

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2018
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NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
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C 000	Initial Comments The Adult Care Licensure Section conducted an initial survey on May 30-31, 2018.	C 000		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 3 sampled staff (Staff C) was tested upon hire for Tuberculosis (TB) disease.</p> <p>The findings are:</p> <p>Review of Staff C's, Administrator, personnel record revealed: -She was hired to work at the facility on 01/31/18. -There was documentation of a TB skin test placed on 02/23/12 and read as negative on</p>	C 140		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 140	<p>Continued From page 1</p> <p>02/26/12. -There was documentation of another TB skin test placed on 06/05/12 and read as negative on 05/08/12.</p> <p>Interview with the Administrator on 05/30/18 at 4:45 p.m. revealed: -The facility's license had expired on 12/31/17. -An initial license was issued on 01/31/18. -The Administrator thought that she could use the TB skin test she had completed prior to 12/31/17. -The Administrator did not know she needed to have 2 step TB skin tests completed because of her rehire date of 01/31/18. -The Administrator did not give a timeframe when she would have a TB skin test completed.</p> <p>Interview with the Administrator on 05/31/18 at 2:00 pm revealed: -The 1st TB skin test for staff was prior to hire. -The employee was responsible for making sure that she had a 1st step TB skin test prior to hire. -The 2nd TB skin test for staff was 2-3 weeks after hire. -The employee was responsible for making sure that she had a 2nd step TB skin test completed within 2-3 weeks of hire. -The Administrator would make sure staff had 2 TB skin tests completed within 30 days of hire.</p>	C 140		
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p>	C 145		

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C 145	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 2 of 2 sampled staff (Staff A and B) had no substantiated findings on the North Carolina Health Care Personnel Registry (NCHCPR) check prior to hire.</p> <p>The findings are:</p> <p>1. Review of Staff A's, personal care aide (PCA) personnel record revealed: -He was hired to work at the facility on 02/20/18. - There was no documentation of a HCPR check in Staff A's record.</p> <p>Interview with Staff A on 05/30/18 at 12:45 pm revealed he did not know if a HCPR check had been completed for him.</p> <p>Interview with the Administrator on 05/31/18 at 2:00 pm revealed: -She had completed a HCPR check for Staff A on 05/31/18, and it had no substantiated findings. -She did not say why a HCPR check had not been completed for Staff A, prior to 05/31/18.</p> <p>Refer to interview with the Administrator on 05/31/18 at 2:00 pm.</p> <p>2. Review of Staff B's, personal care aide (PCA), personnel record revealed: -She was hired to work at the facility on 01/31/18. -There was no documentation of a HCPR check in Staff B's record.</p> <p>Staff B was unavailable for interview on 05/30/18.</p>	C 145		

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C 145	<p>Continued From page 3</p> <p>Interview with the Administrator on 05/30/18 at 4:45pm revealed: She had completed a HCPR check for Staff B on 05/31/18, and it had no substantiated findings. -Staff B only worked PRN at the facility.</p> <p>Refer to interview with the Administrator on 05/31/18 at 2:00 pm.</p> <p>Interview with the Administrator on 05/31/18 at 2:00 pm. revealed: -The Administrator was responsible for making sure the HCPR checks for staff were completed, prior to hire. -She did not say why the HCPR checks for staff were not completed prior to hire. -The Administrator will audit the HCPR checks for staff within 30 days of hire.</p>	C 145		
C 147	<p>10A NCAC 13G .0406(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40;</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 2 sampled staff (Staff B) had a criminal background check prior to hire.</p> <p>The findings are:</p> <p>Review of Staff B's, personal care aide (PCA), personnel record revealed: -She was rehired to work at the facility on</p>	C 147		

