

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>921096</i>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <i>ha1002004</i>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ <i>Aug 30 2017</i>	(X3) DATE SURVEY COMPLETED <i>R</i> <i>07/24/2017</i>
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 000	Initial Comments The Adult Care Licensure Section and the Alexander County Department of Social Services conducted a follow-up survey and complaint investigation on July 19-21, 2017, and July 24, 2017 The Alexander County Department of Social Services initiated the complaint investigation on June 27, 2017.	D 000		
D 128	10A NCAC 13f .0404(1) Qualifications Of Activity Director 10A NCAC 13f .0404 Qualifications Of Activity Director There shall be a designated adult care home activity director who meets the following qualifications: (1) The activity director (employed on or after August 1, 1991) shall meet a minimum educational requirement by being at least a high school graduate or certified under the GED Program or by passing an alternative examination established by the Department of Health & Human Services. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure the facility had a current Activity Director (Staff A) that met all qualifications for the position of Activity Director. The findings are: Review of Staff A's personnel record on 7/24/17 revealed: -Staff A had a hire date of 6/31/17. -An employment application which listed completion of the GED.	D 128	<i>10A NCAC 13f .0404(1) Qualifications of Activity Director</i> <i>10A NCAC 13f .0404 qualification of Activity Director</i> <i>There shall be a designated adult care home activity director who meet the following qualifications.</i> <i>(1) The activity director (employed on or after August 1, 1991) shall meet a minimum educational requirement by being at least a high school graduate or certified under GED Program or by passing an alternative examination established by the Department of Health & Human Services.</i> <i>This rule is not met the old Activity Director have been replaced with another person that meet the minimum educational</i>	<i>9/1/17</i>

Division of Health Service Regulation
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kenneth R. Ramsey

TITLE
Administrator

(X6) DATE
8/28/17

STATE FORM

921096

APPROVED WITH NOISSUES

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D 128	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Staff A had been hired as an Activity Coordinator / Housekeeper. -No documentation / copy of a high school diploma, GED, or alternate exam available for review. -She did not have a job description in her personnel record for Activity Coordinator. <p>Interview on 7/20/17 at 11:40am with the Activity Coordinator revealed:</p> <ul style="list-style-type: none"> -She had worked at the facility for about 3 to 4 weeks. -She had been hired to do activities with the residents. -She does housekeeping two days per week and when needed, but will do activities when she gets her housekeeping assignment completed. -She had not had any activity training. -She knew how to do activities because she has 4 children. -She had put the activities on the calendar for July 2017. -She had not conducted any of the activities on the July 2017 activity calendar. -She had not been told that she had to do the activities listed on the calendar -She had done "a few" activities for the residents like putting out pictures for them to color, and putting out games for them to play. -She had taken some of the residents to the store to shop. -She had not been told about the activity requirements. -She had done activity assessments on the residents, but they were at her house. -She had not been told that she would eventually need certification related to activity coordination for adult care homes. -She had received her GED, but she could not remember the date, nor did she have any 	D 128	<p>requirement by being a high school graduate or Certified under the GED program or by passing an alternative examination established by the Department of Health & Human Services. This person shall complete within nine month assignment to this position, the basic activity course for assisted living Activity directors offered by community colleges or a comparable Activity course as determined by the Department based on instructional hours and content. This person is fully aware of the requirements of the Activity Coordinator, she understood that within nine months she must complete the Activity course for Assisted living!</p>	

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D 128	Continued From page 3 housekeeper was off. -She was instructed to do an activity assessment on all residents. -The facility did not have a full time Activity Coordinator. -There was not anyone in his corporation who was a Certified Activity Director. -The Administrator stated he was not aware that the activities scheduled for 7/19/17 and 7/21/17 had not taken place.	D 128		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 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. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 5 staff (Staff A) sampled were tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Staff A's personnel file revealed: -She was hired as the Activity Coordinator on 6/31/17.	D 131	10A NCAC 13F. 0406(a) Test for Tuberculosis 10A NCAC 13F. 0406 Test for Tuberculosis Upon employment, the administrator and all other staff 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 amendment and editions. This rule will be met, upon employment all staff will be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A.0205	9-7-17 NOM/Kit will monitor ON WARE + measure

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D 131	Continued From page 4 -There was no documentation of a TB skin test in Staff A's record. Interview with Staff A on 7/24/17 at 10:45am revealed: -She was hired to do activities with the residents. -She also does housekeeping duties. -She "thought" the Resident Care Coordinator (RCC) had given her a TB test. -She could not recall if she had ever had a positive reading from a TB test. Interview with the Administrator on 7/24/17 at 3:30pm revealed. -The RCC is responsible for assuring that all new staff have a TB test done before employment. -The TB test should have been done at the health department before employment -If needed the Licensed Health Professional, Support (LHPS) nurse will give a TB test to an employee. -He will make sure that the nurse does a TB test on Staff A. -He did not know why a TB test had not been done.	D 131		
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following:	D 164	10A NCAC 13F.0505 Training On Care of Diabetic Resident 10A NCAC 13F.0505 Training On Care of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner	8/2/17

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D 164	<p>Continued From page 5</p> <p>(a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring, universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure that training on the care of diabetic residents was provided for 3 of 3 sampled Medication Aides (MA), (Staff C, D, and E) who administer insulin in the facility.</p> <p>The findings are:</p> <p>A. Review of Staff C's personnel file revealed: -Staff C was hired as a Medication Aide on 7/21/16. -She had passed the medication aide test on 10/16/03. -She had the medication clinical skills validation completed on 8/18/16. -There was no documentation of diabetic care training for Staff C.</p> <p>Interview with Staff C on 7/24/17 at 3:30pm revealed: -She had received diabetic training at the facility where she had previously worked</p>	D 164	<p>Training shall include at least the following</p> <p>(a) basic facts about diabetes and care involved in the management of diabetes (b) insulin action (c) insulin storage (d) mixing, measuring and injection techniques for insulin administration (e) treatment and prevention of hypoglycemia and hyperglycemia including signs and symptoms (f) blood glucose monitoring; universal precautions. (g) universal precautions (h) appropriate administration times and (i) sliding scale insulin administration</p> <p>This rule will be met there will be diabetic and insulin Administration Training class, and each person responsible for insulin administration will have completed a state-approved Anticoagulant administration Training Program</p> <p>→ COMPLETE THE WORK PLAN TO ADH. AS IN FINDING.</p>	<p>UNITS RN TO DO TRAINING</p> <p>ADH/ACC TO MONITOR MAINTAIN</p>

