

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/24/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LAURELWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1062 WEST MILLS STREET COLUMBUS, NC 28722
--	---

(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 Polk County Department of Social Services conducted an annual survey on 05/23/18 and 05/24/18.	D 000		
D 287	<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: (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 and interviews, the facility failed to assure table service in the Special Care Unit (SCU) dining room and on room trays included a non-disposable place setting consisting of at least a fork, knife, and spoon.</p> <p>The findings are:</p> <p>Observation of the lunch meal service in the SCU dining room on 05/23/18 from 12:00pm to 12:35pm revealed: -There were 18 residents seated in the dining room. -The place setting consisted of a fork, spoon, and cloth napkin. -The meal served to residents included lasagna, cooked green beans and carrots, a garlic breadstick, and berry cobbler. -Three residents received feeding assistance</p>	D 287	See attached	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Amycca* TITLE *Executive Director* (X6) DATE *6/19/18*

Reviewed and accepted by CF 06/26/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LAURELWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1062 WEST MILLS STREET COLUMBUS, NC 28722
--	---

(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 1</p> <p>from staff.</p> <p>-The residents in the dining room who did not receive feeding assistance had no difficulty eating the meal.</p> <p>Observation of one assisted living resident's lunch meal tray delivered to her room on 05/23/18 at 12:09pm revealed the place setting consisted of a fork and spoon only; there was no knife.</p> <p>Observation of one SCU resident's lunch meal tray delivered to the room on 05/23/18 at 12:12pm revealed there was a disposable foam cup used to serve the resident's beverage.</p> <p>Interview with the Dining Staff Manager on 05/23/18 at 12:25pm revealed: -"We are running low on regular glasses." -"Sometimes the glasses are too heavy for them and they can't lift them." -"I'm not sure" if they put out knives in the place setting for the residents in the SCU.</p> <p>Interview with one of the SCU dining room staff on 05/23/18 at 12:26pm revealed "We don't put knives out back here."</p> <p>Observation of a assisted living resident's breakfast meal tray delivered to her room on 05/24/18 at 7:56am revealed the place setting consisted of a plastic fork and spoon; there was no knife.</p> <p>Observation of the breakfast meal service in the SCU dining room on 05/24/18 from 7:45am to 8:40am revealed: -There were 12 residents seated in the dining room. -The place setting consisted of a fork, spoon, and cloth napkin.</p>	D 287		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LAURELWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1062 WEST MILLS STREET COLUMBUS, NC 28722
--	---

(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 2</p> <p>-The meal served to residents included choice of cereal with milk, scrambled eggs, bacon, grits, and a slice of french toast with syrup.</p> <p>-One resident received feeding assistance from staff.</p> <p>-The residents in the dining room who did not receive feeding assistance had no difficulty eating the meal.</p> <p>Observation in the SCU kitchen on 05/24/18 at 8:15am revealed there was one knife available in the silverware tray.</p> <p>Interview with one of the SCU dining room staff on 05/24/18 at 8:16am revealed: -"We only bring out a limited number of silverware" from the main kitchen. -"I have some silverware being washed now in the kitchen." -There was an additional supply of all silverware available in the main kitchen.</p> <p>Observation in the main facility kitchen on 05/24/18 at 8:45am and 9:15am revealed there were 87 knives available for place settings.</p> <p>Interview with a cook on 05/24/18 at 7:45am revealed: -Knives were not put out at the tables in the "back dining room" (SCU) so "residents don't hurt themselves". -He had worked at the facility for under one year and "it (no knives) has always been that way". -There are knives kept in the SCU kitchen area that staff can use to assist residents, as needed. -They cooked the vegetables until they were "soft so a knife was not needed". -They cut all meat products into pieces for the SCU residents.</p>	D 287		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LAURELWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1062 WEST MILLS STREET COLUMBUS, NC 28722
--	---

