

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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D 000	Initial Comments  The Adult Care Licensure Section and the Forsyth County Department of Social Services conducted an annual and follow-up survey on August 8-10, 2018.	D 000		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis  10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and 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.  This Rule is not met as evidenced by: TYPE B VIOLATION  Based on interviews and record reviews, the facility failed to assure 2 of 3 staff sampled (A, C) were tested for tuberculosis disease upon hire according to control measures for the Commission for Health Services.  The findings are:  1. Review of Staff A's personnel record revealed: -Staff A was hired on 10/18/17 as a medication aide. -There was no documentation that Staff A had a tuberculosis (TB) skin test.  Telephone interview with Staff A on 08/10/18 at 3:55 pm revealed:	D 131	All new hires will be required to show proof of TB skin test. A new hire check list as been put into place at the facility. The business office manager and administrator will be monitor these files weekly to assure this does not happen again. After 30 days of employment the staff will be required to obtain a 2nd step TB.  All current staff has completed step 1 and step 2 TB test.	8/13/2018  09/01/18

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Whitney Martinez <i>Whitney Martinez</i>	TITLE  CEO	(X6) DATE  09/12/2018
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Division of Health Service Regulation

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D 131	<p>Continued From page 1</p> <p>-She thought she had a 2 step TB skin test. -She had one TB skin test just before she was hired on 10/18/17 at an outside agency.</p> <p>Interview with the Administrator on 08/10/18 at 4:33 pm revealed: -She was not sure if Staff A had a two step TB skin test completed upon hire in 10/2017. -She was unable to locate any documentation of TB skin tests since Staff A was hired in 2017.</p> <p>Refer to interview with the Administrator on 08/10/18 at 4:33pm.</p> <p>2. Review of Staff C's personnel record revealed: -Staff C was hired on 10/18/17 as a personal care aide. -There was no documentation that Staff C had a tuberculosis (TB) skin test.</p> <p>Interview with the Administrator on 08/10/18 at 4:33pm revealed: -She was not sure if Staff C had a two step TB skin test completed upon hire in 10/2017. -The Administrator was unable to locate any documentation of TB skin tests since Staff C was hired in 2017.</p> <p>Attempted telephone interview with Staff C on 8/10/18 at 4:10pm and 5:30pm was unsuccessful.</p> <p>Refer to interview with the Administrator on 08/10/18 at 4:33pm.</p> <p>Interview with the Administrator on 08/10/18 at 4:33pm revealed: -The business office manager would be trained and be responsible in the future to assist with personnel records. -The Administrator was currently responsible for</p>	D 131	<p>See tag D 131</p> <p>See tag D 131</p>	

Division of Health Service Regulation

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D 131	<p>Continued From page 2</p> <p>the personnel records. -She was unaware that staff needed 2 step TB tests.</p> <hr/> <p>The failure of the facility to ensure staff were free from active tuberculosis (TB) disease placed the residents at risk for potential exposure to TB. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.</p> <hr/> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/10/18 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 25, 2018.</p>	D 131	Facility has new business office manager, who has been properly trained to oversee the staff records and to assure all proper documentation is in employee file.	
D 137	<p>10A NCAC 13F .0407(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled staff (Staff B and C) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire according to G.S. 131E-256.</p>	D 137	Facility has updated Employee Check List to assure the HCPR is being done on all new hires prior to employment. The business office manager and administrator will monitor the files weekly (Wednesday) to assure this is being done. All current staff information has been ran through the HCPR website.	08/13/2018

Division of Health Service Regulation

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D 137	<p>Continued From page 3</p> <p>The findings are:</p> <p>1. Review of Staff B's personnel record revealed: -Staff B was hired on 06/21/18 as a cook. -There was no documentation of a HCPR check prior to hire for Staff B. -Staff B's daily responsibilities included cooking, maintaining, and managing the kitchen and dining area as listed on the job description.</p> <p>Observations on 08/09/18 between 8:00 am and 4:00 pm revealed Staff B was working and cooking in the kitchen area.</p> <p>Telephone interview with Staff B on 08/10/18 at 4:05 pm revealed: -Staff B's daily responsibilities included cooking, maintaining, and managing the kitchen and dining areas. -He did not know if a HCPR check was completed prior to being hired.</p> <p>Interview with the Administrator on 08/10/18 at 5:33 pm revealed: -She believed the HCPR check had been completed for Staff B prior to being hired. -She was unable to locate Staff B's old record. -She was responsible for obtaining HCPR checks prior to employment. -She would audit personnel records on all new employees going forward.</p> <p>Documentation of Staff B's HCPR check was provided prior to exit on 08/10/18.</p> <p>2. Review of Staff C's personnel record revealed: -Staff C was hired on 10/18/17 as a personal care aide (PCA). -Staff C worked on third shift. -Staff C was on a temporary leave of absence.</p>	D 137	See tag 137	

Division of Health Service Regulation

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D 137	<p>Continued From page 4</p> <p>-There was no documentation of a HCPR check prior to hire for Staff C.</p> <p>-Staff C's daily responsibilities included providing personal care to the residents as listed on the job description.</p> <p>Attempted telephone interview with Staff C on 8/10/18 at 4:10 pm and 5:30 pm were unsuccessful.</p> <p>Interview with the Administrator on 08/10/18 at 5:33 pm revealed:</p> <p>-She believed the HCPR check had been completed for Staff C prior to being hired.</p> <p>-She was unable to find Staff C's old record.</p> <p>-She would obtain a HCPR check for Staff C on 08/10/18.</p> <p>-She was responsible for obtaining HCPR checks prior to employment.</p> <p>-She would audit personnel records on all new employees going forward.</p> <p>Documentation of Staff C's HCPR check was provided prior to exit on 08/10/18.</p>	D 137	See tag 137	
D 139	<p>10A NCAC 13F .0407(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interviews and record reviews, the facility failed to assure 2 of 3 staff sampled (B, C) had criminal background checks completed upon</p>	D 139	Facility has put into place two different companies to assist with getting criminal checks completed. Paychex and Sembra. After first interview with potential employee criminal checks will be completed. Both the administrator and the business office manager have access to the sites listed above. The business office manager will check every Friday to assure all criminal checks have been completed and place in the employee file.	08/16/18

Division of Health Service Regulation

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D 139	<p>Continued From page 5</p> <p>hire in accordance with G.S. 114-19.10 and 131D-40.</p> <p>The findings are:</p> <p>1. Review of Staff B's personnel record revealed: -Staff B was hired on 10/21/17 as a cook. -There was no documentation a criminal background check was completed upon hire and no consent form had been signed.</p> <p>Telephone interview with Staff B on 8/10/18 at 4:04pm revealed he went to the court house and got a copy of his own criminal background check and turned it in to the Administrator before he started on 10/21/17.</p> <p>Interview with the Administrator on 08/10/18 at 4:33pm revealed: -She was unable to locate any documentation of criminal background checks since Staff B was hired. -She was responsible for the criminal background checks.</p> <p>2. Review of Staff C's personnel record revealed: -Staff C was hired on 10/18/17 as a personal care aide. -There was no documentation a criminal background check was completed upon hire and no consent form had been signed.</p> <p>Attempted telephone interview with Staff C on 8/10/18 at 4:10pm and 5:30pm was unsuccessful.</p> <p>Interview with the Administrator on 08/10/18 at 4:33pm revealed: -She was unable to locate any documentation of criminal background checks since Staff C was hired.</p>	D 139	See tag 139	