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D 164	Continued From page 8 2.45pm with the Licensed Health Professional Support (LHPS) nurse was unsuccessful	D 164		
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>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.</p> <p>This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION</p> <p>Based on these findings, the previous Type B Violation was not abated.</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 1 sampled residents (#2) had an injectable medication, Invega Sustenna, available for home health to administer and failed to try to obtain the medication resulting in the resident not receiving the medication for almost 2 months and failed to ensure the resident's physician was aware the medication was not administered as ordered.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 2/9/17 revealed.</p> <ul style="list-style-type: none"> -Diagnoses included paranoid schizophrenia, and diabetes. -A medication order for Invega Sustenna 156 mg Inject Intramuscular (IM) every four weeks for psychosis (Invega is an injectable medication used to treat schizophrenia) 	D 273	<p>10A NCAC 13F.0902(b) Health Care</p> <p>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</p> <p>This rule will be met, when a resident is admitted, return from the hospital with a new H-2, it will be faxed to the pharmacy, onsite care for order review to clarify an order this will be also check when we received these orders by the administrator and the RAC.</p> <p><i>Dom / Rec will ensure MD on case file & ADVERSE NOTES</i></p>	9/7/17

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D 273	Continued From page 11 Therefore, this failure was detrimental to the health and safety of Resident #2 and constitutes a Type B Violation. A Plan of Protection was requested from Provider on 8/4/17.	D 273		
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 protect all food being stored, prepared and served by the facility from contamination. The findings are: Observation on 7/19/17 at 10:07am of the facility kitchen, freezer and pantry storage area revealed: -The floor of the pantry was dark, discolored and dirty. -A 5 lb. bag of buttermilk pancake mix was opened and rolled over at the top and was not dated after it was opened. -A clear plastic 1 gallon container of barbecue sauce was half full and had an expiration date of 5/24/17. -A large clear bag with approximately 2 cups of uncooked elbow macaroni was tied closed at the top of the bag but not dated after it was opened	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 will be met, the kitchen, freezer and pantry storage area will be clean and maintain. All open items will be properly stored and dated, all items will be checked to ensure that no items are on the shelves after their expiration date ADM/RC/TS MUST CHECK & IF THAN MONTHLY	9/7/17

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D 282	Continued From page 14 groups the stock together as much as possible. -She had been trained to put the date on items, label and initial after the containers or packages were opened but she did not always do it as she gets has been very busy. -She had not put the date on the open items because she was the only one working in the kitchen and had been very busy. Interview on 7/24/17 at 3 30pm with the Administrator revealed: -He expected staff to get out what they needed and then label and date it. -He expected food and drink items to be dated after they were opened. -He could not say why the staff had not dated items in the kitchen after opening them.	D 282		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure all therapeutic diets for 4 of 4 sampled residents (Resident #1, #2, #7 and #9) were served as ordered related to puree and no concentrated sweets diet orders. The findings are:	D 310	10A NCAC 13F.0904(e)(4) nutrition and Food Service 10A NCAC 13F.0904 nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician This rule will be met, all therapeutic diets will be served as ordered for the Dr. A Beckwith	9/7/17

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D 310	Continued From page 15 Review of the facility's therapeutic menus for No Concentrated Sweets (NCS) and Pureed revealed: -There was a column for daily food items and portion sizes to be served to residents on therapeutic diets. -Residents on a NCS diet should also have received sugar free fruit cocktail. -Residents on a puree diet should also have received one serving of breakfast meat -Residents on a NCS diet should have recieved sugar free syrup. -The menu had at the bottom of each page for "low concentrated sweets, consistent carbohydrates, no concentrated sweets and calorie controlled diets -all beverages, gelatin, syrup, jelly and sweeteners except milk should be sugar free". A. Review of Resident #7's FL2 dated 7/29/16 revealed. -Diagnoses that included mental retardation, cardiopulmonary disease and diabetes mellitus. -A physician order for a diabetic puree diet with thickened liquids (with no clarification for type of thickness). -A physician order for finger stick blood sugar checks on Monday, Wednesday and Friday. Observation of the breakfast meal on 7/21/17 between 7:30 am and 8:00 am revealed: -Resident #7 was feeding herself independently. -Resident #7's plate contained pureed scrambled eggs, pureed fruit cocktail, and a finely chopped biscuit with no liquid in it (dried bread crumbs). -Resident #7 mixed all of the food together on her plate and put spoonfuls of thickened coffee (consistency of oatmeal) and thickened orange juice in her food and mixed it up together.	D 310	<i>will be done to obtain the correct diet order for each resident. an update diet list will be posted in the kitchen for all cook to follow. The administrator will ensure that thick liquid are correct and posted for the cooks to follow. This will be check by the administrator and RCE</i> <i>STAFF TRAINING BY ADM, MONTANA MONTANA BY ADM/RCE</i>	

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D 310	Continued From page 27 provider calls for. -The Administrator or designee will audit all resident records to obtain the correct diet and date order posted and update the diet list in the kitchen for all cooks. -The RCC will ensure all thickened liquid orders are correct. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 7, 2017	D 310		
D 315	10A NCAC 13F .0905(a)(b) Activities Program 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 develop a program of activities designed to promote the residents' active involvement with each other, their families and the community. The findings are: Observations on 7/19/17 at 10:45am of a large wooden activity calendar hanging on the wall in the facility's main hallway revealed: -The top of the calendar had an area for the	D 315	10A NCAC 13F .0905(a)(b) Activities Program 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.	9/7/17