(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 3</p> <p>Interview with the Assistant Dining Room Manager on 05/24/18 at 7:50am revealed: -She had worked at the facility for one year. -"There haven't been knives so the residents don't hurt themselves" (as a part of the place setting at the SCU tables).</p> <p>Interview with the Administrator on 05/24/18 at 8:47am revealed: -All the food in the SCU was "cut up" by staff. -Residents have a problem with having "strength" to cut up food. -Staff "monitor" the SCU dining room and "cut up food for residents back there when a resident asks for help or when staff sees a resident needs help." -"All meat is cut up for the residents" in the SCU.</p> <p>Interview with one SCU resident on 05/24/18 at 9:40am revealed: -The place setting was "usually just a spoon and fork." -Residents could get a knife "if you ask for one." -"It doesn't really matter to me." -"You can ask someone" for assistance with cutting up your food and "somebody will do it for you."</p> <p>Interview with a second SCU resident on 05/24/18 at 9:46am revealed: -"I don't know" what types of silverware are out for our use at meals. -She denied ever having trouble cutting up her food, however was "sure" staff would help her if she needed help.</p> <p>Interview with a personal care aide on 05/24/18 at 10:00am revealed: -The place setting in the SCU dining room routinely included a fork, spoon, and cloth napkin.</p>	D 287		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LAURELWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1062 WEST MILLS STREET COLUMBUS, NC 28722
--	---

(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 4</p> <p>- "All their food comes cut up back here." - The residents "very rarely need help." - "It depends on the food." - If something was served that required cutting and it did not come out cut from the kitchen, the staff would "go around and cut up everybody's food."</p> <p>Interview with the Special Care Coordinator (SCC) on 05/24/2018 at 1:30pm revealed: - The SCC was hired "about two weeks ago." - The SCC was not aware the residents in the SCU did not have knives during meals.</p> <p>Interview with the Food Service Director on 05/24/18 at 1:40pm revealed: - The place setting the SCU dining room included a fork, spoon, and cloth napkin. - "We cut up everything for them." - "Some of the residents take utensils." - In the past, they have had residents who "poke people" with their silverware.</p> <p>Interview with the Resident Care Coordinator (RCC) on 05/24/2018 at 1:45pm revealed: - The RCC had been employed at the facility for "about two years". - The knives had been removed from the SCU during meals "about two years ago."</p> <p>Interview with the Administrator on 05/24/18 at 3:00pm revealed: - "I asked the kitchen staff and they have never put out knives" in the SCU. - "They cut their food before it goes over." - They weren't putting out knives for "safety reasons." - "It's just how they have always done it."</p>	D 287		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LAURELWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1062 WEST MILLS STREET COLUMBUS, NC 28722
--	---

(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 464	Continued From page 5	D 464		
D 464	<p>10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan</p> <p>10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan In addition to the requirements in Rules 13F .0801 and 13F .0802 of this Subchapter, the facility shall assure the following:</p> <p>(1) Within 30 days of admission to the special care unit and quarterly thereafter, the facility shall develop a written resident profile containing assessment data that describes the resident's behavioral patterns, self-help abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment.</p> <p>(2) The resident care plan as required in Rule 13F .0802 of this Subchapter shall be developed or revised based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to complete quarterly resident profiles for 3 of 3 sampled residents (#1, #2, and #5), who resided in the Special Care Unit (SCU).</p> <p>The findings are:</p> <p>1. Review of Resident #2's current FL2 dated 02/27/18 revealed: -Diagnoses included dementia with behavioral disturbance, hypertension, depression, and neuralgia. -Resident #2 was constantly disoriented.</p>	D 464	See attached	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LAURELWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1062 WEST MILLS STREET COLUMBUS, NC 28722
--	---