Division of Health Service Regulation

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D 139	<p>Continued From page 6</p> <p>-She was responsible for the criminal background checks.</p> <p>_____</p> <p>The failure of the facility to assure 2 of 3 sampled staff (B and C) had a state-wide criminal background check upon hire resulted in the facility being unaware of any criminal background findings. This failure was detrimental to the safety and welfare of the residents and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/10/18 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 25, 2018.</p>	D 139	See tag 139	
D 161	<p>10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks</p> <p>10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task</p> <p>(a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision.</p> <p>This Rule is not met as evidenced by:</p>	D 161	The facility RN completes the LPHS for all new hires. The administrator and the business office manager will assure that after 3 days of training the new employee's will be signed off by the RN in a timely manner. The administrator and the business office manager will check weekly (Friday) to assure all proper paperwork is in the employee file. Including the medication check off required by the state.	8/13/18

Division of Health Service Regulation

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D 161	<p>Continued From page 7</p> <p>Based on interviews and record review, the facility failed to assure 1 of 2 sampled staff (Staff A) was competency validated for Licensed Health Professional Support (LHPS) tasks including obtaining fingerstick blood sugars and medication administration by injection.</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed -Staff A was hired on 10/18/17 as a personal care aide (PCA) and medication aide (MA)/Supervisor. -There was no documentation Staff A had completed the LHPS competency validation for obtaining fingerstick blood sugars and medication administration by injection.</p> <p>Observation of Staff A on 08/09/18 between 7:30 am and 8:00 am revealed: -Staff a performed FSBS on 3 residents. -Staff A administered insulin to 1 resident.</p> <p>Interview with Staff A on 08/10/18 at 3:55 pm revealed: -She started working at the facility in October 2017, as a medication aide. -Her responsibilities included administering medications to the residents and assisting with personal care and transfers/ambulation. -She had completed her LHPS competency validation October 2017. -When she was hired by the facility, she went through training modules related to the facility's procedures and protocol.</p> <p>Interview with the Administrator on 08/10/18 at 5:33 pm revealed: -She thought Staff A had all of her training. -She was unable to locate Staff A's old record. -She was unaware Staff A needed LHPS</p>	D 161	<p>See tag 161</p> <p>See tag 161</p> <p>See tag 161</p>	



Division of Health Service Regulation

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D 161	Continued From page 8  competency validation. -She was responsible to ensure all staff hired by her received the required training.	D 161		
D 164	<p>10A NCAC 13F .0505 Training On Care Of Diabetic Resident</p> <p>10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows:</p> <p>(1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner.</p> <p>(2) Training shall include at least the following:</p> <p>(a) basic facts about diabetes and care involved in the management of diabetes;</p> <p>(b) insulin action;</p> <p>(c) insulin storage;</p> <p>(d) mixing, measuring and injection techniques for insulin administration;</p> <p>(e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms;</p> <p>(f) blood glucose monitoring; universal precautions;</p> <p>(g) universal precautions;</p> <p>(h) appropriate administration times; and</p> <p>(i) sliding scale insulin administration.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 3 of 3 sampled medication aides (Staff A, D, and E) had completed training on the care of diabetic residents prior to obtaining</p>	D 164	<p>Facility set up training with RN for all staff to attend and receive training on caring for diabetic residents. Facility uses Fels &amp; Associates to train the new staff on diabetic care, after staff does the online training, the facility RN will then do an in person training to assure all new hires are educated on Diabetic residents.</p> <p>See tag 164</p>	9/27/2018

Division of Health Service Regulation

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D 164	<p>Continued From page 9</p> <p>fingerstick blood sugar or administering insulin.</p> <p>The findings are:</p> <p>1. Review of Staff A's personnel record revealed: -Staff A was hired on 10/18/17 as a personal care aide/medication aide (MA). -There was no documentation Staff A had completed training on the care of diabetic residents prior to obtaining fingerstick blood sugars or administering insulin.</p> <p>Interview with Staff A on 08/10/18 at 3:55 pm revealed: -She started working at the facility in October 2017, as a MA. -Her responsibilities included administering medications to the residents. -When she was hired, she went through training modules related to the facility's procedures and protocols. -She had completed diabetic training with the previous facility nurse when she was hired.</p> <p>Review of a resident's August 2018 Medication Administration Records (MAR) revealed: -Staff A documented checking finger stick blood sugars (FSBS) on 08/02/18, 08/03/18, 08/07/18, and 08/09/18 at 8:00 am and 12:00 pm -Staff A administered insulin to the resident on 08/09/18 at 8:00 am.</p> <p>Observations of Staff A on 08/09/18 between 7:30 am and 8:00 am revealed: -Staff A performed FSBS on 3 residents. -Staff A administered insulin to 1 resident.</p> <p>Interview with the Administrator on 08/10/18 at 5:33 pm revealed: -She thought Staff A had all of her training.</p>	D 164	<p>See tag 164</p> <p>see tag 164</p> <p>see tag 164</p>	

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D 164	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-She was unable to locate Staff A's old record.</li> <li>-She was responsible to ensure all staff hired by her received the required training.</li> </ul> <p>2. Review of Staff D's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Staff D was hired on 12/14/17 as a medication aide (MA).</li> <li>-There was no documentation Staff D had completed training on the care of diabetic residents.</li> </ul> <p>Review of a resident's August 2018 medication administration record revealed Staff D documented checking FSBS on 08/01/18, 08/04/18, 08/05/18, and 08/06/18 at 7:30 am, 11:30 am, and 4:30 pm.</p> <p>Interview with Staff D on 08/10/18 at 5:35 pm revealed:</p> <ul style="list-style-type: none"> <li>-She started working at the facility in December 2017, as a MA.</li> <li>-Her responsibilities included administering medications to the residents.</li> <li>-When she was hired, she went through training modules related to the facility's procedures and protocols.</li> <li>-She had completed diabetic training.</li> </ul> <p>Interview with the Administrator on 08/10/18 at 5:33 pm revealed:</p> <ul style="list-style-type: none"> <li>-She was unaware Staff D did not have documentation of diabetic training.</li> <li>-She was responsible to ensure all staff hired by her received the required training.</li> <li>-She would make sure Staff D received all the required training.</li> </ul> <p>3. Review of Staff E's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Staff E was hired on 02/25/18 as a medication aide (MA).</li> </ul>	D 164	<p>see tag 164</p> <p>see tag 164</p>	