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D 315	<p>Continued From page 28</p> <p>month and year and was labeled July 2017.</p> <ul style="list-style-type: none"> -Below the month and year, the board had been divided into seven sections, each containing a different day of the week. -Below each day of the week there were 6 additional boxes for a total of 42 sections -Eleven of the sections were empty. The remaining 31 sections each contained a numbered piece of colored paper approximately 3 inches by 5 inches had been arranged to represent the activity calendar for July 2017. -Activities listed on the calendar included: make someone laugh day 7/1, color time 7/2, card game day 7/3, happy 4th of July 7/4, fun in the sun 7/5, story time 7/6, bingo 7/14, silly hat day 7/8, wacky sock day 7/9, do a good deed day 7/10, take a walk outside 7/11, board games 7/12, snack time outside 7/13, movie day 7/14, exercise outside today 7/15, necklace making 7/16, who wants to play musical chairs 7/17, music day 7/18, exercise inside or outside 7/19, scavenger hunt 7/20, let's throw Frisbee outside 7/21, write in your journal today 7/22, picnic outside 7/23, bingo 7/24, take a walk outside 7/25, cupcake / ice cream party 7/26, wacky sock day 7/27, silly hat day 7/28, opposite day (do everything backwards) 7/29, necklace making 7/30 and lazy day 7/31. -The activities listed did not have a beginning or ending time <p>Continued observations in the facility on 7/19/17, 7/20/17 and 7/21/17 revealed:</p> <ul style="list-style-type: none"> -The activity listed on the activity calendar for 7/19/17, exercise inside or out, did not take place. -The activity listed for 7/20/17, scavenger hunt, did not take place. -The activity listed for 7/21/17, let's throw Frisbee outside, did not take place. -On 7/19/17 and 7/21/17 there were no alternative 	D 315	<p><i>This rule will be met, the current activity director has met the minimum education requirement by being a high school graduate or certified under the GED program. This person will complete within nine month assignment to the position, the basic activity course for assisted living activity directors offered by a community college or a comparable activity course as determined by the Department based on instructional hours and content. This person is fully aware of the requirement of the activity coordinator, she understand the job description and that she must complete the activity course for assisted living</i></p> <p><i>ADM/lee</i> <i>with activity director to monitor progress</i> <i>ADM/lee</i> <i>to monitor</i></p>	9/7/17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 161002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/24/2017
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NAME OF PROVIDER OR SUPPLIER
ALEXANDER ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**3032 N C HIGHWAY 16 SOUTH
TAYLORSVILLE, NC 28681**

(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 315	<p>Continued From page 33</p> <ul style="list-style-type: none"> -It has been too hot for the residents to do activities outside. -Opposite day on the calendar is where the residents can do things the opposite as they normally do. -It has been too hot to do the "Fun in the Sun" activity -The activity "wacky sock day" is where the residents can wear mismatched socks, or only wear one sock. -The activity "lazy day" is just do nothing and relax for that day. -The activity "scavenger hunt" is where the residents sit in the dayroom and the staff say "I spy something green", and the residents guess what we are looking at. <p>Observation on 7/21/17 at 11:15am of the activities supply closet revealed board games to include checkers, trouble, sorry, and cards along with some craft supplies.</p> <p>Observation on 7/24/17 between 8:00am and 4:30pm revealed.</p> <ul style="list-style-type: none"> -The scheduled activity listed on the activity calendar was bingo. -No activities being done in the facility. -The Activity Coordinator was on the smoking porch at 9:45am, 10:30am, and 11:45pm. -The Activity Coordinator's work day ended at 2:00pm. <p>No activity assessment or participation documentation had been provided by time of exit on 7/24/17.</p>	D 315		
D 338	<p>10A NCAC 13F .0909 Resident Rights</p> <p>10A NCAC 13F .0909 Resident Rights</p>	D 338	<p>10A NCAC 13F.0909 Resident Rights</p> <p>10A NCAC 13F.0909 Resident Rights</p>	<p>9/7/17</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/24/2017
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NAME OF PROVIDER OR SUPPLIER
ALEXANDER ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**3032 N C HIGHWAY 16 SOUTH
TAYLORSVILLE, NC 28681**

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D 338	<p>Continued From page 34</p> <p>An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure all residents were treated with respect related to extra servings of coffee and treatment of a vegetarian resident (#10) after receiving regular diet plate containing pulled pork.</p> <p>The findings are:</p> <p>A. Observation of a notice posted on the kitchen door on 7/21/17 at 8:15am revealed: -Coffee at meals only. -Only one cup of coffee per meal per resident.</p> <p>Interviews with 3 out of 4 residents on 7/21/17 revealed: -Residents could only request one cup of coffee during meals. -"We have to beg for a second cup. It's rare that you get another." -"You are only allowed one cup." -"Order is from the boss (the Administrator)." -"They say we can get one cup for breakfast and one cup for dinner." -"We get one cup of coffee only in the dining room."</p> <p>Interview with a facility cook on 7/21/17 at 8:45am revealed: -"Generally the residents can have a single cup (8 ounces)"</p>	D 338	<p>An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21 Declaration of Residents' Rights are maintained and may be exercised without hindrance</p> <p>This rule will be met, it has been made clear to the cooking staff (see staff) that all diet must be followed as ordered, and the sign here has been removed stating only one cup of coffee. This will be monitored by the administrator and RCC</p> <p>ADM will train staff + ADM/RC will monitor weekly + ADM monthly</p>	9/2/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/24/2017
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 338	Continued From page 37 with the Resident who had a vegetarian diet and was served pulled pork.	D 338		
D 344	<p>10A NCAC 13F .1002(a) Medication Orders</p> <p>10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments. (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility. (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interviews and record review, the facility failed to clarify readmission orders for Novolog insulin that were incomplete with a prescribing practitioner for 1 of 4 sampled residents (#1).</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 7/2/17 revealed. -Diagnoses included insulin dependent diabetes. - A physician order for Novolog sliding scale insulin (regulates blood glucose levels) subcutaneous injections three times daily</p>	D 344	<p>10A NCAC 13F.1002(a) Medication Order 9/2/17</p> <p>10A NCAC 13F.1002 Medication Order (a) an adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of order for Medication and treatment (1) if order for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility (2) if orders are not clear or complete (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This rule will be met when a resident is admitted or readmitted with a new FL-2 we will be faxed the primary care doctor and the pharmacy for review, clarification this will be check by the administrator and RCC</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/24/2017
NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
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D 344	<p>Continued From page 38</p> <p>-There was no further documentation or instructions regarding the dosage of Novolog to administer for blood sugar ranges.</p> <p>Review of Resident #1's hospital discharge summary dated 7/3/17 revealed recent acute renal failure.</p> <p>Review of Resident #1's July 2017 electronic Medication Administration Record (eMAR) on 7/19/17 and 7/24/17 revealed:</p> <p>-An entry for Novolog sliding scale insulin, give before meals and at bedtime for CBG (capillary blood glucose level): 150-200 give 2u (units), 201-250 give 4u, 251-300 give 6u, 301-350 give 8u, 351-400 give 10u, 401-450 give 12u, greater than 450 give 12u and recheck in one hour, with scheduled administration times of 6:00am, 11:30am, 4:30pm, and 8:00pm.</p> <p>-There was documentation that Novolog sliding scale insulin had been given 44 times out of 62 opportunities from 7/4/17 at 6:00am - 7/19/17 at 11:30am for blood sugar range of 158-417.</p> <p>-The last documented entry on the July 2017 eMAR was on 7/19/17 at 11:30am with no documentation of Novolog sliding scale insulin given from 7/20/17-7/23/17</p> <p>Review of Resident #1's previous physician order sheet dated 5/31/17 revealed:</p> <p>-Novolog sliding scale insulin before meals and at bedtime for CBG 150-200 give 2u, 201-250 give 4u, 251-300 give 6u, 301-350 give 8u, 351-400 give 10u, 401-450 give 12u and recheck in one hour.</p> <p>Interview with a pharmacy technician at the provider pharmacy on 7/20/17 at 11:00am revealed:</p>	D 344	<p>when we received the new H-2 and on a weekly basis. all F1-2 will be monitored and kept up to date. all orders will be monitored and approved or action D/C removed from the chart and kept up to date</p>	9/27/17	

