC 28117
704-799-2712
SJSellers@5ssl.com



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