Division of Health Service Regulation

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D 164	<p>Continued From page 11</p> <p>-There was no documentation Staff E had completed training on the care of diabetic residents.</p> <p>Review of a resident's July 2018 medication administration record revealed Staff E documented checking FSBS on 07/02/18, 07/03/18, 07/04/18, 07/07/18, 07/08/18, 07/11/18, 07/12/18, and 07/13/18.</p> <p>Attempted interview with Staff E on 08/10/18 at 5:40 pm was unsuccessful.</p> <p>Interview with the Administrator on 08/10/18 at 5:33 pm revealed:</p> <ul style="list-style-type: none"> <li>-She was unaware Staff E did not have documentation of diabetic training.</li> <li>-She was responsible to ensure all staff hired by her received the required training.</li> <li>-She would make sure Staff E received all the required training.</li> </ul>	D 164	<p>see tag 164</p> <p>see tag 164</p>	
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:</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</p>	D 287	<p>Facility did purchase 40 new forks on 8/9/18. The dietary manager will be responsible for assuring the facility always has enough silverware. The dietary manager will check this weekly (Thursday) and will keep up with the inventory.</p>	8/14/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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D 287	<p>Continued From page 12</p> <p>interviews, the facility failed to assure all residents received a place setting that included a knife, spoon, and fork.</p> <p>The findings are:</p> <p>Review of the regular diet lunch menu for 08/08/18 revealed pork chops, pasta, beets, a roll, and baked apples were to be served.</p> <p>Observation of the dining hall on 08/08/18 between 12:30 pm and 1:15 pm revealed:</p> <ul style="list-style-type: none"> <li>-There were 47 residents present for the lunch meal service.</li> <li>-There were 21 residents who had a knife and a spoon at their place setting.</li> <li>-There were 5 residents who had a knife and a fork at his place setting.</li> <li>-There were 8 residents who had a knife, fork and spoon at their place setting.</li> <li>-There were 5 residents who had a spoon and a fork at their place setting.</li> <li>-There were 7 residents who had only a spoon at their place setting.</li> <li>-There was 1 resident who had only a knife at their place setting.</li> <li>-A staff member walked around the dining hall with a hand full of forks and asked if anyone wanted one.</li> <li>-The resident who had only a knife was given a fork by the staff.</li> </ul> <p>Review of the regular diet breakfast menu for 08/09/18 revealed prunes, cereal, eggs and toast were to be served.</p> <p>Observation of the dining hall on 08/09/18 between 7:30 am and 8:00 am revealed:</p> <ul style="list-style-type: none"> <li>-There were 53 residents present for the breakfast meal service.</li> </ul>	D 287	<p>see tag D 287</p> <p>See tag D 287</p> <p>See tag D 287</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D 287	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-There were 26 residents who had a knife and a spoon at their place setting.</li> <li>-There were 24 residents who had a knife, spoon and fork at their place setting.</li> <li>-There was 1 resident who had only a spoon at their place setting.</li> <li>-There were 2 residents who had a spoon and a fork at their place setting.</li> </ul> <p>Interview with five residents on 08/09/18 at 7:43 am revealed:</p> <ul style="list-style-type: none"> <li>-One resident sometimes only received a spoon and sometimes received a fork with the meals.</li> <li>-One resident almost never received a full set of silverware.</li> <li>-The residents sometime received a fork, spoon, and knife, but not every day.</li> <li>-The residents did not know why they did not have a fork, spoon, and a knife with all meals.</li> <li>-The residents would like to have a fork, spoon, and knife with all meals.</li> <li>-If they asked for a piece of silverware not at their place setting, they were sometimes given plastic ware.</li> </ul> <p>Observation of the dining hall on 08/09/18 at 11:05 am revealed:</p> <ul style="list-style-type: none"> <li>-There was a personal care aide (PCA) setting the tables.</li> <li>-There was a utensil cart with 4 containers of silverware.</li> <li>-There were 75 knives, 68 spoons, and 26 forks between the containers on the utensil cart including what had already been placed on the table by the PCA. (According to the cesus of 57, there would not have been enough forks for residents' use at mealtimes.)</li> </ul> <p>Interview with a dietary staff on 08/09/18 at 11:16 am revealed:</p>	D 287	<p>see D 287</p> <p>see tag D 287</p> <p>See tag D 287</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D 287	<p>Continued From page 14</p> <p>-All of the silverware was in the dining hall. -She did not know if there were enough forks, knives, and spoons for all residents.</p> <p>Interview with a PCA on 08/09/18 at 11:18 am revealed: -The PCAs were responsible for setting the tables in the dining hall for lunch during their shifts. -Knives, forks, and spoons should be included in the place setting. -Sometimes there were not enough forks for the residents. -She told the cook and the Dietary Manager (DM) there were not enough forks.</p> <p>Interview with second PCA on 08/09/18 at 11:20 am revealed: -Setting the tables in the dining hall was one of the responsibilities of the PCAs. -Knives, forks, and spoons should be included in the place setting. -The PCAs normally did not have enough forks to put on every table. -The tables were set with what utensils were available. -"They (dietary staff) wash the dishes. They know what we have." -The Administrator purchased new silverware when she first came to the facility last year. -She did not know what happened to the forks and did not remember the last time there were enough forks.</p> <p>Interview with a third PCA on 08/10/18 at 10:38 am revealed: -She was responsible for setting the tables in the dining halls during her shift. -The place settings should consist of a knife, fork, and a spoon. -"We didn't have enough forks, but we have them</p>	D 287	<p>See tag D 287</p> <p>See tag D 287</p> <p>See tag D 287</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D 287	<p>Continued From page 15</p> <p>now."</p> <ul style="list-style-type: none"> <li>-She usually gave residents who did not have a fork a plastic fork, if they asked for one.</li> <li>-The DM was responsible for ordering silverware including forks.</li> <li>-She had told the DM and the Administrator there had not been enough forks.</li> </ul> <p>Interview with another dietary staff member on 08/09/18 at 3:46 pm revealed:</p> <ul style="list-style-type: none"> <li>-She had noticed there were not enough forks for all residents.</li> <li>-She did not know why there were not enough forks.</li> <li>-The DM was responsible for ordering silverware.</li> </ul> <p>Interview with the DM on 08/09/18 at 12:51 pm revealed:</p> <ul style="list-style-type: none"> <li>-He was responsible for ordering utensils, including forks, for residents.</li> <li>-He had ordered 2 boxes of forks a month ago.</li> <li>-He had ordered spoons, knives, and forks for residents at the same time, but now there were not enough forks.</li> <li>-He thought the residents either accidentally threw the forks away or took them to their rooms.</li> <li>-There were not enough forks in the facility for all the residents.</li> </ul> <p>Interview with the Administrator on 08/09/18 at 11:25 am revealed:</p> <ul style="list-style-type: none"> <li>-The DM was responsible for ensuring there was enough silverware including forks.</li> <li>-She did not know why there were not enough forks for all the residents.</li> <li>-She knew the place settings should include a knife, fork, and a spoon.</li> <li>-She noticed this morning they were short on forks, but had not known previously.</li> </ul>	D 287	<p>See tag D 287</p> <p>See tag D 287</p> <p>See tag D 287</p>	