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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 344	<p>Continued From page 42</p> <p>-A CBG of 318 on 7/6/17 at 6:00am. -A CBG of 145 on 7/5/17 at 8:00pm.</p> <p>The facility failed to clarify readmission orders for Novolog insulin that were incomplete with a prescribing practitioner for 1 of 4 sampled residents (#1). This failure resulting in Resident #1 receiving Novolog sliding scale insulin 11 times from 7/3/17 through 7/20/17 when no insulin should have been administered and exposed the resident to an increased risk of a hypoglycemic reaction. Therefore this failure was detrimental to the health and well being of Resident #1 and constitutes a Type B Violation.</p> <p>Review of the Plan of Protection provided by the facility on 7/21/17 revealed:</p> <ul style="list-style-type: none"> -All admission or readmission FL2s for residents will be faxed to the pharmacy and to the onsite care doctor for review and clarification. -These will be monitored by the Administrator when the FL2 is received and on a weekly basis. -All orders will be monitored and approved or discontinued and kept up to date <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 7, 2017</p>	D 344		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:</p>	D 358	<p>10A NCAC 13 F. 1004(a) medication administration</p> <p>10A NCAC 13F. 1004 medication administration</p> <p>an adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with</p>	<p>9/7/17</p> <p><i>Δ TO 8231 DUE TO A2</i></p>

Division of Health Service Regulation

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D 358	<p>Continued From page 43</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered to 4 of 6 sampled residents as evidenced by the failure to administer a pain medication, Percocet, to Resident # 5 when requested due to the facility's electronic medication administration system was not operating; failed to administer readmission medications (furosemide, lisinopril, Novolog, hydroxyzine and lactulose) from a hospitalization to Resident #1 as ordered due to the orders not being sent to the pharmacy until almost 3 weeks later, and failed to administer medications as ordered to 2 other sampled residents (Residents #3 and #9.) (Sertraline, fluticasone nasal spray, cyclobenzaprine)</p> <p>The findings are:</p> <p>A. Review of Resident #5's current FL-2 dated 6/9/17 revealed: -Diagnoses included altered mental status, hyperplasia of prostate, hypertension and atrial fibrillation. -Medications included Hydromorphone 2mg tablet (a narcotic medication used to treat severe pain), take 1 tablet three times per day. -Hydromorphone 2mg 1 tablet every 6 hours as needed for pain.</p>	D 358	<p>(1) orders by a licensed prescribing practitioner which are maintained in the resident record and (2) rules in this section and the facility's policies and procedures</p> <p>The administrator will have a staff meeting with all med-tech's to ensure they are following proper procedures looking at the MAR's making sure all medications are given correctly and all documentation is written up correctly. All nurse sheets are documented correctly and turned into the REC when finished. The PCA or CNA will withdraw any MAR's given until Med-pts is completed. The administrator and REC will ensure all medications are that PCA will be pulled by Med-Tech and all current medications on the MAR's will be available to the resident at correct times, will ensure that med tech understand the importance that residents and their medications</p>	

*ADM 1/2
will be in
week of 4
then month is
PAPER will WITH
MANAGEMENT SYSTEM
WHEN COMPUTER
SYSTEM IS DOWN*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16A002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/24/2017
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 358	<p>Continued From page 58</p> <p>implemented until identified during the survey on 07/19/17. Medications administered incorrectly included lisinopril, furosemide, Novolog, lactulose and hydroxyzine. The medication errors placed Resident # 1 at risk of renal failure again and electrolyte imbalance that could affect the resident's heart and other organs and experiencing hypoglycemia. In addition, the facility failed to administer medications as ordered to 1 of 3 residents (#9) observed during the medication pass and 1 of 6 other sampled residents (#3). Resident #3 failed to receive cyclobenzaprine as ordered exposing him to an increased risk unrelied pain secondary to muscle spasms. Resident #9 failed to receive sertraline and fluticasone nasal spray as ordered exposing her to risk of overdose of sertraline and unrelied allergy symptoms. The facility's failure to have a safe and effective system for the administration of medications, as well as, Resident # 5 experiencing pain and not receiving a pain-medication that was available for administration and Resident # 1 not receiving medications as ordered after a recent hospitalization placed the residents at substantial risk of serious physical harm and serious neglect. This constitutes a Type A2 Violation.</p> <p>Review of the Plan of Protection provided by the facility on 7/20/17 revealed:</p> <ul style="list-style-type: none"> -The Administrator will have a staff meeting with all MA to ensure they are following proper procedure in looking at the MARs, making sure all medications are given correctly, and all documentation is written correctly -The Administrator will ensure all narcotic sheets are documented correctly and turned in to the director when completed. -The Personal Care Aide or Nursing Assistant will 	D 358	<p>As needed (PRN) and documenting the resulting effect on the resident Not date and time of administration (?) Documentation of any omission of medications or treatment</p>	

