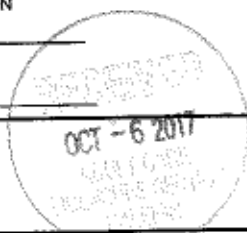


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/08/2017
NAME OF PROVIDER OR SUPPLIER TORRE'S HOME # 22		STREET ADDRESS, CITY, STATE, ZIP CODE 41 TORE'S DRIVE EAST FLAT ROCK, NC 28726	



(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
C 000	Initial Comments The Adult Care Licensure Section and the Henderson County Department of Social Services conducted an Annual Survey on 9/8/17.	C 000		
C 288	<p>10A NCAC 13G .0905(a) Activities Program</p> <p>10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide an activity calendar for 5 of 5 residents and assure a minimum of 14 hours per week of a variety of planned group activities that promote socialization, physical interaction, group accomplishment, increased knowledge and learning of new skills for residents were implemented.</p> <p>The findings are:</p> <p>Interview with two of the five residents during the initial facility tour on 9/8/17 revealed: -"We go on lots of outings, sometimes we do things here." -"We haven't done anything scheduled in a while" that the resident could remember.</p> <p>Observation in the facility living room on 9/8/17 at 8:35am revealed: -There was no Activity Calendar posted. -There was a blank calendar outside of the medication room beside the dining room.</p> <p>Observation on 9/8/17 from 8:15am to 3:00pm revealed no activities were offered.</p>	C 288		

