

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/28/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 The Adult Care Licensure Section and the McDowell County DSS conducted a follow-up survey and complaint investigation on February 26-28, 2018. The complaint investigations were initiated by McDowell County DSS on February 13, 2018.	{D 000}		
D 273	10A NCAC 13F .0902(b) Health Care 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. This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure physician notification for 1 of 5 sampled residents (Resident #4) regarding blood pressure (BP) measurements outside of ordered parameters. The findings are: Review of Resident #4's current FL2 dated 1/04/18 revealed: -Diagnoses included mild mental retardation, polydipsia, hypertension, chronic obstructive pulmonary disease and diabetes type 2. -There was an order to check his BP three times weekly and call the Nurse Practitioner (NP) if the systolic pressure was greater than 190 or less than 120 or if the diastolic pressure was greater than 90. -There were no orders for BP medications. Review of Resident #4's physician order sheet	D 273		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Joret Ves VP Facility Operations

STATE FORM

6886

X8PU12

If continuation sheet 1 of 17

POC amended and accepted by Diane S. [Signature] BSN On 5/3/18 at 9:39am.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/28/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 1</p> <p>dated 9/18/17 revealed the same order to check BP three times weekly and call the NP if the systolic pressure was greater than 190 or less than 120 or if the diastolic pressure was greater than 90.</p> <p>Review of Resident #4's electronic Medication Administration Records (eMAR) for December 2017, January 2018 and February 2018 revealed: -There was an entry to check BP 3 times a week and call the NP if systolic pressure was greater than 190 or less than 120 or if diastolic pressure was greater than 90 with a start date of 4/21/16. -There was documentation his BP had been checked 38 times in those 3 months. -There was documentation Resident #4's systolic pressure was less than 120 on 11 different occasions including a reading of 98/68 on 12/29/17, a reading of 110/76 on 1/10/18 and a reading of 114/70 on 2/23/18.</p> <p>Review of Resident #4's record and printed "charting notes" revealed there was no documentation the NP had been notified of any BP results.</p> <p>Interview with the Administrator on 2/27/18 at 9:20 am revealed any notifications to the NP would be documented in the printed "charting notes" provided by her.</p> <p>Interviews with a day shift medication aide (MA) on 2/27/18 at 10:13 am and on 2/28/18 at 9:30 am revealed: -She had worked at this facility for 5 years. -She was aware Resident #4 had an order for BP checks to be performed 3 times weekly. -She had performed BP checks on Resident #4. -She was also aware he had orders for specific parameters, but she had never needed to notify</p>	D 273	<p>Employee education provided to staff as a review to follow parameters ordered by primary care provider.</p> <p>Management or designee will monitor blood pressure parameters weekly for a month, then through Quality Assurance quarterly thereafter.</p>	<p>3/15/18</p> <p>3/15/18</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/28/2018
NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761		
(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 273	<p>Continued From page 2</p> <p>the NP his BP was outside those parameters. -If she did have to notify the NP, she would document the contact in the resident's charting notes in the computer. -After reviewing the parameters in the eMAR system on 2/27/18, she thought "the order was very confusing." -She thought the order stated to only call the NP if the systolic pressure was greater than 190 or if the diastolic pressure was greater than 90. -She had not contacted the NP when Resident #4's systolic pressure was less than 120. -She thought she had missed the parameter of calling if the systolic pressure was less than 120 "because most residents only had 2 parameters to follow not 3." -She had misread the order and "that's on me." -If she were confused by an order, she would notify the Resident Care Coordinator (RCC) so that she could obtain clarification from the NP, but she had never noticed the order contained 3 parameters.