Division of Health Service Regulation

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D 358	Continued From page 59 witness any narcotics given until the medication pass is completed. -The Licensed Health Professional Support nurse will conduct an inservice on 7/26/17 with all MA to ensure they are correctly doing their jobs and all documentation is correct. -All MA will turn in the narcotic sheets to the director when completed. -The Administrator and director will ensure all medications that are discontinued will be pulled from the med cart by the MA, and and everything on the MAR will be available to the resident at correct times. -The Administrator/director will ensure MA understand the importance of all medications. DATE OF CORRECTION FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED AUGUST 23, 2017.	D 358		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the	D 367	D 10A NCAC 13F.1004(j) Medication Administration 10A NCAC 13F.1004 Medication Administration Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following (1) Resident's name (2) name of the medication or treatment order (3) strength and dosage or quantity of medication administered (4) instructions for administering the medication or treatment. (5) Reason or justification for the administration of medications or treatment	9/7/17

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D 367	<p>Continued From page 60</p> <p>omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).</p> <p>This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION</p> <p>The Type B Violation was abated. Non-compliance continues.</p> <p>Based on observations, record reviews, and interviews, the facility failed to assure the accuracy of the Medication Administration Records (MARs) for 2 of 6 (#1 and #5) sampled residents related to the medications Percocet and Fionase for Resident #5 and Novolog insulin for Resident #1 not being administered because they were not on the MARs due to the pharmacy computer system being down for 5 or more days</p> <p>The findings are:</p> <p>A. Review of Resident #5's current FL-2 dated 6/9/17 revealed: -Diagnoses included altered mental status, hyperplasia of prostate, hypertension and atrial fibrillation. -Medications included Hydromorphone 2mg, 1 tablet three times daily and Hydromorphone 2mg tablet 1 tablet every 6 hours PRN. -Medications included Fionase 0.05% nasal spray, use 2 sprays into each nostril once daily.</p> <p>1. Review of a physician's order for Resident #5 dated 7/21/17 at 2:52pm revealed: -Dilaudid (brand name) discontinued. -Norco discontinued</p>	D 367	<p>As needed (PRN) and documenting the resulting effect on the resident</p> <p>6) Date and time of Administration</p> <p>7) Documentation of any omission of Medication or treatment</p> <p>This Rule will be met, the administrator will a staff meeting with all CNPS RN Med Tech's to ensure they are following proper procedures, looking at the MAR's, make sure all medications are given correctly and all documentation is written up correctly. All narc sheets are documented correctly and turned into the director when finished. The PCA or CNA will witness any narc's given until med-pass is complete. Staff meeting will be held on a bi-weekly</p>	<p>CNPS RN TRAIN DATE</p>

AND will sign on MAR. ADM/REC WHEN SIGN IF DOWN. ADM/REC TO monitor MONTHLY OR WHEN OCCUR.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/24/2017
NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 367	<p>Continued From page 61</p> <p>-Start Percocet 10/325mg (a pain medication) every 6 hours as needed.</p> <p>Review of the July 2017 eMAR for Resident #5 on 7/24/17 at 10:45am revealed:</p> <ul style="list-style-type: none"> -The Hydromorphone 2mg, 1 tablet three times daily was on the eMAR as being discontinued. -The Hydromorphone 2mg tablet 1 tablet every 6 hours PRN for pain was on the eMAR as being discontinued. -The Norco 10-325mg 1 tableted every 12 hours PRN for pain was on the eMAR as being discontinued. -The Percocet 10/325mg 2 tablets every 6 hours PRN was not listed on the eMAR. <p>Interview with a Medication aide on 7/24/17 at 9:30am revealed:</p> <ul style="list-style-type: none"> -"She felt bad that Resident #5 was in so much pain, but could not have anything for pain." -The Hydromorphone pain medication had been discontinued on 7/21/17. -She turned in 3 Hydromorphone tablets to the Resident Care Coordinator on Friday. -She was told by the Resident Care Coordinator that since the new order for the Percocet was not on the eMAR it could not be given. -The Percocet was delivered on 7/22/17. -She did have the Percocet 10/325mg pain medication on the cart. -She "guessed" the Administrator or RCC had discontinued the medications on the eMAR. <p>Observation on 7/24/17 at 9 35am of the medication cart revealed 30 tablets of Percocet 10/325mg available for administration was dispensed on 7/22/17.</p> <p>Interview on 7/24/17 at 10:30am with Resident #5 revealed:</p>	D 367	<p><i>To ensure all med-Tech are correctly doing there job and all documentation is correct.</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/24/2017
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NAME OF PROVIDER OR SUPPLIER
ALEXANDER ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**3032 N C HIGHWAY 16 SOUTH
TAYLORSVILLE, NC 28681**

(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 367	Continued From page 69 paper MAR to administer the new medications. -He did not know why the staff would have been signing for medications that were not administered. -The RCC was responsible to assure all medications were available on the medication cart for administration.	D 367		
D 392	10A NCAC 13F .1008(a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on observations, interviews, and record reviews, the facility failed to assure readily retrievable records were available to account for the disposition of controlled substances (Hydromorphone and Alprazolam) and to ensure an accurate reconciliation of those controlled substances for 1 of 4 sampled residents (Resident #5) who were administered controlled medications. The findings are: Review of Resident #5's current FL-2 dated 6/9/17 revealed:	D 392	DOA NCAC 13F. 1008(a) Controlled Substances 9/17/17 10A NCAC 13F. 1008 Controlled Substances An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This rule will be met, the med aide will have the (PCA/nr) witness narcotic administration to make sure all narcotics are given properly and documented at the time the narcotic is given. The administrator and RCC will count down the	A TO 9-17-17 8-17-17 WAS OK

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/24/2017
NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
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D 392	Continued From page 70 -Diagnoses included altered mental status, hyperplasia of prostate, hypertension and atrial fibrillation. -Medications included Hydromorphone 2mg tablet (a narcotic medication used to treat severe pain), take 1 tablet three times per day. -Hydromorphone 2mg 1 tablet every 6 hours as needed (PRN) for pain. -Alprazolam 2 mg (a medication used to treat anxiety) 1 tablet every 8 hours. Interview on 7/20/17 at 2:30pm with Resident #5 revealed: -"I have a lot of pain" -He was unaware of what medications he was taking. -He was in pain even after taking his pain medication. -There were times that he was pain free, but not often. -He could not tell if he was getting the medications the way he was supposed to. 1. Telephone interview with the facility pharmacy on 7/20/17 at 2:15pm revealed: -The facility received 105 Hydromorphone 2mg for Resident #5 on 6/9/17 -The facility received 105 Hydromorphone 2mg for Resident #5 on 6/21/17. -The facility received 105 Hydromorphone 2mg for Resident #5 on 7/5/17. Review of the June 2017 electronic generated Medication Administration Record (eMAR) for Resident #5 revealed: -Hydromorphone 2mg tablet one tablet three times daily. -The scheduled administration times were documented as 8:00am, 2:00pm and 8:00pm. -Between 6/9/17 and 6/30/17 documentation	D 392	<i>the med cart at my guess was unannounced Starting today 7/20/17 The administrator will address narcotics in a staff meeting immediately. all narcotic count sheets will be documented correctly with PCA/NA witness. The LTPS nurse will go over the expiration of narcotics and how they are properly handled. all documentation will be turned in the RCC and kept filed by nurse The med cart will be be counted down per the administrator and done together unannounced to ensure all medications are accounted for</i>	ADM/RA TO NUMBER WEEKLY THEN MONTHLY OR PRN.

