

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/01/2018
--	---	--	--

NAME OF PROVIDER OR SUPPLIER
ROSEWOOD ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**3134 HARMONY HIGHWAY
HARMONY, NC 28634**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments	D 000		3/14/18
D 451	<p>10A NCAC 13F .1212(a) Reporting of Accidents and Incidents</p> <p>10A NCAC 13F .1212 Reporting of Accidents and Incidents</p> <p>(a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify the local department of social services about accidents involving 2 of 5 sampled residents (#1 and #2), who had falls that resulted in a referral to the emergency room for an assessment and care.</p> <p>The findings are:</p> <p>1. Review of Resident #1's FL2 dated 1/10/18 revealed diagnoses included dementia, Parkinson disease, and general weakness.</p> <p>Review of Resident #1's Resident Register revealed the resident was admitted to the facility on 1/10/18 and a family member was the guardian.</p> <p>Review of the Nurses Notes dated 1/13/18 revealed Resident #1 was found on the floor by a</p>	D 451	<p>Incident/Accident Report was amended on 3/02/18. Copy of policy attached.</p> <p>mtg/sic mtg held on 3/02/18 to explain this policy. mtg. notes & attendance sheet attached.</p> <p>These measures will prevent this problem from occurring again. To ensure this doesn't reoccur, the head s/cmt will monitor this situation. The monitoring will take place on a daily basis & documented in report book.</p>	

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

Nancy Owenly

TITLE

Director

(X6) DATE

3/14/18

STATE FORM

6899

1DT011

If continuation sheet 1 of 7

- Reviewed and accepted 5/3/18

Jennifer RN / JF

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/01/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROSEWOOD ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3134 HARMONY HIGHWAY HARMONY, NC 28634
---	--

(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 451	<p>Continued From page 1</p> <p>family member. Resident #1 had a "large gash" on the right side of the head. Emergency Medical Services (EMS) was called and Resident #1 was sent to the local hospital.</p> <p>Review of a facility incident report for Resident #1 dated 1/13/18 at 12:40 pm revealed:</p> <ul style="list-style-type: none"> -There was documentation "looked like the resident tried to get up by herself, fell on the floor, hit her head, on the right side of forehead she busted it open." -There was documentation of the action taken, "applied pressure to the injury called EMS" Resident #1 was sent to the local hospital emergency room via EMS. -There was documentation the physician and the responsible person were notified. -There was no documentation the local county department of social service was notified. -The incident form was signed by the facility Director. <p>Review of Resident #1's Emergency Department record dated 1/13/18 revealed:</p> <ul style="list-style-type: none"> -Resident #1 was admitted to the emergency department for a "fall resulting in a laceration to the right side of forehead." -Resident #1's laceration was "approximately 2 cm long and the bleeding was controlled." -Resident #1's laceration was cleaned and sutures were applied to the forehead. -Resident #1 was prescribed Ceftin (an antibiotic to prevent infection) 500 mg two times daily for 7 days. -An order to remove the sutures in 10 days. <p>Refer to telephone interview on 3/1/18 at 9:45 am with the County Adult Home Specialist.</p> <p>Refer to interview on 3/1/18 at 9:15 am with the</p>	D 451		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/01/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROSEWOOD ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3134 HARMONY HIGHWAY HARMONY, NC 28634
---	--

(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 451	<p>Continued From page 2</p> <p>Director.</p> <p>Refer to interview on 3/1/18 at 9:15 am with a MA.</p> <p>Refer to interview on 3/1/18 at 9:30 am with a second MA.</p> <p>Refer to review of the facility incident and accident report book located in the medication room.</p> <p>2. Review of Resident #2's FL2 dated 2/5/18 revealed diagnoses included dementia, stroke left side paralysis, fracture of the tibia/fibula 2/2/18 and neuropathy.</p> <p>Review of Resident #2's Resident Register revealed the resident was admitted to the facility on 9/27/16 and a family member was the guardian.</p> <p>Review of a Facility Incident Report for Resident #2 dated 2/2/18 at 12:00 pm revealed:</p> <ul style="list-style-type: none"> -There was documentation on 2/2/18 staff noticed a large bruise and swelling on Resident #2's left leg. -There was documentation the physician was notified and an order obtained for an x-ray. -There was documentation the x-ray diagnosis was a fracture. -There was documentation of an order to send Resident #2 to the local hospital for admission. -There was documentation Resident #2's family was notified. -There was no documentation the county Adult Home Specialist or the department of social services were notified. -The incident report was signed by the facility 	D 451		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/01/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ROSEWOOD ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3134 HARMONY HIGHWAY HARMONY, NC 28634
---	--