</p> <p>Interviews with a second day shift MA on 2/28/18 at 9:18 am and 9:35 am revealed: -She had performed BP checks on Resident #4. -She was aware he had orders for specific parameters. -The parameters were listed in the eMAR system in the same location as the order to check his BP 3 times weekly. -If Resident #4's BP fell outside those parameters, she would call the NP and document the contact in the "supervisor's notebook," but she had never needed to do so. -"I just looked at his BP parameters again, and they are confusing."</p> <p>Telephone interview with a third day shift MA on 2/28/18 at 11:13 am revealed:</p>	D 273	<p>If errors are discovered then additional education will be provided to staff.</p>	3/15/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/28/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 3</p> <ul style="list-style-type: none"> -She was aware Resident #4 had orders for his BP to be checked 3 times weekly. -She was aware the order contained parameters the NP would need to be contacted on. -She had never contacted the NP when Resident #4's systolic pressure was less than 120. -She thought the order contained only 1 parameter for the systolic pressure and only 1 parameter for the diastolic pressure. -If she had noticed there were 3 parameters, she would have contacted the NP to obtain clarification because most other BP orders only contained 2 parameters. <p>Interview with Resident #4 on 2/28/18 at 8:24 am revealed he shook his head "no" in response to whether he had any issues with dizziness or falls.</p> <p>Telephone interview with Resident #4's NP on 2/27/18 at 3:04 pm revealed:</p> <ul style="list-style-type: none"> -Resident #4 had an order for BP checks to be performed 3 times weekly due to a history of low BP. -He had not been notified Resident #4's BP had been outside the parameters he had ordered. -He routinely saw Resident #4 in the facility once every 3 months. -He saw him last in December 2017. -He did not always see residents' BP results when he was in the facility because it was "hard to look back at them, especially if I'm in the facility at the beginning of a month." -He relied on the facility to call him or send him a fax if Resident #4's BP was outside the ordered parameters. -He checked and responded to phone calls and faxes daily. -If Resident #4's systolic pressure was less than 120, it could cause him to become dizzy and fall. 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/28/2018	
NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761		
(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 273	<p>Continued From page 4</p> <p>Interview with the RCC on 2/28/18 at 9:55 am revealed:</p> <ul style="list-style-type: none"> -The original order for Resident #4's BP checks and parameters was dated 4/21/16. -When a new order was given to the facility, it was faxed to the pharmacy and the pharmacy would enter it into the eMAR system. -Someone at the facility would have to check the eMAR for accuracy of the order and "approve" it in the system prior to it being available for the MAs to document on. -MAs, the RCC, the Operations Manager (OM) and the Administrator could "approve" orders. -One of the MAs had approved the original order. -There was no system in place to audit the eMARs to ensure the MAs were following orders for BP parameters. <p>Interview with the Administrator on 2/28/18 at 10:45 am revealed:</p> <ul style="list-style-type: none"> -The original order for Resident #4's BP checks and parameters was dated 4/21/16. -One of the MAs had approved the original order. -She was not working in the facility at that time, but the RCC was responsible for checking behind staff to ensure orders were faxed to the pharmacy and added to the eMAR correctly. -She expected the MAs to follow orders as they were written. -She and the OM had been doing chart audits and reviewing eMARs for every resident once a quarter up until October 2017. -They had not done chart audits since October 2017, and she could not recall the last time an audit had been performed on Resident #4's chart or eMAR. -Resident #4's systolic pressure being less than 120 and not being called to the NP had gone unnoticed during their audits. -She would audit all BP orders and provide 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/28/2018
--	--	--	--