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D 438	<p>Continued From page 77</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations and interviews, the facility failed to protect and ensure residents received care and services needed as evidenced by the failure to conduct an internal investigation and report allegations to the Health Care Personnel Registry for 1 of 1 staff (C) related to the impairment of Staff C, a supervisor, and questionable if the supervisor was able to perform duties on multiple days.</p> <p>The findings are:</p> <p>Observations by a representative from the county Department of Social Services (DSS) on 7/5/17 at 1:00pm revealed: -Upon entering the facility, Staff C appeared disoriented and unable to follow simple conversation. -Staff C's speech was slurred and slow. -Staff C's gait was unsteady</p> <p>Observations by a representative from the county DSS on 7/7/17 at 1:05pm revealed: -Staff C appeared to be under the influence with slurred speech and an impaired ability to communicate. -Staff C had an unsteady gait and spilled water while walking down the facility hallway to administer medications to a resident.</p> <p>Interview with the county representative on 7/19/17 at 9:30am revealed:</p>	D 438	<p>Supporting Rules 10A NCAC 130 .0101 and .0102</p> <p>This rule is ^{not} met, the administrator fell out a 24hr report on stated staff member, The administrator did a investigation talk to staff member and resident and a 5 day report was send to HPCR with the finding. The administrator will do random drug test on all staff to ensure that all staff are clean from narcotics and alcohol to ensure staff are sober at all times.</p> <p><i>24 hr report - 50% compliance - 50% THINK IF AN INVESTIGATION OR ABOVE, REQUEST ADM/ACC TO monitor weekly if 4-7/19/17</i></p>	

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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
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D 392	Continued From page 76 Hydromorphone tablets resulted in pain relieving medication and 133 Alprazolam tablets which resulted in anxiety medication being unavailable for Resident #5. The facility's failure to maintain accurate controlled substance records was detrimental to the well being of Resident #5, which constitutes an unabated Type B Violation. Review of the Plan of Protection provided by the facility on 7/20/17 revealed: -The MA will have the Personal Care Aide/Nursing Assistant (PCA/NA) witness narcotic administration to make sure all narcotics are given properly and documented at the time the narcotic is given. -The Administrator and Director will count down the med cart at any given time unannounced starting today. -The Administrator will address narcotics in a staff meeting immediately. -All narcotic count sheets will be documented correctly with PCA/NA witness -The LHPS nurse will go over the importance of narcotics and how they are properly handled: -All documentation will be turned in to the director and kept filed from month to month. -The med cart will be counted down by the Administrator and Director together unannounced to ensure all medications are accounted for.	D 392		
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 130 .0101 and .0102	D 438	10A NCAC 13F.1205 Health Care Personnel Registry 10A NCAC 13F.1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and	9/2/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/24/2017
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D 438	Continued From page 80 safety of all residents in the facility and constitutes a Type B Violation. Review of the Plan of Protection provided by the facility on 7/21/17 revealed: -The Administrator will complete a 24 hour report on stated staff member. -The Administrator will do a full investigation, talk with staff and residents and any providers. -The Administrator will follow-up with a 5 day report with all findings. -The Administrator will do random drug test on staff to ensure she has a clean drug screen, checking for narcotics, alcohol, or anything that would make this person anything but clean and sober at all times. DATE OF CORRECTION FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 7, 2017.	D 438		
D 449	10A NCAC 13F 1211 (b) Written Policies And Procedures 10A NCAC 13F 1211 Written Policies And Procedures (b) In addition to other training and orientation requirements in this Subchapter, all staff shall be trained within 30 days of hire on the policies and procedures listed as Subparagraphs (3), (4), (6), (7), (8), (9), (10) and (11) in Paragraph (a) of this Rule This Rule is not met as evidenced by: Based on interviews and record reviews, the	D 449	10A NCAC 13F. 1211 (b) written Policies and Procedures 10A NCAC 13 F. 1211 written policies and procedures b in addition to other training and orientation requirements in this subchapter, all staff shall be trained within 30 days of hire on the policies and procedures listed as subparags (3), (4), (6), (7), (8), (9), (10) and 11 in paragraph (a) of this rule	9/7/17

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D 449	<p>Continued From page 81</p> <p>facility failed to assure 3 of 5 sampled staff completed training in infection control within 30 days of hire. (Staff A, D and E).</p> <p>The findings are:</p> <p>1. Review of Staff A's personnel file revealed: -Staff A was hired on 6/31/17 as a Activity Coordinator / Housekeeper. -There was no documentation of any infection control training for Staff A.</p> <p>Interview with Staff A on 7/24/17 at 10:45am revealed she had not had any infection control training since she started working at the facility.</p> <p>Observation on 7/19/17 and 7/21/17 between 10:00am and 1:30pm revealed Staff A was sweeping and mopping the floors throughout the facility.</p> <p>Refer to interview with Resident Care Coordinator on 7/24/17 at 3:10pm.</p> <p>Refer to interview with Administrator on 7/24/17 at 3:20pm.</p> <p>2. Review of Staff D's personnel file revealed: -Staff D was hired on 1/5/17 as a Personal Care Aide. -She started administering medications on 3/1/17. -There was no documentation of any infection control training for Staff D.</p> <p>Interview with Staff D on 7/24/17 at 3:00pm revealed she had not had any infection control training since working at the facility.</p> <p>Refer to interview with Resident Care Coordinator on 7/24/17 at 3:10pm.</p>	D 449	<p>This rule will be met, the administrator will schedule infection control class as soon as possible. we will have a staff meeting to ensure that all staff are aware of the items missing from their file and we must completed all require training. This will be completed within 30 days of starting work.</p> <p>ADM/RES TO monitor weekly x 4 then monitor</p>	