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

TITLE

PRESIDENT

(X6) DATE

10-4-17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TORRE'S HOME # 22

**41 TORE'S DRIVE
EAST FLAT ROCK, NC 28726**

(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
C 288	<p>Continued From page 1</p> <p>Observation on 9/8/17 at 8:53am of the activity supplies in a room on the right side of the hallway revealed:</p> <ul style="list-style-type: none"> -A 3 tiered shelf containing magazines, books, puzzles, crayons and markers. -A 5 tiered shelf containing numerous craft supplies including paint, multiple containers of beads, paper and foam cutouts, construction paper, yarn and a small ball in a basket. <p>Interview on 9/8/17 at 12:45pm with the Supervisor-In-Charge revealed:</p> <ul style="list-style-type: none"> -She had been employed with the company for three years. -The facility had just hired a new activities director. -She had not been given the activities calendar to put on the calendar in the hall to the dining room. -The Activities Director (AD) was responsible for all the activities and the calendar. -The current AD was still with the facility but was working individually with a specific resident for the week. <p>Interview on 9/8/17 at 12:58pm with the current Activity Director revealed:</p> <ul style="list-style-type: none"> -She had started as the AD in May and had not had the required AD training. -She was responsible for completing the calendar and putting it up, and providing the residents with daily activities. -If she was unavailable the person assigned to transportation would assist her with activities. -She could not explain why the person assigned to transportation had not assisted this week. -She was aware there was supposed to be 14 hours a week of planned activities offered each week. -The new activity director would be starting the 	C 288		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/08/2017
NAME OF PROVIDER OR SUPPLIER TORRE'S HOME # 22		STREET ADDRESS, CITY, STATE, ZIP CODE 41 TORE'S DRIVE EAST FLAT ROCK, NC 28726		
(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
C 288	Continued From page 2 following week. -She had provided activities that included walks with the residents 3 times daily, matching card games, puzzles, beading, cutting items and pasting things out of magazines, golf (facility has various putters and a green set), cooking activities, socials and outings. -She was responsible for posting the monthly activity calendar. -The new AD was to start the following week and she had past the calendar off to her. -She had not provided any activities this week as she was involved one on one with a resident. -"I should have posted the calendar in the facility." Interview on 9/8/17 at 2:04 pm with the Facilities Manager revealed: -She was responsible for sales, assuring staff followed policies and procedures, overseeing resident care, the hiring and firing of employees and scheduling staff. -She also supervised the AD, Maintenance and the transportation aide. -She scheduled all staffing for the resident outings. -The current AD should have posted the monthly calendar prior to the beginning of the month. -She was unaware the AD had not posted the activity calendar for September 2017. -"It should have been posted," in the facility. -The current AD was to be covering until the new AD starts on 9/11/17.	C 288		
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and	C 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/08/2017
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NAME OF PROVIDER OR SUPPLIER TORE'S HOME # 22	STREET ADDRESS, CITY, STATE, ZIP CODE 41 TORE'S DRIVE EAST FLAT ROCK, NC 28726
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(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
C 367	<p>Continued From page 3</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure accurate documentation of a controlled substance, clonazepam 0.5mg (used to treat anxiety) by documenting the administration for 1 of 3 residents (Resident #3).</p> <p>The findings are:</p> <p>Review of Resident #3's current FL2 dated 7/21/17 revealed: -Diagnosis included hypertension and migraines. -Resident #3 was documented as intermittently disoriented, ambulatory, and continent of bladder and bowel. -Resident #3 had an order for clonazepam 0.5mg tablet, ½ tab every day as needed for anxiety hold for sedation.</p> <p>Observation on 9/8/17 at 2:30pm of the medication on hand for Resident #3 revealed: -Clonazepam 0.25 MG DIS TA, Dissolve 1 tablet under tongue every day as needed for anxiety "hold for sedation" with 7 number of tablets on hand. -Clonazepam 0.5mg tablet, take ½ tablet by mouth every day as needed for anxiety hold for sedation with 58 number of tablets on hand.</p> <p>A review of the narcotic Sheet for Resident #3 revealed: -An entry for clonazepam 0.5mg ½ tab was documented as administered on 7/22/17 at 9:52pm on Resident # 3's narcotic sheet.</p>	C 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/08/2017
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NAME OF PROVIDER OR SUPPLIER TORRE'S HOME # 22	STREET ADDRESS, CITY, STATE, ZIP CODE 41 TORE'S DRIVE EAST FLAT ROCK, NC 28726
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(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
C 367	<p>Continued From page 4</p> <ul style="list-style-type: none"> -An entry for clonazepam 0.5mg tab was documented as administered on 7/25/17 at 11:16pm on Resident #3's narcotic sheet. -An entry for clonazepam 0.5mg 1/2 tab was documented as administered on 8/31/17 at 11:07pm on Resident #3's narcotic sheet. -An entry for clonazepam 0.5mg 1/2 tab was documented as administered on 9/6/17 at 11:00pm on Resident #3's narcotic sheet. <p>A review of the Medication Administration Record (MAR) for Resident #3 revealed:</p> <ul style="list-style-type: none"> -Clonazepam 0.5mg 1/2 tab was not documented as administered on 7/22/17 at 9:52pm on Resident #3's MAR. -Clonazepam 0.5mg 1/2 tab was not documented as administered on 7/25/2017 at 11:16pm on Resident #3's MAR. -Clonazepam 0.5mg 1/2 tab was not documented as administered on 8/25/2017 at 11:27pm on Resident #3's MAR. -Clonazepam 0.5mg 1/2 tab was not documented as administered on 8/31/17 at 11:07pm on Resident #3's MAR. -Clonazepam 0.5mg 1/2 tab was not documented as administered on 9/6/17 at 11:00pm on Resident #3's MAR. <p>An interview on 9/8/17 at 1:45pm with the Facilities Manager revealed:</p> <ul style="list-style-type: none"> -Medication Aides have to "call the Supervisor-In-Charge (SIC) on call to get permission to give a PRN or a witness to document it on the count sheet, MAR, and narcotic sheet". -The computer will set up a 1 hour timer to put down the effect of the medication. -The SIC checks the MAR's and the narcotic sheet to make sure they are signed. -The staff member should have documented the 	C 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL045127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2017
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NAME OF PROVIDER OR SUPPLIER TORRE'S HOME # 22	STREET ADDRESS, CITY, STATE, ZIP CODE 41 TORE'S DRIVE EAST FLAT ROCK, NC 28726
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C 367	<p>Continued From page 5</p> <p>administration of the medication on the MAR not just on the narcotic sheet.</p> <p>An review of the facility's policy entitled "Policy on Medication Administration" on page 8 of the Policy Manual revealed:</p> <ul style="list-style-type: none"> - "Administration of PRNcontrolled medication must only be done after Supervisor On Call (SOC) is noted first. - "There must ALWAYS be two staff present when administering scheduled controlled medications to residents." 	C 367		



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

September 27, 2017

Tore Borhaug, Executive Officer
Tore's Home, Inc., Licensee
P.O. Box 349
Brevard, N.C. 28712

tore@toreshome.com

Re: Annual Survey completed 9/8/17(ASPEN Event ID/OXUC11)

Facility: Tore's Home #22
Licensure Number: FCL-045-127
County: Henderson

Dear Mr. Borhaug:

Thank you for the cooperation and courtesy extended during the survey completed 9/8/17 by staff with the Adult Care Licensure Section and the Henderson County Department of Social Services.

Enclosed you will find all violations/deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with the state regulations. You must provide an acceptable Plan of Correction for each violation/deficiency cited in the left column. In the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you will correct each violation/deficiency identified and return it to our office within 15 working days of receipt of this letter. Below you will find what to include in the Plan of Correction for all deficiencies; and, if violations were identified, details of the type of violation(s) and the time frame(s) for compliance are also provided below.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedures, staff training, changes in staffing patterns, etc.)
- Indicate what measures will be put in place to prevent the problem from occurring again
- Indicate who will monitor the situation to ensure it will not occur again
- Indicate how often the monitoring will take place
- Completion dates by which the plan of correction will be completed. The completion dates must be acceptable to the State.
- Sign and date the bottom of the first page of the State Form.