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273 (D 287)	<p>Continued From page 5</p> <p>education to the MAs as issues were found.</p> <p>10A NCAC 13F .0904(b)(2) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes:</p> <p>(2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure all residents received a place setting consisting of a non-disposable knife, fork and spoon.</p> <p>The findings are:</p> <p>Interview with the Administrator on 2/26/18 at 9:20 am revealed the current census was 60 residents.</p> <p>Observation of the lunch meal preparation and setup on 2/26/18 from 12:21 pm to 1:15 pm revealed:</p> <ul style="list-style-type: none"> -There were 33 place settings in the main dining room and 28 place settings in the smaller adjoining dining room. -All 33 place settings in the main dining room contained only a non-disposable spoon, a napkin, a packet of salt and a packet of pepper. -14 of the 28 place settings in the smaller dining 	D 273 (D 287)		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/28/2018
NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761		
(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 287)	Continued From page 6 room contained only a non-disposable spoon, a napkin, a packet of salt and a packet of pepper. -The other 14 place settings contained only a disposable plastic spoon, a napkin, a packet of salt and a packet of pepper. -There were no forks or knives on any of the tables. -Staff were walking through the dining rooms and providing assistance with cutting residents' ham if necessary. -4 residents were picking the ham up with their fingers and eating it. Observation of the kitchen on 2/26/18 at 3:20 pm revealed there were 49 total non-disposable spoons available in a round dishwasher basket. Observation of the dinner meal preparation and setup on 2/26/18 from 6:00 pm to 6:24 pm revealed: -Every place setting had only a non-disposable spoon, a napkin, a packet of salt and a packet of pepper -There were no forks or knives on any of the tables. -There were 16 additional non-disposable spoons in a round dishwasher basket placed under the serving counter. 1. Review of Resident #4's current FL2 dated 1/04/18 revealed diagnoses included mild mental retardation and polydipsia. Review of Resident #4's physician's orders revealed: -A standardized form with the resident's name, date, physician's signature and date signed. -The form documented, "State regulations requires this facility to use a complete place setting consisting of a knife, fork and spoon.	(D 287)	Each resident will have an assessment by the primary care provider to determine if a spoon only order is appropriate. Facility will emphasize to the primary care provider the residents rights. Facility will ensure that the results of the resident assessments are documented in the residents' files. Facility will follow physician orders regarding place settings. Full place settings will remain available in the facility to be used as stated in physician order. Facility will ensure that all meals are served in a manner appropriate to eat	5/3/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/28/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
---	--

(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 287}	<p>Continued From page 7</p> <p>With a mentally ill resident, a fork or a knife can be used as a weapon. The following physician's order allows the resident to have only a spoon at each meal."</p> <p>-The form was signed and dated by the resident's Primary Care Provider, a Nurse Practitioner (NP) on 9/07/17.</p> <p>Review of Resident #4's record revealed there was no assessment he was unsafe with the use of a knife or fork or had violent tendencies.</p> <p>Observation of Resident #4 during the dinner meal service on 2/26/18 at 6:00 pm revealed: -He was served lasagna, garlic bread, Brussel sprouts, milk and ice cream. -He ate 100% of his lasagna, Brussel sprouts and ice cream utilizing a non-disposable spoon.</p> <p>Interview with Resident #4 on 2/28/17 at 8:24 am revealed: -He shook his head "no" when asked if he had difficulty eating with only a spoon. -He shook his head "no" when asked if he would like to have a fork and knife to eat with.</p> <p>Refer to interviews with three additional residents on 2/28/18 from 8:28 am to 8:42 am.</p> <p>Refer to interviews with a dietary cook on 2/26/18 at 3:20 pm and 3:36 pm.</p> <p>Refer to interview with a second dietary cook on 2/26/18 at 3:36 pm.</p> <p>Refer to second interview with the first dietary cook on 2/26/18 at 5:56 pm.</p> <p>Refer to interview with a resident on 2/27/18 at 9:00 am.</p>	{D 287}	<p>without the use of a fork or knife.</p> <p>Amended POC per our conversation on 4/30/18 at 12:30pm. There will be an assessment completed with an order for all residents that cannot have a full place setting consisting of a knife, fork and a spoon, placed in the individual resident's record. The order will also be entered onto the Medication Administration Record and will be signed off/reviewed by the physician every 6 months.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/28/2018	
NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28781		
(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 287}	<p>Continued From page 8</p> <p>Refer to interview with a third dietary cook on 2/27/18 at 9:15 am.</p> <p>Refer to interview with the Assistant Operations Manager (AOM) on 2/27/18 at 3:43 pm.</p> <p>Refer to telephone interview with the facility's Primary Care Provider, a NP on 2/27/18 at 3:04 pm.</p> <p>Refer to interview with the Operations Manager (OM) and Administrator on 2/28/18 at 11:38 pm.</p> <p>2. Review of Resident #5's current FL2 dated 12/15/17 revealed diagnoses included bipolar affective disorder.</p> <p>Review of Resident #5's physician's orders revealed: -A standardized form with the resident's name, date, physician's signature and date signed. -The form documented, "State regulations requires this facility to use a complete place setting consisting of a knife, fork and spoon. With a mentally ill resident, a fork or a knife can be used as a weapon. The following physician's order allows the resident to have only a spoon at each meal." -The form was signed and dated by the resident's Primary Care Provider, a Nurse Practitioner (NP) on 12/21/17.</p> <p>Review of Resident #5's record revealed there was no assessment she was unsafe with the use of a knife or fork or had violent tendencies.</p> <p>Observation of Resident #5 during the lunch meal service on 2/26/18 at 12:21 pm revealed: -She was served a whole slice of ham, scalloped</p>	{D 287}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/28/2018
--	--	--	--

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 287}	<p>Continued From page 9</p> <p>potatoes, green beans, canned pears, cornbread, margarine, iced tea and milk.</p> <p>-She used a non-disposable spoon to cut the ham into pieces.</p> <p>-She ate 75% of the ham, 75% of the scalloped potatoes, 50% of the green beans, and 75% of the pears utilizing a non-disposable spoon.</p> <p>Observation of Resident #5 during the dinner meal service on 2/26/18 at 6:00 pm revealed:</p> <p>-She was served lasagna, garlic bread, Brussel sprouts, ice cream and iced tea.</p> <p>-She ate 100% of her lasagna, Brussel sprouts and ice cream utilizing a non-disposable spoon.</p> <p>Interview with Resident #5 on 2/27/18 at 11:00 am revealed:</p> <p>-She had always been given a spoon to eat with and never a fork or knife.</p> <p>-She typically received a non-disposable spoon and only received a plastic spoon with ice cream.</p> <p>-She had difficulty eating waffles with a spoon.</p> <p>-If she asked for assistance, staff would help her to cut up her food.</p> <p>Refer to interviews with three additional residents on 2/28/18 from 8:28 am to 8:42 am.</p> <p>Refer to interviews with a dietary cook on 2/26/18 at 3:20 pm and 3:36 pm.</p> <p>Refer to interview with a second dietary cook on 2/26/18 at 3:36 pm.</p> <p>Refer to second interview with the first dietary cook on 2/26/18 at 5:56 pm.</p> <p>Refer to interview with a resident on 2/27/18 at 9:00 am.</p>	{D 287}	<p>Staff have been re educated to always use non disposable place setting and to notify management when inventory is low.</p> <p>Meals will be monitored by management or designated weekly for period of one month to ensure only non disposable place settings are being used during meals.</p>	<p>3/15/18</p> <p>3/15/18</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/28/2018
NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761		