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C 147	<p>Continued From page 4</p> <p>01/31/18.</p> <ul style="list-style-type: none"> -There was no documentation of a signed consent by Staff B for a criminal background check to be completed. -There was documentation of a state wide criminal background check completed for Staff B on 12/14/15. <p>Staff B was unavailable for interview on 05/30/18.</p> <p>Interview with the Administrator on 05/30/18 at 4:45 p.m. revealed:</p> <ul style="list-style-type: none"> -The facility's license had expired on 12/31/17. -An initial license was issued on 01/31/18. -She thought that she could use the criminal background check completed for Staff B prior to 12/31/17. -She did not know Staff B needed to have another criminal background check completed because of her rehire date of 01/31/18. -She did not give a timeframe when a criminal background check would be completed for Staff B. -Staff B only worked PRN at the facility. <p>Interview with the Administrator on 05/31/18 at 2:00 pm revealed:</p> <ul style="list-style-type: none"> -The staff were responsible for the completion of the county criminal background checks, prior to hire. -The staff were responsible for the nationwide criminal background checks within 30 days of hire. -The Administrator would audit the criminal background checks for staff within 30 days of hire. 	C 147		
C 256	10A NCAC 13G .0904(a)(1) Nutrition and Food Service	C 256		

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C 256	<p>Continued From page 5</p> <p>10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure milk protected from contamination as evidence by milk being served beyond the expiration date.</p> <p>The findings are:</p> <p>Observation of a gallon of milk in the refrigerator on 05/30/18 at 11:30 am revealed: The container of milk was ¼ full. -The container of milk had an expiration date of 05/12/18.</p> <p>Interview with the personal care aide (PCA) on 5/30/18 at 11:30 am revealed: -He did not know of the milk's expiration date of 05/12/18. -He had not been told to check the expiration on the milk before he used it. -He did not know the milk should have been disposed of or used by the expiration date on the container. -He used the milk in the cereal on 05/30/18. -No resident complained of the milk being spoiled on 5/30/18.</p> <p>Interviews with 3 residents on 5/30/18 revealed they had never been served spoiled milk.</p> <p>Interview with the Administrator on 05/30/18 at</p>	C 256		

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C 256	Continued From page 6 3:00 p.m. revealed: -She did not know the milk in the refrigerator had an expiration date of 05/12/18. -She often brought milk in bulk and put the milk in the freezer. -She did not recall if this container of milk had been frozen, prior to being used. -She would stop buying milk in bulk and start buying one gallon at the time. -Effective 05/30/18, the Administrator would train staff to look at the expiration date on the container of milk prior to using it.	C 256		
C 292	10A NCAC 13G .0905 (d) Activities Program 10A NCAC 13G .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the 14 hours of planned group activities per week were made available for the 5 residents residing at the facility.	C 292		

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C 292	<p>Continued From page 7</p> <p>The findings are:</p> <p>Observation of the dining room on 05/30/18 at 11:30 a.m. revealed:</p> <ul style="list-style-type: none"> -An activity calendar was posted in the dining room. -Review of the activity calendar for May 2018 documented 14 hours of activities per week. <p>Review of the activity calendar for May 27-31, 2018 revealed:</p> <ul style="list-style-type: none"> -On 05/27/18 from 9:00 am -1:00 pm Sunday School was scheduled. -On 05/28/18 from 10:00 am-11:00 am newsgroup was scheduled. -On 05/29/18 from 10:00 am -12:00 pm balloon Zumba was scheduled -On 05/30/18 from 10:00 am -11:00 am aerobics was scheduled. -On 05/31/18 from 10:00 am -12:00 am cutting stars was scheduled. <p>Observation revealed no activities were offered to residents on 05/30/18 between the hours of 9:30 am -1:30 pm and 2:00 pm -5:30 pm.</p> <p>Interview with the supervisor-in-charge (SIC) on 05/30/18 at 12:45 pm revealed:</p> <ul style="list-style-type: none"> -He used the monthly activity calendar as a guideline. -He did activities at the facility 2-3 times per week. -Last week he took the residents walking. -He did not know what type of activities he would be doing with the residents this week. -He had not documented the daily activities. -He had not been told to do daily activities at the facility 	C 292		