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D 309	Continued From page 16	D 309		
D 309	<p>10A NCAC 13F .0904(e)(3) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (3) The facility shall maintain an accurate and current listing of residents with physician-ordered therapeutic diets for guidance of food service staff.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure an accurate and current listing of residents with physician-ordered therapeutic diets was available for guidance of food service staff for 1 of 5 sampled residents (#3).</p> <p>The findings are:</p> <p>Review of Resident #3's current FL2 dated 07/09/18 revealed: -Diagnoses included pan hypopituitarism, obesity, chronic constipation and kyphoscoliosis. -There was no diet order listed on the FL2.</p> <p>Review of a physician's diet order dated 07/16/18 revealed a physician's order for a No Added Salt (NAS) diet.</p> <p>Review of the therapeutic diet list posted in the kitchen on 08/08/18 at 10:48 am revealed: -The therapeutic diet list was last updated on 07/02/18. -Resident #3 was not listed as having a therapeutic diet.</p> <p>Review of the facility menus revealed there was no therapeutic menu for NAS.</p>	D 309	<p>The RCC will update the diet list every 30 days, and will post the updated list in the kitchen and the med room so all staff has updated information. The RCC and administrator will check weekly (Wednesday) to assure the facility doctor has not updated any residents diet order.</p> <p>see tag D 309</p> <p>see tag D 309</p> <p>see tag D 309</p>	8/14/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D 309	<p>Continued From page 17</p> <p>Observation of the lunch meal service on 08/08/18 at 11:30 am revealed: -Resident #3 was served a slice of turkey, 1 serving of scalloped potatoes, and 1 serving of greens. -Resident #3 consumed 100% of the meal.</p> <p>Observation of the breakfast meal service on 08/09/18 at 7:30 am revealed: -Resident #3 was served 2 sausage links, 1 serving of grits, 1 biscuit, and 1 serving of cheese eggs. -Resident #3 consumed 100% of the meal.</p> <p>Interview with a Medication Aide (MA) on 08/09/18 at 8:46 -The Resident Care Coordinator (RCC) was responsible for updating the therapeutic diet list. -She thought the therapeutic diet list was updated every 6 months and when a new resident was admitted or there was a change in the diet order. -The updated diet orders were sent to the pharmacy and a copy was placed in the kitchen.</p> <p>Interview with a dietary staff on 08/09/18 at 3:46 pm revealed: -The RCC was responsible for updating the therapeutic diet list. -The therapeutic diet list was updated when there was a change in a resident's diet order and when a new resident was admitted to the facility. -She did not know why Resident #3's name was not on the therapeutic diet list.</p> <p>Interview with the Dietary Manager (DM) on 08/09/18 at 4:15 pm revealed: -The RCC was responsible for updating the therapeutic diet list. -The therapeutic diet list was updated about once</p>	D 309	<p>The administrator and RCC have in place to check updated diet list. The diet list will be updated every 30 day and checked weekly (Wednesday)</p> <p>See tag D 309</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D 309	<p>Continued From page 18</p> <p>a month, when a resident's diet order changed or when new residents were admitted to the facility. -He knew what diets residents were to be served by reviewing the therapeutic diet list and discussing with the RCC. -He thought Resident #3 was on a regular diet because he was not on the therapeutic diet list. -He did not know Resident #3 had a current order for a NAS diet. -He did not prepare meals with salt.</p> <p>Interview with the Administrator on 08/10/18 at 11:59 am revealed: -The Administrator and the RCC were responsible for updating the therapeutic diet list. -The diet list was updated every 3 months, when new residents were admitted or there was a change in a resident's diet order. -She did not know the NAS diet order for Resident #3 was not on the therapeutic diet list. -"That's my fault. I told the RCC, I would add the NAS diet to the therapeutic diet list and I forgot."</p> <p>Interview with Resident #3 on 08/10/18 at 12:20 pm revealed he did not know if he was on a special diet or not.</p>	D 309	<p>See tag D 309</p> <p>See tag D 309</p>	
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p>	D912	<p>The facility staff upon being hired signed the Declaration of Resident's Rights. The administrator, RCC, and business office manager will assure all resident rights are being met on a daily basis.</p>	8/14/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D912	<p>Continued From page 19</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to adult care home infection prevention requirements, adult care home medication aide training and competency, test for tuberculosis, and criminal background check.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>Based on observations, interviews, and record reviews, the facility failed to implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines to assure proper infection control procedures for the use of glucometers for 3 of 3 diabetic residents sampled ( Resident #1, #6, and #7) with orders for blood sugar monitoring resulting in the shared use of glucometers. [Refer to Tag 932, G.S. 131D-4.4A Adult Care Home Infection Prevention Requirements (Type B Violation).]</li> <li>Based on observations, interviews, and record reviews, the facility failed to assure 3 of 3 staff sampled (Staff A, D, and E) who administered medications had employment verification or completed the 5-10-15 hour state approved medication administration training courses as required, or had a Medication Clinical Skills Competency checklist completed prior to administering medications. [Refer to Tag 935 G.S. 131D 4.5B(b) Adult Care Home Medication Aide Training and Competency Evaluation Requirements (Type B Violation)].</li> </ol>	D912	<p>See tag D 912</p> <p>The administrator purchased every resident who receives a FSBS a new monitor from wal-mart on 8/10/18. The administrator and RCC will monitor the cleaning, and monitor the readings, and make sure no FSBS machines are not being shared between residents.</p> <p>All medication staff have completed the 5 hour and 10 hour state approved medication administration training course, and have been signed off by the facility RN for MCSC. The staff had previously completed online training course, but needed the RN to sign off. The administrator has implemented a policy that all new hires for med-tech will not be placed on the med cart until all training required by NC DHHS is completed. The admin and business office manager will oversee this policy and assure all paperwork is completed prior to giving medication to residents.</p>	<p>08/11/18</p> <p>9/15/18</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D912	Continued From page 20  3. Based on interviews and record reviews, the facility failed to assure 2 of 3 staff sampled (A, C) were tested for tuberculosis disease upon hire according to control measures for the Commission for Health Services. [Refer to Tag 131, 10A NCAC 13F .0406 Test for Tuberculosis (Type B Violation).]  4. Based on interviews and record reviews, the facility failed to assure 2 of 3 staff sampled (B, C) had criminal background checks completed upon hire in accordance with G.S. 114-19.10 and 131D-40. [Refer to Tag 139, 10A NCAC 13F .0407 Criminal Background Check (Type B Violation).]	D912	See tag D 912	
D932	G.S. 131D-4.4A (b) ACH Infection Prevention Requirements  G.S. 131D-4.4A Adult Care Home Infection Prevention Requirements  (b) In order to prevent transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens, each adult care home shall do all of the following, beginning January 1, 2012: (1) Implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines on infection control that addresses at least all of the following: a. Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents. b. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules. c. Accessibility of infection control devices and supplies.	D932	Staff employed by the facility did complete Infection control through Fels & Associates Online training course during training at the facility. The administrator has put a policy in place that after the online training, the new hires will meet with the facility RN to attend a face-to-face training for infection control. The admin, RCC, and business office manager will assure this is completed prior to working on the floor, or working as a med-tech. This is will be checked weekly (Friday) with any new hires.	8/20/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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D932	<p>Continued From page 21</p> <p>d. Blood and bodily fluid precautions.</p> <p>e. Procedures to be followed when adult care home staff is exposed to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV, hepatitis B, hepatitis C, or other bloodborne pathogens.</p> <p>f. Procedures to prohibit adult care home staff with exudative lesions or weeping dermatitis from engaging in direct resident care that involves the potential for contact between the resident, equipment, or devices and the lesion or dermatitis until the condition resolves.</p> <p>(2) Require and monitor compliance with the facility's infection control policy.</p> <p>(3) Update the infection control policy as necessary to prevent the transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines to assure proper infection control procedures for the use of glucometers for 3 of 3</p>	D932	<p>See tag D932</p> <p>Staff employed by the facility did complete Infection control through Fels &amp; Associates Online training course during training at the facility.</p> <p>The administrator has put a policy in place that after the online training, the new hires will meet with the facility RN to attend a face-to-face training for infection control. The admin, RCC, and business office manager will assure this is completed prior to working on the floor, or working as a med-tech. This is will be checked weekly (Friday) with any new hires.</p> <p>See tag D932</p>	8/20/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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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
D932	<p>Continued From page 22</p> <p>diabetic residents sampled ( Resident #1, #6, and #7) with orders for blood sugar monitoring resulting in the shared use of glucometers.</p> <p>The findings are:</p> <p>Review of the Center for Disease Control and Prevention (CDC) guidelines for infection control revealed the CDC recommends blood glucose monitoring devices (glucometers) should not be shared between residents. If the glucometer is to be used for more than one person, it should be cleaned and disinfected per the manufacturer's instructions. If the manufacturer does not list disinfection information, the glucometer should not be shared between residents.</p> <p>Review of the owner's manual for Brand A glucometer revealed: -If the meter gets dirty, use a moist (Not Wet) lint-free cloth dampened with a mild detergent. -Do not try to clean the test strip holder.</p> <p>Review of the owner's manual for Brand B glucometer revealed: -The meter and lancing device are for single patient use. -Do not share meter with anyone including family members. -Do not use on multiple patients. -All parts of the kit are considered biohazardous and can potentially transmit infectious diseases, even after you have performed cleaning and disinfection".</p> <p>Review of the owner's manual for Brand C glucometer revealed: -Lancing devices, lancets, and meters are for single-patient use only and should never be shared with another person, even a family</p>	D932	<p>Staff employed by the facility did complete Infection control through Fels &amp; Associates Online training course during training at the facility.</p> <p>The administrator has put a policy in place that after the online training, the new hires will meet with the facility RN to attend a face-to-face training for infection control. The admin, RCC, and business office manager will assure this is completed prior to working on the floor, or working as a med-tech. This is will be checked weekly (Friday) with any new hires.</p> <p>The facility also provided new meters for all residents who require a finger stick.</p> <p>Staff employed by the facility did complete Infection control through Fels &amp; Associates Online training course during training at the facility.</p> <p>The administrator has put a policy in place that after the online training, the new hires will meet with the facility RN to attend a face-to-face training for infection control. The admin, RCC, and business office manager will assure this is completed prior to working on the floor, or working as a med-tech. This is will be checked weekly (Friday) with any new hires.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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D932	<p>Continued From page 23</p> <p>member.</p> <p>-All parts of the kit are considered biohazardous and can potentially transmit infectious diseases even after you have performed cleaning and disinfection.</p> <p>Review of the owner's manual for Brand D glucometer revealed:</p> <p>-This system is intended to be used by a single person and should not be shared.</p> <p>-The meter and lancing device should never be used by more than one person. Do not share the meter and lancing device with anyone, including your family members, due to risk of infection from bloodborne pathogens.</p> <p>-Cleaning and disinfecting the meter and lancing device destroys most, but not necessarily all, bloodborne pathogens.</p> <p>Interview with the Administrator on 08/09/18 at 1:00 pm revealed:</p> <p>-The staff were expected to never share glucometers between residents.</p> <p>-Each resident should have their own assigned glucometer.</p> <p>-If a resident's glucometer was broken or having any issues she would expect the staff to make her aware so she could purchase another glucometer immediately.</p> <p>Observations, interviews, and record reviews during the survey from 08/08/18-08/10/18 revealed:</p> <p>-There were 9 diabetic residents currently residing in the facility who required blood sugar monitoring and each resident had their own glucometer.</p> <p>-Nine of nine glucometer bags were labeled with the resident's name but two glucometers were not labeled.</p>	D932	<p>See tag D932</p> <p>The facility does have a cleaning policy and procedure for all meters. The med-tech on duty signs off after each meter is cleaned. The RCC and Admin will assure this is done daily.</p> <p>see tag D932</p>	8/20/18