(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 451	<p>Continued From page 3</p> <p>Director.</p> <p>Review of a Nursing Facility to Hospital Handoff Communication Tool form dated 2/2/18 for Resident #2 revealed:</p> <ul style="list-style-type: none"> -There was documentation on 2/1/18 Resident #2 had been transferred by staff from wheelchair to a shower chair. Resident #2's "did not stand on right leg resulting in the paralyzed left leg buckle." -There was documentation the facility had obtained Resident #2's vital signs. -There was documentation Resident #2's physician and guardian were notified. -Documentation Resident #2 was sent out via EMS to the local hospital for admission. <p>Review of a discharge summary dated 2/5/18 for Resident #2 revealed:</p> <ul style="list-style-type: none"> -Resident #2 was admitted to the hospital on 2/2/18, diagnoses included left tibia/fibula fracture and hypotension. -Resident #2 received intravenous fluids, laboratory blood studies, and a computed tomography (CT) scan of the abdomen and pelvis. -Resident #2 was seen by an orthopedic physician with a recommendation for non-operative treatment. -Resident #2 returned back to the facility on 2/5/18 in stable condition. <p>Refer to telephone interview on 3/1/18 at 9:45 am with the County Adult Home Specialist.</p> <p>Refer to interview on 3/1/18 at 9:15 am with the Director.</p> <p>Refer to interview on 3/1/18 at 9:15 am with a MA.</p>	D 451		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/01/2018
NAME OF PROVIDER OR SUPPLIER ROSEWOOD ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3134 HARMONY HIGHWAY HARMONY, NC 28634		
(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 451	<p>Continued From page 4</p> <p>Refer to interview on 3/1/18 at 9:30 am with a second MA.</p> <p>Refer to review of the facility incident and accident report book located in the medication room.</p> <hr/> <p>Telephone interview on 3/1/18 at 9:45 am with the County Adult Home Specialist revealed:</p> <ul style="list-style-type: none"> -The facility usually faxed the Incident reports to the county. -She had not received any Incident reports from the facility since August 2017. -The facility needed to inform her when residents were sent out of the facility for medical services. -There was never a report submitted by the facility for Resident #1 date 1/13/18 or Resident #2 dated 2/2/18. <p>Interview on 3/1/18 at 9:15 am with the Director revealed.</p> <ul style="list-style-type: none"> -She was aware of the incidents which occurred in the facility. -She was aware the incident reports were to be faxed to the local county social services. -She relied on the medication aides (MA) to complete the incident reports and fax to the county. -She could not find confirmation the incident reports had been faxed to the county. -She had faxed the reports to the county on 3/1/18. -Recently the Resident Care Coordinator (RCC) had left, she had been responsible for reviewing the incident reports. -"It has been awhile since I reviewed the incident report book." -She would conduct an in-service with all MA to 	D 451		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/01/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROSEWOOD ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3134 HARMONY HIGHWAY HARMONY, NC 28634
---	--

(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 451	<p>Continued From page 5</p> <p>assure all incident reports were faxed to the all responsible parties which included the Department of Social Services.</p> <p>Interview on 3/1/18 at 9:15 am with a MA revealed:</p> <ul style="list-style-type: none"> -She filled out an accident report any time a resident fell. -She filled out accident reports and once completed, she filed in the incident report book. -The MA were responsible for completing accident reports. -She knew the incident reports were to be faxed to the county. -She was unsure why the reports had not been faxed. <p>Interview on 3/1/18 at 9:30 am with a second MA revealed:</p> <ul style="list-style-type: none"> -She completed incident reports anytime a resident was injured and sent to the emergency department. -The MA were responsible for completing an incident reports which included notifying the physician and the guardian, and faxing the reports to the county. -She was unsure why the reports were not faxed to the county. -There was not a person who reviewed the facility incident report book after the MAs filed the report. -When she had time she would review the other MAs report for completion. -The county fax number was located in the incident report book. <p>Review of the facility incident and accident report book located in the medication room revealed the incident reports for Resident #1 and Resident #2 were filed in the book, there were no fax confirmation the incident reports had been</p>	D 451		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/01/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ROSEWOOD ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3134 HARMONY HIGHWAY HARMONY, NC 28634
---	--

(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 451	Continued From page 6 received by the county.	D 451		

Policy & Procedure: Incident/Accident Report

In the effort to maintain a safe work environment, incidents/accidents that occur on Rosewood Assisted Living property must be reported. It is the intent of Rosewood Assisted Living to minimize accidents, injuries, and illnesses by correcting identified causes when appropriate and feasible.

An "accident" is an event that causes injury or illness to a person. Even minor injuries such as cuts or sprains are considered accidents. If in doubt, treat the situation as if it were an accident. An "incident" is an even that have the potential of causing personal injury. The Incident/Accident Reporting policy requirements apply to all accidents and incidences involving residents living in this facility.

The MT/SIC must report all accidents or incidents resulting in injury or illness, regardless of severity, occurring during their shift. This need to be done by filling out an incident/accident report.

Addendum March 2, 2018

To ensure that the reports are filled out completely before faxing, either Chelsea Riffe or Sheila Wheeler will look over the reports, sign off on them and then fax to DSS.

The incident/accident report must always...

1. Be faxed to Iredell County DSS: (704-871-3489 Attn: Donna Osborne)
2. Stamp/write the reports "faxed," date, and initial
3. Staple the fax cover to front on incident/accident report that was faxed and keep in the incident/accident report book

In the event that a resident must go out to the hospital, always fill out the necessary paperwork the hospital requires (facility transfer form). After it is filled out correctly, make a copy and put in nurse notes section followed by a note with appropriate documentation. This will provide documentation of vitals, reasoning of resident going to the hospital, notification of resident's PCP with any instructions from him/her, notification of resident's responsible party, and who to contact from the facility to request any additional information and give report from hospital upon resident's discharge back to facility.

The incident/accident reports will be faxed to Iredell County DSS within 24 hours of the event occurring. This is to make sure that ending result of the event is documented and accurately recorded.

MT Mtg 3/02/18 2pm / QA mtg

① Go over Incident/Accident changes.

② 7SBS + insulin injections

Always draw up insulin where injection will be adm. / eye drops

③ Watch parameters for meds that specify a B/P check - such as SBP < 100 or HR < 60
Always ✓ B/P before popping the pill.

④ meds for injections - [redacted] 7/3/07
ACTT → [redacted]

⑤ When orders come in after 4pm, please wait until the next business day (M-F) to fax to pharmacy unless med is ABX or discharge from hospital.

⑥ Electric razor for [redacted]?

⑦ Assign Neb. masks, O₂ tubing to [redacted] 9(2) wks.

⑧ Before FL-2s/clarifications are sent to DR (2) people ✓.

⑨ Please keep linen closet straight.

⑩ [redacted]