(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 287}	<p>Continued From page 10</p> <p>Refer to interview with a third dietary cook on 2/27/18 at 9:15 am.</p> <p>Refer to interview with the Assistant Operations Manager (AOM) on 2/27/18 at 3:43 pm.</p> <p>Refer to telephone interview with the facility's Primary Care Provider, a NP on 2/27/18 at 3:04 pm.</p> <p>Refer to interview with the Operations Manager (OM) and Administrator on 2/28/18 at 11:38 pm.</p> <p>3. Review of Resident #6's current FL2 dated 1/01/18 revealed diagnoses included Parkinson's disease and confusion.</p> <p>Review of Resident #6's physician's orders revealed: -A standardized form with the resident's name, date, physician's signature and date signed. -The form documented, "State regulations requires this facility to use a complete place setting consisting of a knife, fork and spoon. With a mentally ill resident, a fork or a knife can be used as a weapon. The following physician's order allows the resident to have only a spoon at each meal." -The form was signed and dated by the resident's Primary Care Provider, a Nurse Practitioner (NP) on 6/15/17.</p> <p>Review of Resident #6's record revealed there was no assessment she was unsafe with the use of a knife or fork or had violent tendencies.</p> <p>Observation of Resident #6 during the lunch meal service on 2/26/18 at 12:21 pm revealed: -She was served ham, scalloped potatoes, green beans, canned pears, cornbread, margarine, iced</p>	{D 287}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/28/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 287}	<p>Continued From page 11</p> <p>water, and iced tea.</p> <p>-A personal care aide (PCA) sat with Resident #6 and provided feeding assistance utilizing a non-disposable spoon.</p> <p>Observation of Resident #6 during the dinner meal service on 2/26/18 at 6:00 pm revealed:</p> <p>-She was served lasagna, garlic bread, Brussel sprouts, ice cream, iced water and iced tea.</p> <p>-A PCA sat with Resident #6 to provide feeding assistance.</p> <p>-Resident #6 complained the food was too salty and requested a sandwich.</p> <p>-She was provided a sandwich.</p> <p>Interview with Resident #6 on 2/28/18 at 8:49 am revealed:</p> <p>-She was typically given only a spoon to eat with.</p> <p>-Depending on the food, having only a spoon would make it difficult to eat.</p> <p>-"Having a knife would be helpful."</p> <p>-"I pick my food up with my hands and gnaw on it. It's not delicate."</p> <p>-Staff provided feeding assistance and would cut her food up if she needed it.</p> <p>Refer to interviews with three additional residents on 2/28/18 from 8:28 am to 8:42 am.</p> <p>Refer to interviews with a dietary cook on 2/26/18 at 3:20 pm and 3:36 pm.</p> <p>Refer to interview with a second dietary cook on 2/26/18 at 3:36 pm.</p> <p>Refer to second interview with the first dietary cook on 2/26/18 at 5:56 pm.</p> <p>Refer to interview with a resident on 2/27/18 at 9:00 am.</p>	{D 287}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/28/2018	
NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761		
(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 287}	<p>Continued From page 12</p> <p>Refer to interview with a third dietary cook on 2/27/18 at 9:15 am.</p> <p>Refer to interview with the Assistant Operations Manager (AOM) on 2/27/18 at 3:43 pm.</p> <p>Refer to telephone interview with the facility's Primary Care Provider, a NP on 2/27/18 at 3:04 pm.</p> <p>Refer to interview with the Operations Manager (OM) and Administrator on 2/28/18 at 11:38 pm..</p> <p>Interviews with three additional residents on 2/28/18 from 8:28 am to 8:42 am revealed: -They were always given only a spoon to eat with and never a fork or knife. -At times, they were given a plastic spoon. -Having forks would make it easier to eat. -They had been told by staff they could not have a fork or knife.</p> <p>Interviews with a dietary cook on 2/26/18 at 3:20 pm and 3:36 pm revealed: -She had been employed with this facility for 3 weeks. -In those 3 weeks there had been no issues with the dishwasher working properly. -The spoons were cleaned by running them through the dishwasher. -The 49 spoons in the dishwasher basket were the only spoons they had. -She was unaware they did not have enough non-disposable spoons for every resident. -One of the residents would set each place setting for every meal. -The resident had not reported to her that she ran out of non-disposable spoons.