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D932	<p>Continued From page 24</p> <p>-There was a box of old glucometers in the medication room.</p> <p>-Three of three sampled diabetics had readings in their glucometers that did not match their documented blood sugars.</p> <p>1. Review of Resident #1's current FL-2 dated 07/19/18 revealed: -Diagnoses included diabetes, hypertension, hyperlipidemia, arterial ischemic stroke, cardiovascular disease, and human immunodeficiency virus. -There was no order for fingerstick blood sugar (FSBS) to be checked.</p> <p>Review of signed physician's order dated 07/17/18 reveled an order to check fingerstick blood sugar (FSBS) two times a day.</p> <p>Observation on 08/09/18 at 7:48 am of Resident #1's black glucometer pouch revealed: -The glucometer was stored in the top drawer of the medication cart. -The glucometer and bag was labeled with the resident's name. -There was a supply of single-use disposable lancets in the drawer.</p> <p>Review of Resident #1's Brand A glucometer's history compared to the electronic Medication Administration Record (eMAR) for February 2018 revealed: -The date and time was not set for the correct date and time. -The date was set for 10/09/18 at 1:41 pm. -The blood sugar reading dates ranged from 10/09/18 at 8:08 am - 09/19/18 at 4:46 pm. -The readings ranged from 137 - 330. -There were 3 FSBS readings for 07/31/18 at 5:45 am, 5:04 pm, and 7:29 pm.</p>	D932	<p>See tag D932</p> <p>See tag D932</p> <p>see tag D932</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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D932	<p>Continued From page 25</p> <p>-On 07/21/18 at 7:18 pm, there was a FSBS reading of 189; the result was not documented on Resident #1's eMAR.</p> <p>-On 07/22/18 at 7:06 pm, there was a FSBS reading of 206, the result was not documented on Resident #1's eMAR.</p> <p>-On 07/23/18 at 5:53 pm, there was a FSBS reading of 167; not corresponding to the FSBS value of 146 was documented on Resident #1's eMAR.</p> <p>-On 07/24/18 at 4:37 pm, there was a FSBS reading of 192; not corresponding to the FSBS value of 197 documented on Resident #1's eMAR.</p> <p>-On 07/25/18 at 4:37 pm, there was a FSBS reading of 232; not corresponding to the FSBS value of 234 documented on Resident #1's eMAR.</p> <p>-On 07/27/18 at 5:55 am, there was a FSBS reading of 219; not corresponding to the FSBS value of 217 documented on Resident #1's eMAR.</p> <p>-On 07/27/18 at 7:13 pm, there was a FSBS reading of 240; the result was not documented on Resident #1's eMAR.</p> <p>-On 07/28/18 at 4:46 pm, there was a FSBS reading of 253; not corresponding to the FSBS value of 256 documented on Resident #1's eMAR.</p> <p>-On 07/29/18 at 4:58 pm, there was a FSBS reading of 239; not corresponding to the FSBS value of 235 documented on Resident #1's eMAR.</p> <p>-On 07/30/18 at 7:30 am the eMAR reflected a FSBS reading of 129 but the reading was not in the glucometer.</p> <p>-On 08/02/18 at 5:32 pm, there was a FSBS reading of 279; not corresponding to the FSBS value of 276 documented on Resident #1's eMAR.</p>	D932	<p>See tag 932</p> <p>See tag D 932</p>	