(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 464	<p>Continued From page 6</p> <p>-The recommended level of care was a SCU.</p> <p>Review of Resident #2's Resident Register revealed an admission date of 01/03/11.</p> <p>Review of Resident #2's medical record revealed:</p> <ul style="list-style-type: none"> -There were resident assessments completed 06/26/17 and 12/07/17. -There were resident care plans completed 06/26/17 and 12/07/17. -There were no quarterly updated resident profiles. <p>Refer to the interview with the Administrator on 05/23/18 at 3:20pm.</p> <p>Refer to the interview with the Special Care Coordinator (SCC) on 05/24/18 at 8:15am.</p> <p>2. Review of Resident #1's current FL2 dated 01/25/18 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included dementia, osteoarthritis, depression, and allergic rhinitis. -Resident #1 was intermittently disoriented and a wanderer. -The recommended level of care was a SCU. <p>Review of Resident #1's Resident Register revealed an admission date of 01/10/18.</p> <p>Review of Resident #1's record revealed:</p> <ul style="list-style-type: none"> -There was a resident care plan completed 01/22/18. -There was no quarterly update to Resident #1's care plan. <p>Refer to the interview with the Administrator on 05/23/18 at 3:20pm.</p> <p>Refer to the interview with the Special Care</p>	D 464		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/24/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LAURELWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1062 WEST MILLS STREET COLUMBUS, NC 28722
--	---

(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 464	<p>Continued From page 7</p> <p>Coordinator (SCC) on 05/24/18 at 8:15am.</p> <p>3. Review of Resident #5's current FL2 dated 11/09/17 revealed: -Diagnoses included Alzheimer's dementia/hallucinations, anxiety and depression. -Resident #5 was documented as a wanderer. -The recommended level of care was a SCU.</p> <p>Review of Resident #5's Resident Register revealed an admission date of 01/10/18.</p> <p>Review of Resident #5's record revealed: -There was a resident care plan completed 12/24/17. -There was no quarterly update to Resident #1's care plan.</p> <p>Refer to the interview with the Administrator on 05/23/18 at 3:20pm.</p> <p>Refer to the interview with the Special Care Coordinator (SCC) on 05/24/18 at 8:15am.</p> <hr/> <p>Interview with the Administrator on 05/23/18 at 3:20pm revealed: -"We have been doing updates to all the residents' (in SCU) care plans every 6 months." -We changed from 3 month to 6 month updates "about a year ago." -"We can update our system to trigger quarterly updates" for the residents in the SCU.</p> <p>Interview with the Special Care Coordinator (SCU) on 05/24/18 at 8:15am revealed: -The SCC had been hired for the position "about two weeks ago". -"Care plans and assessments are done every six months and if there is a change of condition."</p>	D 464		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/24/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LAURELWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1062 WEST MILLS STREET COLUMBUS, NC 28722
--	---

(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 464	Continued From page 8 -The SCC had been unaware quarterly resident profiles were to be completed. -"The computer is set up for assessments to be done every six months." -The SCC would "make sure" the resident quarterly resident profiles were completed.	D 464		
D935	G.S. § 131D-4.5B(b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:	D935	<i>See attached</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LAURELWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1062 WEST MILLS STREET COLUMBUS, NC 28722
--	---

(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
D935	<p>Continued From page 9</p> <ol style="list-style-type: none"> The key principles of medication administration. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. <p>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 2 of 3 sampled medication aides (Staff D and F) who administered medications had a Medication Clinical Skills Competency checklist completed prior to administering medications.</p> <p>The findings are:</p> <ol style="list-style-type: none"> Review of Staff D's personnel file revealed: <ul style="list-style-type: none"> -She was hired on 09/30/16 as a Personal Care Aide (PCA). -There was no documentation of when Staff D's job description changed to Medication Aide (MA). -She completed the 15 hour medication aide training on 03/22/17. -She successfully passed the medication administration exam on 05/23/17. -There was no documentation of a medication clinical skills validation. <p>Observation on 05/23/18 from 11:55am to 12:20pm during the medication pass revealed</p>	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/24/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LAURELWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1062 WEST MILLS STREET COLUMBUS, NC 28722
--	---