</p>	{D 287}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/28/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 287}	<p>Continued From page 13</p> <p>Interview with a second dietary cook on 2/26/18 at 3:36 pm revealed:</p> <ul style="list-style-type: none"> -One of the residents would set each place setting for every meal. -The resident would come to the kitchen door and the cooks would give her the spoons, napkins, salt and pepper packets to use. -"Spoons do get missing." -When she would realize they didn't have enough non-disposable spoons for all residents, she would report it to the Assistant Operations Manager (AOM) and he would order more. -The AOM had provided more spoons about two weeks prior. -The only spoons available were the 49 spoons in the dishwasher basket. <p>Second interview with the first dietary cook on 2/26/18 at 5:56 pm revealed:</p> <ul style="list-style-type: none"> -She had let the AOM know they did not have enough non-disposable spoons. -He had gone to the store and purchased about 28 more. -She gave the spoons to the resident to complete the place settings for dinner. <p>Interview with a resident on 2/27/18 at 9:00 am revealed:</p> <ul style="list-style-type: none"> -She helped set tables and clean up after each meal service. -She had been instructed to put a spoon, napkin, packet of salt and packet of pepper at each place setting. -The "person in the kitchen" gave her the spoons, napkins, salt and pepper to put on the tables. -She ran out of non-disposable spoons on 2/26/18 during breakfast. -She had reported it to the "person in the kitchen" and was given plastic disposable spoons to put out for the remaining place settings. 	{D 287}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/28/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 287)	<p>Continued From page 14</p> <ul style="list-style-type: none"> -We run out of spoons a lot because they (the residents) are always taking them. -She had never been given forks or knives to put on the tables because "people kill each other with them." -I don't care if I have a knife or fork. I use a spoon to eat. -She would sometimes have to use her hands to pick up her food. <p>Interview with a third dietary cook on 2/27/18 at 9:15 am revealed:</p> <ul style="list-style-type: none"> -He had worked at this facility for 17 months. -One of the residents would set each place setting for every meal. -He was aware the resident ran out of non-disposable spoons during breakfast on 2/26/18. -Anytime they ran out of non-disposable spoons, they would have to give plastic spoons. -They did not run out often. -They ran out because residents would throw them in the trash or "pocket" them. -When they would run low on spoons, he would add it to his weekly food order on Tuesdays, the AOM would submit the order, and they would receive it the following day on Wednesdays. -He had added the spoons to his order on 2/27/18. -Residents had never been allowed to have forks or knives since he had been working at this facility. -He thought it was because they might use them as weapons. <p>Interview with the AOM on 2/27/18 at 3:43 pm revealed:</p> <ul style="list-style-type: none"> -He was responsible for ordering spoons. -He typically purchased spoons once a quarter. -Normally, dietary staff would let him know they 	(D 287)		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/28/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 287}	<p>Continued From page 15</p> <p>were running low on spoons prior to running out. -He would then add spoons to the weekly food order on Tuesdays and they would receive the order the following day on Wednesdays. -If they ran out and did not have enough for every resident, he would take care of it immediately by going to the store and purchasing more. -He was notified by one of the dietary staff after lunch on 2/26/18 they did not have enough non-disposable spoons for all residents so he had gone to the store and purchased 36 more. -He had also added 18 spoons to the food order on 2/27/18. -He had created a "dietary oversight sheet" and recommended the new AOM count the spoons on a weekly basis, but he had not done this, himself, in the past.</p> <p>Telephone interview with the facility's Primary Care Provider, a Nurse Practitioner (NP) on 2/27/18 at 3:04 pm revealed: -He had reviewed and signed the standardized form regarding forks and knives for every resident at this facility. -He did not feel all residents were at risk of using forks and knives as weapons. -However, he signed the form for all residents in order to protect them from others who might take their forks and knives and use them as weapons. -Within the past 6 months, he had suggested to the Operations Manager (OM) and Administrator they increase supervision of the residents and have 2 different dining times. -The first dining time could be for those residents who were "reliable" with using a fork and knife. -The forks and knives could then be removed and the second dining time would be for those residents who were "unreliable" with using a fork and knife. -He could then assess each resident individually</p>	{D 287}		