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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D932	<p>Continued From page 26</p> <p>-On 08/03/18 at 5:05 pm, there was a FSBS reading of 259; not corresponding to the FSBS value of 249 documented on Resident #1's eMAR.</p> <p>Interview on 08/10/18 at 12:10 pm with Resident #1 revealed: -The staff check his blood sugar once a day. -He did not know his blood sugar average. -He has asked the staff to check his blood sugar as needed; but not recently.</p> <p>Refer to interview on 08/09/18 at 1:00 pm with the Administrator.</p> <p>Refer to interview on 08/10/18 at 8:50 am with a second shift MA.</p> <p>Refer to interview on 08/10/18 at 1:10 pm with the Primary Care Provider (PCP).</p> <p>2. Review of Resident #6's current FL2 dated 01/08/18 revealed the diagnoses included type 2 diabetes.</p> <p>Review of a signed physician's order dated 07/09/18 revealed an order to check FSBS before each meal and at bedtime.</p> <p>Observation on 08/09/18 at 7:48 am (during fingerstick) of Resident #6's black glucometer pouch revealed: -The pouch was labeled with Resident #6's name. -The Brand B glucometer was labeled with another resident's name (inside the pouch). -The date was not set correctly. -The date and time was set for 08/11/18 and 1:49 am.</p> <p>Review of Resident #6's August 2018 eMAR</p>	D932	see tag D932	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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D932	<p>Continued From page 27</p> <p>revealed: -There was an entry to check FSBS before meals and at bedtime; scheduled at 7:30 am, 11:30 am, 4:30 pm, and 8:00 pm. -FSBS values ranged from 85-290.</p> <p>Review of Resident #6's Brand B glucometer's history revealed: -FSBS values recorded in the glucometer's history were inconsistent with the values documented on Resident #6's August 2018 eMAR. -FSBS values documented on Resident #6's August 2018 eMAR were not recorded in Resident #6's glucometer's history.</p> <p>Review of Resident #6's Brand B glucometer's history compared to the eMAR for August 2018 revealed: -On 08/02/18 at 11:30 am, there was a FSBS reading of 178; not corresponding to the FSBS value of 172 documented on Resident #6's MAR. -On 08/02/18 at 8:00 pm, eMAR reflected a FSBS reading of 122 but the reading was not in the glucometer memory. -On 08/03/18 at 11:30 am, there was a FSBS reading of 112; not corresponding to the FSBS value of 139 documented on Resident #6's MAR. -On 08/05/18 at 8:00 pm, eMAR reflected a FSBS reading of 135 but the reading was not in the glucometer memory. -On 08/06/18 at 11:30 am, there was a FSBS reading of 129; the result was not documented on Resident #6's eMAR. -On 08/06/18 at 8:00 pm, there was a FSBS reading of 168; the result was not documented on Resident #6's eMAR. -On 08/08/18 at 8:00 pm, there was a FSBS reading of 238; not corresponding to the FSBS value of 128 documented on Resident #6's MA</p>	D932	<p>See tag 932</p> <p>See tag D932</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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D932	<p>Continued From page 28</p> <p>Interview on 08/09/18 at 12:50 pm with the MA revealed: -Resident #6 ran out of strips for Brand B glucometer and an unknown staff pulled out a discharged residents glucometer. -She did not know who put the glucometer on the medication cart. -It was not normal process to keep discharged residents glucometers. -When they needed a new glucometer for a resident, they were expected to make the Administrator aware.</p> <p>Interview on 08/10/18 at 12:20 pm with Resident #6 revealed: -Staff checked her blood sugar before meals and at bedtime. -Her blood sugar usually ran less than 250. -She had more than one glucometer. -Her old glucometer stopped working and the facility ordered her another glucometer. -The old glucometer was labeled with her name. -She had witnessed staff clean her glucometer with a wipe.</p> <p>Refer to interview on 08/09/18 at 1:00 pm with the Administrator.</p> <p>Refer to interview on 08/10/18 at 8:50 am with a second shift MA.</p> <p>Refer to interview on 08/10/18 at 1:10 pm with the PCP.</p> <p>3. Review of Resident #7's current FL2 dated 03/06/18 revealed: -Diagnoses included type 2 diabetes mellitus. -Check blood sugar before meals and at bedtime.</p>	D932	See tag D932	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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D932	<p>Continued From page 29</p> <p>Observation on 08/09/18 at 1:16 pm of Resident #7's black glucometer pouch revealed: -The pouch was labeled with Resident #7's name. -The Brand C glucometer was not labeled with the resident's name (in the pouch). -The date was set not correctly. -The date and time was set for 08/09/18 and 11:21 am.</p> <p>Observation on 08/09/18 at 1:20 pm of Resident #7's second glucometer revealed: -Resident #7 had a second glucometer (Brand D) that was not currently being used, in a box in the medication room. -The last glucometer check was 08/03/18 at 12:09 pm.</p> <p>Review of Resident #7's August 2018 Medication Administration Record (MAR) revealed: -There was an entry to check FSBS three times daily; scheduled at 8:00 am, 12:00 pm, and 5:00 pm. -The FSBS range was from 94 to 342.</p> <p>Review of Resident #7's Brand C glucometer's history revealed: -FSBS values recorded in the glucometer's history were inconsistent with the values documented on Resident #7's August 2018 eMAR. -FSBS values documented on Resident #7's August 2018 eMAR were not recorded in Resident #7's glucometer's history.</p> <p>Review of Resident #7's Brand C glucometer's history compared to the eMAR for August 2018 revealed: -On 08/03/18 at 5:20 pm, there was a FSBS reading of 229; not corresponding to the FSBS value of 259 documented on Resident #7's MAR.</p>	D932	<p>See tag d932</p> <p>See tag D932</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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D932	<p>Continued From page 30</p> <p>-On 08/06/18 at 5:00 pm, eMAR reflected a FSBS reading of 103 but the reading was not in the glucometer memory.</p> <p>-On 08/07/18 at 12:06 pm, there was a FSBS reading of 268; not corresponding to the FSBS value of 239 documented on Resident #6's MAR.</p> <p>Review of Resident #7's July 2018 eMAR revealed:</p> <p>-There was an entry to check FSBS three times daily; scheduled at 8:00 am, 12:00 pm, and 5:00 pm.</p> <p>-The FSBS range was from 79 to 348.</p> <p>Review of Resident #7's Brand D glucometer's history compared to the eMAR for July 2018 revealed:</p> <p>-There were 4 entries on 07/27/18 not corresponding with the eMAR.</p> <p>-On 07/27/18 at 4:59 am, there was a FSBS reading of 135, FSBS was not documented on the eMAR.</p> <p>-On 07/27/18 at 8:00 am, eMAR reflected a FSBS of 79 but the reading was not in the glucometer memory.</p> <p>-On 07/27/18 at 7:25 pm, there was a FSBS reading of 195, FSBS was not documented on the eMAR.</p> <p>-On 07/27/18 at 8:53 pm, there was a FSBS reading of 182, FSBS was not documented on the eMAR.</p> <p>-On 07/27/18 at 9:47 pm, there was a FSBS reading of 233, FSBS was not documented on the eMAR.</p> <p>-There were 2 entries on 07/28/18 not corresponding with the eMAR.</p> <p>-On 07/28/18 at 1:59 am, there was a FSBS reading of 211, FSBS was not documented on the eMAR.</p> <p>-On 07/28/18 at 4:55 am, there was a FSBS</p>	D932	<p>The facility also provided new meters for all residents who require a finger stick.</p> <p>See tag D932</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D932	<p>Continued From page 31</p> <p>reading of 173, FSBS was not documented on the eMAR.</p> <p>-There were 5 entries on 07/30/18 not corresponding with the eMAR.</p> <p>-On 07/30/18 at 7:37 pm, there was a FSBS reading of 248, FSBS was not documented on the eMAR.</p> <p>-On 07/30/18 at 8:24 pm, there was a FSBS reading of 238, FSBS was not documented on the eMAR.</p> <p>-On 07/30/18 at 8:41 pm, there was a FSBS reading of 221, FSBS was not documented on the eMAR.</p> <p>-On 07/30/18 at 9:34 pm, there was a FSBS reading of 149, FSBS was not documented on the eMAR.</p> <p>-On 07/30/18 at 10:40 pm, there was a FSBS reading of 98, FSBS was not documented on the eMAR.</p> <p>-There were 4 entries on 07/31/18 not corresponding with the eMAR.</p> <p>-On 07/31/18 at 12:28 am, there was a FSBS reading of 108, FSBS was not documented on the eMAR.</p> <p>-On 07/31/18 at 2:46 am, there was a FSBS reading of 130, FSBS was not documented on the eMAR.</p> <p>-On 07/31/18 at 4:53 am, there was a FSBS reading of 115, FSBS was not documented on the eMAR.</p> <p>-On 07/31/18 at 5:18 am, there was a FSBS reading of 149, FSBS was not documented on the eMAR.</p> <p>Interview on 08/09/18 at 12:00 pm with Resident #7 revealed:</p> <p>-Staff checked her blood sugar three times a day.</p> <p>-She did not know what brand of glucometer was used to check her FSBS.</p> <p>-She did not know if her glucometer was labeled</p>	D932	See tag D932	