(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
D935	<p>Continued From page 10</p> <p>Staff D administered medications to five residents.</p> <p>Interview with the Business Director on 05/24/18 at 11:10am revealed:</p> <ul style="list-style-type: none"> -She maintained the filing for the personnel files for employees. -She was unable to find a medication clinical skills validation checklist for Staff D in the personnel file. -She was unaware of the requirement for a medication aide to have a medication clinical skills validation checklist signed off by a Registered Nurse (RN) before administering medications. -She had never seen nor knew where to get a medication clinical skills validation form to use. -The previous facility RN's had performed medication administration training with new medication aides, however she did not know if the content of the training was the same as the content on the medication clinical skills validation checklist. <p>Refer to interview with the Administrator on 05/24/18 at 11:15am.</p> <p>2. Review of Staff F's personnel file revealed:</p> <ul style="list-style-type: none"> -She was hired on 06/19/17 as a MA. -There was an employment verification dated 08/30/2017 in her file verifying past employment as a MA. -She successfully passed the medication administration exam on 07/02/13. -There was no documentation of a medication clinical skills validation. <p>Interview with the Business Director on 05/24/18 at 11:10am revealed:</p> <ul style="list-style-type: none"> -She maintained the filing for the personnel files 	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2018
NAME OF PROVIDER OR SUPPLIER LAURELWOODS		STREET ADDRESS, CITY, STATE, ZIP CODE 1062 WEST MILLS STREET COLUMBUS, NC 28722		
(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
D935	<p>Continued From page 11</p> <p>for employees.</p> <ul style="list-style-type: none"> -She was unable to find a medication clinical skills validation checklist for Staff F in the personnel file. -She was unaware of the requirement for a medication aide to have a medication clinical skills validation checklist signed off by a Registered Nurse (RN) before administering medications. -She had never seen nor knew where to get a medication clinical skills validation form to use. -The previous facility RN's had performed medication administration training with new medication aides, however she did not know if the content of the training was the same as the content on the medication clinical skills validation checklist. <p>Refer to interview with the Administrator on 05/24/18 at 11:15am.</p> <p>_____</p> <p>Interview with the Administrator on 05/24/18 at 11:15am revealed:</p> <ul style="list-style-type: none"> -She had started working in the facility in June 2017 as the Administrator-In-Charge. -She became the Administrator in the facility in January 2018. -An audit had been performed of personnel records shortly after she had come to work in the facility and it was discovered some of the required staff qualification documents were missing out of the personnel files. -She had been unaware of the requirement for a medication aide to have a medication clinical skills validation before beginning to administer medications. 	D935		

D 287 10A NCAC 13F .0904(b)(2) Nutrition and Food Service

1. Staff has been trained to provide resident, unless there is a physician order to the contrary, a full plate setting.
2. To prevent this alleged deficiency from reoccurring trays and place settings will be audited.
3. The Dietary Director or designee will conduct audits trays and place settings.
4. The trays and place setting will be audited daily.
5. Completion date: 5/25/18

D464 10A NCAC 13F .1307 Special Care Unit Res. Profile and Care Plan

1. Wellness Director is conducting an audit of SCU resident care plans during the month of June. Any residents who have not have a quarterly assessment will have a new assessment conducted.
2. To prevent this alleged deficiency from reoccurring, Wellness Director will utilize a spreadsheet with quarterly due dates for all SCU residents.
3. The Wellness Director and Executive Director will ensure compliance.
4. The monitoring will occur monthly.
5. Completion date: 7/1/18

D935 G.S. 131D-4.5B(b) ACH Medication Aides; Training and Competency

1. Clinical Skills Competency Checklist has been obtained from the state website. Wellness Director is performing an audit of all current Med Techs to ensure the Checklist has been completed. Wellness Director will perform Competency evaluation on any Med Techs who do not previously have one.
2. To prevent this alleged deficiency from reoccurring, Wellness Director will perform Competency evaluations using the Clinical Competency Checklist on all new Med Techs, and will provide the Executive Director with a copy of the Checklist prior to assigning Med Tech to a Med Cart.
3. The Wellness Director and Executive Director will monitor the situation going forward.
4. Monitoring will occur upon hire/training of each Med Tech and during random employee file audits.
5. Completion date: 7/1/18

POC DISCLAIMER

“This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of Laurelwoods as to the accuracy of the surveyors’ findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community’s policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.”