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D911	Continued From page 83	D911		
D911	G.S. 131D-21(1) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 1. To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure all residents were treated with respect related to extra servings of coffee and treatment of a vegetarian resident after receiving a regular diet plate containing pulled pork. The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure all residents were treated with respect related to extra servings of coffee and treatment of a vegetarian resident (#10) after receiving regular diet plate containing pulled pork. [Refer to Tag 0338 10A NCAC 13F.0909 Resident Rights.]	D911		
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:	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	9/7/17

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D912	<p>Continued From page 84</p> <p>Based on observations, record reviews, and interviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations in the areas of food and nutrition, health care, medication orders, and infection control.</p> <p>The findings are:</p> <p>A. Based on observations, interviews, and record reviews, the facility failed to assure all therapeutic diets for 4 of 4 sampled residents (Resident #1, #2, #7 and #9) were served as ordered related to puree and no concentrated sweets diet orders. [Refer to Tag 310 10A NCAC 13F .0904(e)(4) Nutrition and Food Service (Type B Violation.)]</p> <p>B. Based on interviews and record review, the facility failed to clarify readmission orders with significant changes that were unclear or incomplete with a prescribing practitioner for 1 of 4 sampled residents (#1). (Novolog sliding scale insulin.) [Refer to Tag 344 10A NCAC 13F 1002(a) Medication Orders. (Type B Violation.)]</p> <p>C. Based on observations, record reviews and interviews, the facility failed to assure adequate and appropriate infection control procedures were implemented for blood glucose monitoring by sharing glucose meters without proper disinfection for 2 of 3 sampled residents. (#1 and #2) and maintaining a shared or common glucose meter without proper disinfection. [Refer to Tag 932 G.S. 131D- 4.4(A) ACH Infection Prevention Requirements (Type B Violation.)]</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 1 sampled residents (#2) had an injectable</p>	D912	<p><i>This rule will be met. The administrator/RCC will ensure the cooks are following the menu, to ensure the cooks fully understand the menu, the proper serving size. The administrative RCC will audit all resident records to obtain the correct diet order, posted a current diet list in the kitchen for all cook. All cooks will also will be educated on all check required and that those orders are correct.</i></p> <p><i>The administrator/RCC will review H-Z on all new admitted residents or when returned from the hospital with a new FLZ, then the H-Zs will be faxed to the pharmacy and on site care for review, to clarify any order. H-Z will also be monitor on a weekly basis.</i></p>	

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D912	Continued From page 85 medication, Invega Sustenna, available for home health to administer and failed to try to obtain the medication resulting in the resident not receiving the medication for almost 2 months and failed to ensure the resident's physician was aware the medication was not administered as ordered. [Refer to Tag 273 10A NCAC 13F .0902(b) Health Care (Unabated Type B Violation.)]	D912	<i>The administration and KCC del 76-2 will be monitored and kept up to date. all orders will be monitored and approved or D/C remove from the chart and kept up to date. This will be checked by the administration and KCC</i>	07/27/17
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based observations, record reviews, and interviews, the facility failed to assure residents were free from neglect and exploitation in the areas of Health Care Personnel Registry reporting, medication administration, implementation, and controlled substances record keeping The findings are: A. Based on observations and interviews, the facility failed to protect and ensure residents received care and services needed as evidenced by the failure to conduct an internal investigation and report allegations to the Health Care Personnel Registry for 1 of 1 staff (C) related to the impairment of Staff C, a supervisor, and questionable if the supervisor was able to perform duties on multiple days. [Refer to Tag 438 10A NCAC 13F .1205 Health Care Personnel Registry (Type B Violation.)]	D914	<i>Infection control class will be schedule for all staff.</i> G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident rights Every resident shall have the following rights 4. To be free of mental and physical abuse, neglect and exploitation This rule is now met, the administrator fill out a 24 hrs report on stated staff member and send it to HCRP, an investigation was conducted with staff members and residents, a 5 day report was sent to the HCRP with the findings The Home will ensure	

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D914	Continued From page 87 qualifications, nutrition and food service, activities, infection control, Health Care Personnel Registry reporting, and residents' rights. [Refer to Tag 980 G.S. 131D-25 Implementation (Unabated Type A2 Violation)]	D914	<i>This will be monitored by the administrator, RCC weekly x 30 days then biweekly x 30 days and then monthly going forward</i>	
D932	G.S. 131D-4.4A (b) ACH Infection Prevention Requirements G.S. 131D-4.4A Adult Care Home Infection Prevention Requirements (b) In order to prevent transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens, each adult care home shall do all of the following, beginning January 1, 2012: (1) Implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines on infection control that addresses at least all of the following: a. Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents. b. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules. c. Accessibility of infection control devices and supplies d. Blood and bodily fluid precautions. e. Procedures to be followed when adult care home staff is exposed to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV, hepatitis B, hepatitis C, or other bloodborne pathogens. f. Procedures to prohibit adult care home staff with exudative lesions or weeping dermatitis from engaging in direct resident care that involves the potential for contact between the resident.	D932	G.S. 131D-4.4ACH Infection Prevention Requirements 9/17/17 G.S. 131D-4.4A Adult Care Home Infection Prevention Requirements <i>This rule is new met, an infection control class have been scheduled, we will have a immediate staff meeting to inform staff that each resident keeps their own meter and at no time should meters be shared with residents. We will keep a backup meter in the med room in case there is a malfunction with a meter. The administrator and RCC will make sure each new hire understand about blood glucose meters and the importance of not sharing infection control and diabetic</i>	9/17/17