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D932	<p>Continued From page 32</p> <p>with her name.</p> <p>Refer to interview on 08/09/18 at 1:00 pm with the Administrator.</p> <p>Refer to interview on 08/10/18 at 8:50 am with a second shift MA.</p> <p>Refer to interview on 08/10/18 at 1:10 pm with the PCP.</p> <p>Interview on 08/09/18 at 1:00 pm with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-The facility policy was one glucometer assigned to a resident and no sharing glucometers between residents.</li> <li>-If a glucometer was not in working order, the staff were expected to let her know immediately so she could purchase a new glucometer for the resident.</li> <li>-When a resident was discharged or expired the glucometer should be sent to the pharmacy.</li> <li>-She did not know staff were sharing glucometers between residents.</li> <li>-The facility had an Infection Control Policy. (The policy was never provided)</li> </ul> <p>Interview on 08/10/18 at 8:50 am with a second shift MA revealed:</p> <ul style="list-style-type: none"> <li>-Each resident was assigned their own glucometer.</li> <li>-Staff were not to share glucometers between residents.</li> <li>-If a residents glucometer was experiencing issues the staff would make the Administrator aware so she could purchase a new glucometer.</li> <li>-If a resident was discharged the glucometer should be sent to the pharmacy.</li> <li>-She could not explain why there was a box of used glucometers in the medication room.</li> </ul>	D932	see tag D932	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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D932	<p>Continued From page 33</p> <p>-Glucometers were disinfected with alcohol wipes.</p> <p>-Glucometers were wrapped with wipe and left for 10 minutes.</p> <p>Interview on 08/10/18 at 1:10 pm with the PCP revealed:</p> <p>-He expected staff to use one glucometer per resident.</p> <p>-He did not know the facility had shared glucometers between residents.</p> <p>-He would expect the facility to make him aware if glucometers were shared between residents.</p> <p>-Sharing glucometers between residents should be avoided due to the risk of transmission of blood bourne diseases.</p> <hr/> <p>The facility's failure to implement infection control procedures consistent with the Center for Disease Control (CDC) guidelines placed three residents who were receiving fingerstick blood sugar checks and had glucometers shared between the residents at risk of possible exposure to blood borne pathogens diseases. This failure was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation.</p> <hr/> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/09/18 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, September 25, 2018.</p>	D932	See tag D932	
D934	G.S. 131D-4.5B. (a) ACH Infection Prevention Requirements	D934		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D934	<p>Continued From page 34</p> <p>G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements</p> <p>(a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to assure 1 of 1 Medication Aides (MA) sampled (Staff A) received the state annual infection control training.</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -Staff A was hired to work at the facility as a medication aide on 10/18/17. -She had passed the written medication aide exam 01/24/06. -There was documentation of infection control training having been completed online 2/11/18. The certificate had been signed by the employee</p>	D934		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D934	<p>Continued From page 35</p> <p>but not by an approved trainer.</p> <p>Interview with Staff A on 08/10/18 at 3:55 pm revealed:</p> <ul style="list-style-type: none"> <li>-She started working at the facility in October 2017, as a MA.</li> <li>-Her responsibilities included administering medications to the residents.</li> <li>-She took the written medication aide exam in 2006.</li> <li>-When she was hired by the facility, she went through training modules related to the facility's procedures and protocols.</li> <li>-She had completed the state approved infection control training.</li> </ul> <p>Observation of Staff A on 08/09/18 between 7:30 am and 8:00 am revealed:</p> <ul style="list-style-type: none"> <li>-Staff A checked FSBS on 3 residents.</li> <li>-Staff A administered insulin to 1 resident.</li> </ul> <p>Interview with the Administrator on 08/10/18 at 5:33 pm revealed:</p> <ul style="list-style-type: none"> <li>-She thought Staff A had all her training.</li> <li>-She was unable to locate Staff A's old record.</li> <li>-She was unaware Staff A needed infection control training.</li> <li>-She was unaware the required annual infection control training had to be conducted by a qualified trainer.</li> <li>-She was responsible to ensure all staff hired by her received the required training.</li> <li>-Her expectation was for staff to have current trainings in the personnel record.</li> </ul>	D934	<p>Staff employed by the facility did complete Infection control through Fels &amp; Associates Online training course during training at the facility.</p> <p>The administrator has put a policy in place that after the online training, the new hires along with current employee's will meet with the facility RN to attend a face-to-face training for infection control. The admin, RCC, and business office manager will assure this is completed prior to working on the floor, or working as a med-tech. This is will be checked weekly (Friday) with any new hires.</p> <p>See tag D934</p>	9/27/18
D935	<p>G.S. § 131D-4.5B(b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home</p>	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D935	<p>Continued From page 36</p> <p>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 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"> <li>a. The key principles of medication administration.</li> <li>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.</li> </ol> <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"> <li>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"> <li>1. The key principles of medication administration.</li> <li>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.</li> </ol> </li> <li>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</li> </ol>	D935	<p>All medication staff have completed the 5 hour and 10 hour state approved medication administration training course, and have been signed off by the facility RN for MCSC. The staff had previously completed online training course, but needed the RN to sign off. The administrator has implemented a policy that all new hires for med-tech will not be placed on the med cart until all training required by NC DHHS is completed. The admin and business office manager will oversee this policy and assure all paperwork is completed prior to giving medication to residents.</p> <p>All medication staff have completed the 5 hour and 10 hour state approved medication administration training course, and have been signed off by the facility RN for MCSC. The staff had previously completed online training course, but needed the RN to sign off. The administrator has implemented a policy that all new hires for med-tech will not be placed on the med cart until all training required by NC DHHS is completed. The admin and business office manager will oversee this policy and assure all paperwork is completed prior to giving medication to residents</p>	8/20/18
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D935	<p>Continued From page 37</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to assure 3 of 3 staff sampled (Staff A, D, and E) who administered medications had employment verification or completed the 5-10-15 hour state approved medication administration training courses as required, or had a Medication Clinical Skills Competency checklist completed prior to administering medications.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>Review of Staff A's personnel record revealed: <ul style="list-style-type: none"> <li>-Staff A was hired on 10/18/17 as a personal care aide (PCA) and medication aide (MA)/Supervisor.</li> <li>-Staff A passed the written medication aide exam on 01/24/06.</li> <li>-There was no documentation of employment verification showing Staff A worked as a medication aide within the past 24 months.</li> <li>-There was no documentation Staff A had completed the 5-10-15 hour medication aide training.</li> <li>-There was no documentation Staff A had completed the Medication Clinical Skills Competency checklist.</li> </ul> </li> </ol> <p>Review of a resident's June 2018 medication administration record revealed Staff A documented administration of medications on 06/02/18, 06/03/18, 06/05/18, 06/06/18, 06/12/18, 06/13/18, 06/14/18, 06/16/18, 06/21/18, 06/22/18,</p>	D935	<p>All medication staff have completed the 5 hour and 10 hour state approved medication administration training course, and have been signed off by the facility RN for MCSC. The staff had previously completed online training course, but needed the RN to sign off. The administrator has implemented a policy that all new hires for med-tech will not be placed on the med cart until all training required by NC DHHS is completed. The admin and business office manager will oversee this policy and assure all paperwork is completed prior to giving medication to residents.</p> <p>See tag D935</p>	8/20/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D935	<p>Continued From page 38</p> <p>06/26/18, 06/27/18, 06/28/18, and 06/30/18.</p> <p>Review of a resident's July 2018 medication administration record revealed Staff A documented administration of medications on 07/01/18, 07/05/18, 07/06/18, 07/10/18, 07/12/18, 07/14/18, 07/15/18, 07/17/18, 07/19/18, 07/20/18, 07/24/18, 07/26/18, 07/28/18, and 07/29/18.</p> <p>Review of a resident's August 2018 medication administration record revealed Staff A documented administration of medications on 08/02/18, 08/03/18, 08/07/18, and 08/09/18.</p> <p>Interview with Staff A on 08/10/18 at 3:55 pm revealed: -She started working at the facility in October 2017, as a MA. -Her responsibilities were administering medications to the residents. -She administered oral medications, eye drops and nebulizer treatments. -She took the written medication aide exam in 2006. -When she was hired by the facility, she went through training modules related to the facility's procedures and protocol. -She had completed the state approved 5 hour and 10 hour medication aide training and Medication Aide Clinical Skills Competency checklist with the previous facility nurse in October 2017.</p> <p>Interview with the Administrator on 08/10/18 at 5:33 pm revealed: -She thought staff A had all of her training. -She was unable to locate Staff A's old record. -She would make sure Staff A received the 5-10-15 hour medication aide training and complete the Medication Aide Clinical Skills</p>	D935	<p>See tag D935</p> <p>see tag D935</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D935	<p>Continued From page 39</p> <p>Competency checklist and test. -She was responsible for making sure all employees had the required training</p> <p>2. Review of Staff D's personnel record revealed: -Staff D was hired on 12/14/17 as a medication aide (MA). -Staff D passed the written medication aide exam on 07/11/08. -Staff D had completed the Medication Clinical Skills Competency checklist on 12/20/17. -There was no documentation of employment verification showing Staff D worked as a medication aide within the past 24 months. -There was no documentation Staff D had the 5-10-15 hour medication aide training.</p> <p>Review of a resident's June 2018 medication administration records revealed Staff D documented administration of medications on 06/01/18, 06/04/18, 06/05/18, 06/06/18, 06/07/18, 06/08/18, 06/09/18, 06/10/18, 06/11/18, 06/18/18, 06/19/18, 06/20/18, 06/21/18, 06/23/18, 06/24/18, 06/25/18, and 06/29/18.</p> <p>Review of a resident's July 2018 medication administration records revealed Staff D documented administration of medications on 07/03/18, 07/04/18, 07/07/18, 07/08/18, 07/11/18, 07/13/18, 07/16/18, 07/18/18, 07/21/18, 07/22/18, 07/23/18, 07/30/18, and 07/31/18.</p> <p>Review of a resident's August 2018 medication administration records revealed Staff D documented administration of medications on 08/01/18, 08/04/18, 08/05/18, 08/06/18, and 08/08/18.</p> <p>Interview with Staff D on 08/10/18 at 5:35 pm revealed:</p>	D935	<p>see tag D935</p> <p>See tag D935</p>	