ADULT CARE LICENSURE SECTION

www.ncdhhs.gov

TEL 919-855-3765 • FAX 919-733-9379

LOCATION: BROWN BUILDING • 801 BIGGS DRIVE • RALEIGH, NC 27603
MAILING ADDRESS: 2708 MAIL SERVICE CENTER • RALEIGH, NC 27699-2708

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Return the signed and dated Statement of Deficiencies form within 15 working days from the date of receipt of this letter. We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is **SIGNED AND DATED** or it will not be accepted. A response to the plan of correction will be sent **ONLY** if the plan of correction is not accepted. Please retain a copy for your files.

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by **October 18, 2017**. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by **October 18, 2017**. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiencies. Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: IDR Coordinator, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <http://www.ncdhhs.gov/dhsr/acls/idr.html>.

If you have questions about the enclosed Statement of Deficiencies or the violations, please contact me at 828-772-9593. A follow up survey will be conducted to determine compliance in all areas cited. If this agency can be of any assistance in providing consultation relative to licensure rules, please let us know.

Sincerely,

Robin McConnell, ACBS

Robin McConnell, Licensure Consultant

Adult Care Licensure Section

Division of Health Service Regulation

Enclosures: Statement of Deficiencies

cc: Amanda Jeffries, Supervisor, Henderson County Department of Social Services
Darlene Penland, Team Supervisor, West 1 Region, Adult Care Licensure Section
Facility File

Please note information regarding Customer Service Survey below.

In an ongoing effort to improve the inspection process with the providers we serve, we would like you to complete a Customer Service Survey. The Survey can be accessed at the web site below. Your opinion is important to us, and will assist us in developing new and better ways to do our job.

Please note: Because the survey is confidential, your identity will not be known to the Division of Health Service Regulation or the North Carolina Department of Health and Human Services.

Thank you for participating in this confidential survey as we strive to improve the services we provide to licensed health care providers across the state of North Carolina. Should you wish to have a confidential discussion regarding this survey or your interaction with the Division of Health Service Regulation, please feel free to contact Mark Payne, Director, Division of Health Service Regulation, at 919-855-3750.

Customer Service Survey web site: <http://www2.ncdhhs.gov/dhsr/customerservice.html>
(Survey Max does not work well with all browsers, please access survey with Internet Explorer)

ADULT CARE LICENSURE SECTION

www.ncdhhs.gov

TEL 919-855-3765 • FAX 919-733-9379

LOCATION: BROWN BUILDING • 801 BIGGS DRIVE • RALEIGH, NC 27603

MAILING ADDRESS: 2708 MAIL SERVICE CENTER • RALEIGH, NC 27699-2708

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

October 2, 2017

Department of Health and Human Services
Division of Health Services Regulation
Adult Care Licensure Section
2708 mail Service Center
Raleigh, NC 27699-2708

Re: Annual Survey completed 9/8/17 (ASPEN Event ID/0XUCH11)

Plan of Correction:

C 288=10A NCAC 13G.0905 (a) Activities Program:

*A new Activities Director has been placed into the position. Ashley Shope will now have the responsibility of Daily Activities. She has a complete understanding of the Activities Program and what is expected on a daily bases. She has an understanding of policy in regards to posting of the Activities Calendar. 1st day of each month she will post a monthly calendar, along with in alternate calendar for bad weather activities, in each of the homes on Tore's Home campus.

*In order to avoid a reoccurrence of this problem, the Supervisor of each home will go over the monthly calendar with Ashley and post the calendar in view of all residents. On the 1st day of each month, prior to leaving the facility, the Manager of the facility will walk through each home to insure the Activities calendar has been posted.

*The monitoring of the Activities will be done by the Supervisors and Manager of the facility on a daily bases.

*This plan of action has been completed as of September 11, 2017.

C 367=10A NCAC 13G . 1008(a) Controlled Substances:

*Clonazepam for Resident #3 was given by 2 separate orders. Both was by the same mgs but order to give under tongue and one by mouth. The Resident was not given the wrong dosage. The error was that with each dose given no record was input on the MAR. The control sheet for the medication was completed, signed and witnessed. Since this was brought to our attention, the supervisor of the house has gone back and input each time the resident was given the medication onto the MAR. We held a training section with each employee and supervisors to discuss how to handle a controlled substance.

*The Supervisor on call must be contacted prior to medication being given when ordered on a "as needed" bases. The following day, the Supervisor on call will go to the facility and check to see that the MAR reflects the dose given to the resident. The Supervisor of the House is responsible for checking the count daily and insuring that the MAR reflects all medication given to the resident. The Manager of the facility will insure all is done in quarterly follow-ups.

*The monitoring of controlled medications will be done on a daily bases by the Supervisor of the House. "As Needed" Controlled medications will be monitored by the Supervisor on Call when approval was given. The Manager of the facility will monitor in quarterly reviews.

*Completion date of the staff training and the policy put into place was done on September 11, 2017.