*ADM + CNPP RPT TO TRNG
NEW BACKUP METER KEPT IN MED ROOM*

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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
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D932	<p>Continued From page 88</p> <p>equipment, or devices and the lesion or dermatitis until the condition resolves.</p> <p>(2) Require and monitor compliance with the facility's infection control policy</p> <p>(3) Update the infection control policy as necessary to prevent the transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, record reviews and interviews, the facility failed to assure adequate and appropriate infection control procedures were implemented for blood glucose monitoring by sharing glucose meters without proper disinfection for 2 of 3 sampled residents, (#1 and #2) and maintaining a shared or common glucose meter without proper disinfection.</p> <p>The findings are:</p> <p>Observation of the medication cart on 7/24/17 at 11:30am revealed:</p> <ul style="list-style-type: none"> -A glucose meter stored on the top shelf of the medication cart. -The glucose meter was not in a container or case. -The glucose meter did not have a resident's name or any other identifying marks anywhere on the meter. <p>Interview with the Medication Aide (MA) on</p>	D932	<p>In training will be taught upon rising, we will continue to enforce infection control and make sure all staff fully understands the rules and regulations each resident have their own meters w/out their name on them to eliminate any confusion and no mix up. There are inclusions/material to disinfected the meter</p> <p>Dom/Res TO PROTECT WEEKLY & THEN MONTHLY + PRN</p>	7/27/17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/24/2017
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NAME OF PROVIDER OR SUPPLIER: **ALEXANDER ASSISTED LIVING**
 STREET ADDRESS, CITY, STATE, ZIP CODE: **3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681**

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D935	Continued From page 94	D935		
D935	<p>G.S. § 131D-4.5B(b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(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:</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ul style="list-style-type: none"> 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. <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <ul style="list-style-type: none"> a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: <ul style="list-style-type: none"> 1. The key principles of medication administration. 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 	D935	<p>G.S. 131D-4.5B(b) ACH Medication Aides Training and Competency</p> <p>G.S. § 131D-4.5(b) Adult Care Home Medication Aides: Training and Competency Evaluation Requirements</p> <p>This rule will be met, the administrator / ACC will ensure that either the 5, 10 or 15 hour Med. Aide training is complete before an aide is allow to pass meds and is filed in their personal file.</p> <p>UNPS RN TO TRAIN.</p>	9/7/17

Division of Health Service Regulation

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D935	Continued From page 96 -The nurse who did the medication competency validation did the medication training. -She did not know if any medication training was completed on Staff E. Interview with the Administrator on 7/24/17 at 3 30pm revealed: -The Resident Care Coordinator (RCC) is responsible for assuring that all new staff have required training -The pharmacy consultant had done the medication training in the past, but did not know if they done it any longer. -He will schedule the nurse to do the 15 hour medication training for Staff E. -There was not an employment verification for Staff E. Attempted telephone interview on 7/24/17 at 2:45pm with the Licensed Health Professional Support (LHPS) nurse was unsuccessful.	D935		
D980	G.S. § 131D-25 Implementation G.S. 131D-25 Implementation Responsibility for implementing the provisions of this Article shall rest with the administrator of the facility. Each facility shall provide appropriate training to staff to implement the declaration of residents' rights included in G.S. 131D-21. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A2 VIOLATION Based on these findings, the previous Type A2 Violation was not abated.	D980	D980 G.S. § 131D-25 Implementation G.S. 131D-25 Implementation This rule will be met, the administrator is responsible for the total operation of the home for meeting and maintaining all rules. The administrator will hold staff meeting with all staff to ensure that everyone understand all rules pertaining to resident care and safety. The administrator will continue to express to the	9/7/17

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Division of Health Service Regulation

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D980	<p>Continued From page 97</p> <p>Based on observations, interviews, and record reviews, the Administrator failed to assure the management, operations, and policies and procedures of the facility were implemented to maintain each residents' rights as evidenced by the failure to maintain substantial compliance with the rules and statutes governing adult care homes as related to medication administration, medication orders, health care, staff qualifications, nutrition and food service, activities, infection control, Health Care Personnel Registry reporting, and residents' rights.</p> <p>The findings are:</p> <p>Interview with a resident during a tour of the facility on 7/19/17 between 10:20am and 12:15am revealed: -The Administrator comes around "occasionally." -When he's at the facility, "he's always in the office."</p> <p>Interview with a second resident during a tour of the facility on 7/19/17 between 10:20am and 12:15am revealed: -The Administrator was "not here often." -"He never makes rounds." -"I've only seen him 2 to 3 times since I've been here." -"I've lived in the facility since September of last year."</p> <p>Interview with a third resident on 7/24/17 at 9:00am revealed he believed the Administrator was here "about twice a month."</p> <p>Interview with the Administrator on 7/24/17 at 10:30am revealed: -He was in the facility at least 5 days a week -When he is in the facility, he checks on the</p>	D980	<p><i>staff the importance of proper document, medication management, Dietary to ensure that staff is following rules to ensure that we are in Compliance. all non compliance issues will be monitored by the administrator and director Weekly x30 day, then Bi weekly x30 and monthly from that point forward.</i></p> <p><i>The administrator will ensure that each Cook is following proper diet orders for each resident, follow each menu use the proper serving size and proper containers</i></p> <p><i>The administrator will continue to monitor the dietary order for each resident and a new list will be posted in the kitchen</i></p>	9/7/17

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D980	Continued From page 98 overall operation of the facility. -He "reviews new orders for residents." A. Based on observations, interviews, and record reviews, the facility failed to assure all therapeutic diets for 4 of 4 sampled residents (Resident #1, #2, #7 and #9) were served as ordered related to puree and no concentrated sweets diet orders [Refer to Tag 310 10A NCAC 13F 0904(e)(4) Nutrition and Food Service (Type B Violation.)] B. Based on observations and interviews, the facility failed to protect all food being stored, prepared and served by the facility from contamination. [Refer to Tag 282 10A NCAC 13F 0904(a)(1) Nutrition and Food Service.] C. Based on observations and interviews, the facility failed to develop a program of activities designed to promote the residents' active involvement with each other, their families and the community. [Refer to Tag 315 10A NCAC 13F 0905(a)(b) Activities Program.] D. Based on observations and interviews the facility failed to ensure the facility had a current Activity Director (Staff A) that met all qualifications for the position of Activity Director. [Refer to 128 10A NCAC 13F 0404(1) Qualifications of Activity Director.] E. Based on interviews and record review, the facility failed to clarify readmission orders with significant changes that were unclear or incomplete with a prescribing practitioner for 1 of 4 sampled residents (#1). (Novolog sliding scale insulin.) [Refer to Tag 344 10A NCAC 13F 1002(a) Medication Orders. (Type B Violation.)] F. Based on observations, interviews, and record	D980	B. The administrator will ensure that the facility will protect all food being stored prepared and served by the facility from contamination C. A plan/program of activities have been designed to promote the residents active involvement with each other, their families and the community. A new Activity Director have been hired that meet all qualifications for the position of Activity Director.	9/17/17