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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D935	<p>Continued From page 40</p> <ul style="list-style-type: none"> <li>-She started working at the facility in December 2017, as a MA.</li> <li>-Her responsibilities were administering medications to the residents.</li> <li>-She administered oral medications, eye drops and nebulizer treatments.</li> <li>-She took the written medication aide exam in 2008.</li> <li>-When she was hired by the facility, she went through training modules related to the facility's procedures and protocols.</li> <li>-She had completed the state approved 5 hour and 10 hour medication aide training and Medication Aide Clinical Skills Competency checklist with the previous facility nurse in December 2017.</li> </ul> <p>Interview with the Administrator on 08/10/18 at 5:33 pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not know Staff D needed the 5-10-15 hour medication aide training or documentation of employment verification showing Staff D worked as a medication aide within the past 24 months..</li> <li>-She was unable to locate Staff D's old record.</li> <li>-She would make sure Staff D received the 5-10-15 hour medication aide training.</li> <li>-She was responsible for making sure all employees had the required training</li> </ul> <p>3. Review of Staff E's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Staff E was hired on 02/25/18 as a medication aide.</li> <li>-There was no documentation of employment verification showing Staff E worked as a medication aide within the past 24 months.</li> <li>-There was no documentation Staff E had the 5-10-15 hour medication aide training.</li> <li>-There was no documentation Staff E had the Medication Clinical Skills Competency checklist.</li> </ul>	D935	<p>See tag D935</p> <p>See tag D935</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D935	<p>Continued From page 41</p> <p>- There was no documentation Staff E had passed the written medication aide exam.</p> <p>Review of a resident's June 2018 medication administration records revealed Staff E documented administration of medications on 06/04/18, 06/07/18, 06/09/18, 06/10/18, 06/11/18, 06/15/18, 06/18/18, 06/19/18, 06/20/18, 06/23/18, 06/24/18, 06/25/18, and 06/27/18.</p> <p>Review of a resident's July 2018 medication administration records revealed Staff E documented administration of medications on 07/02/18, 07/03/18, 07/04/18, 07/07/18, 07/08/18, 07/11/18, 07/12/18, 07/13/18, 07/21/18, 07/22/18, 07/23/18, 07/26/18, 07/27/18, and 07/30/18.</p> <p>Review of a resident's August 2018 medication administration records revealed Staff E documented administration of medications on 08/01/18.</p> <p>Attempted interview with Staff E on 08/10/18 at 5:40 pm was unsuccessful.</p> <p>Interview with the Administrator on 08/10/18 at 5:33 pm revealed: -She was unaware Staff E needed the 5-10-15 hour medication aide training, and the Medication Aide Clinical Skills Competency training checklist and test. -She was responsible for making sure all employees had the required training</p> <p>The facility failed to assure 3 medication aides had received medication administration training and skills validation prior to performing unsupervised medication aide duties, which placed all residents at risk for medication errors. The facility's failure was detrimental to the health</p>	D935	<p>All medication staff have completed the 5 hour and 10 hour state approved medication administration training course, and have been signed off by the facility RN for MCSC. The staff had previously completed online training course, but needed the RN to sign off. The administrator has implemented a policy that all new hires for med-tech will not be placed on the med cart until all training required by NC DHHS is completed. The admin and business office manager will oversee this policy and assure all paperwork is completed prior to giving medication to residents.</p> <p>All medication staff have completed the 5 hour and 10 hour state approved medication administration training course, and have been signed off by the facility RN for MCSC. The staff had previously completed online training course, but needed the RN to sign off. The administrator has implemented a policy that all new hires for med-tech will not be placed on the med cart until all training required by NC DHHS is completed. The admin and business office manager will oversee this policy and assure all paperwork is completed prior to giving medication to residents.</p>	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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D935	Continued From page 42  and safety of the residents and constitutes a Type B Violation.  _____The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/10/18 for this violation.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 25, 2018.	D935		8/20/18
D992	G.S. § 131D-45 (a) Examination and screening  G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.  (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	D992	The facility did give drug screening prior to employment. The facility failed to put the time on the drug screening sheet. The administrator has updated the drug screening sheet and added a place for the exact time the screening had taken place. The admin, and business office manager will assure all new hires are screened and documented on the appropriate drug screening sheet.	8/14/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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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
D992	<p>Continued From page 43</p> <p>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> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure a screening for the presence of controlled substances was completed for 3 of 3 sampled staff (A, B, and C), prior to the date of hire.</p> <p>The findings are:</p> <p>1. Review of the personnel record for Staff A revealed: -There was a hire date of 10/18/17. -There was a job description for a medication aide (MA)/personal care aide (PCA). -There was no documentation of a completed drug screen prior to employment.</p> <p>Observation of Staff A on 8/10/18 at 11:00 am revealed: -Staff A was working during first shift. -Staff A administered oral medications to the residents.</p> <p>Interview with Staff A on 8/10/18 at 3:55 pm revealed she believed she had a drug screening done.</p> <p>Refer to interview with the Administrator on</p>	D992	<p>see tag D992</p> <p>see tag D992</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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D992	<p>Continued From page 44</p> <p>08/10/18 at 5:33 pm.</p> <p>2. Review of the personnel record for Staff B revealed: -There was a hire date of 10/21/17. -There was a job description for a cook. -There was no documentation of a completed drug screen prior to employment.</p> <p>Observation of Staff B on 8/10/18 at 12:30 pm revealed: -Staff B was working during first shift. -Staff B prepared meals for the residents.</p> <p>Interview with Staff B revealed he believed he had a drug screening done by the current Administrator.</p> <p>Refer to interview with the Administrator on 8/10/18 at 5:33 pm.</p> <p>3. Review of the personnel record for Staff C revealed: -There was a hire date of 10/18/17. -There was a job description for a personal care aide (PCA). -There was no documentation of a completed drug screen prior to employment.</p> <p>Observation of Staff C on 8/10/18 revealed staff C was not working nor on the schedule during the dates of 8/8/18-8/10/18.</p> <p>Attempted interview with Staff C on 8/10/18 at 4:10 pm and 5:30 pm was unsuccessful.</p> <p>Refer to interview with Administrator on 8/10/18 at 5:33 pm.</p> <p>Interview with Administrator on 8/10/18 at 5:33</p>	D992	see tag D992	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 LANSING DRIVE WINSTON SALEM, NC 27105</b>
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D992	Continued From page 45  pm revealed: -The forms and the personnel recprds were maintained and managed by her. -She had been focused on other facility issues since taking over as administrator the previous year personnel files had not been the priority. -She will be training Business Office Manager (BOM) to assist with personnel files in the future.	D992		