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C 292	<p>Continued From page 8</p> <p>Interview with 3 residents on 05/30/18 revealed: -The staff did activities at the facility one to two times per week. -They would like to do daily activities. -They watched movies, walked around outside and watched television (no date). -They had not been asked their activity preferences.</p> <p>Telephone interviews with 2 family members revealed: -They did not know how often staff did activities at the facility. -They came to visit 2-3 times a week, but they had not observed activities at the facility.</p> <p>Interview with the Administrator on 05/31/18 at 2:00 pm revealed: -There were 14 hours of group activities per week documented on the monthly activity calendar. -She expected the staff to do daily activities at the facility. -The Administrator was responsible for making sure that staff did daily activities at the facility. -Effective 05/31/18, staff would be responsible for documenting daily activities at the facility. -She was responsible for doing the monthly activity calendar.</p>	C 292		
C935	<p>G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless</p>	C935		

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C935	<p>Continued From page 9</p> <p>that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following:</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <ol style="list-style-type: none"> a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: <ol style="list-style-type: none"> 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 1 medication aide sampled (Staff C) completed the 5, 10 or 15-hour state approved medication administration training</p>	C935		

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C935	<p>Continued From page 10</p> <p>course as required or had verification of previous employment and 1 of 1 sampled medication aides (Staff C) had a clinical skills checklist completed prior to administering medications to residents.</p> <p>The findings are:</p> <p>Review of Staff C's, Administrator, personnel record revealed:</p> <ul style="list-style-type: none"> -She was hired to work at the facility on 01/31/18. -There was documentation Staff C had a medication clinical skills checklist completed on 10/11/11. -There was documentation Staff C had passed the written medication exam on 01/25/12. <p>Interview with the Administrator on 05/30/18 at 4:45 p.m. revealed:</p> <ul style="list-style-type: none"> -The facility's license had expired on 12/31/17. -An initial license was issued on 01/31/18. -The Administrator thought that she could use the medication clinical skills checklist completed prior to 12/31/17. -The Administrator did not know she needed to have another medication clinical skills checklist completed because of her rehire date of 01/31/18. -The Administrator did not give a timeframe when she would have the medication clinical skills checklist completed. -The Administrator did not know she needed to complete a verification of previous employment form because of rehire date of 01/31/18. -The Administrator completed a verification of previous employment form for Staff C on 05/31/18. -The Administrator was responsible for making sure medication aides had completed the medication clinical skills checklist and the verification of previous employment form, prior to 	C935		

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C935	Continued From page 11 the administration of medications.	C935		
C992	<p>G.S. § 131D-45 G.S. § 131D-45. Examination and screening for</p> <p>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.</p> <p>(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p>	C992		

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C992	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure examination and screening for the presence of controlled substances were performed for 1 of 2 sampled staff (Staff B) that were hired after 10/01/13.</p> <p>The findings are:</p> <p>Review of Staff B's, personal care aide (PCA), personnel record revealed: -She was hired to work at the facility on 01/31/18. -There was documentation Staff B had a controlled substance examination and screening completed on 12/01/15.</p> <p>Staff B was unavailable for interview on 05/30/18.</p> <p>Interview with the Administrator on 05/30/18 at 4:45 pm revealed: -The facility's license had expired on 12/31/17. -An initial license was issued on 01/31/18. -She thought that she could use the controlled substance examination and screening completed for Staff B prior to 12/31/17. -She did not know Staff B needed another controlled substance examination and screening completed because of her rehire date of 01/31/18. -She did not give a timeframe when the controlled substance examination and screening for Staff B would be completed -Staff B only worked PRN at the facility. -The Administrator was responsible for making sure staff had a controlled substance examination and screening completed prior to hire. -The Administrator would audit the controlled</p>	C992		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2018
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NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
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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
C992	Continued From page 13 substance for staff examination and screening within 30 days of hire.	C992		