

Received Dec. 20, 2018

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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL039004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/29/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINE GARDENS ADULT CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6016 PINE TOWN ROAD OXFORD, NC 27565</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
D 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey on November 28-29, 2018.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings  10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;  This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure 4 of 4 resident bathrooms (A Hall, B Hall), and a hallway ventilation fan were kept clean and in good repair, to include rust on two heat registers, discolored and cracked light switch plates, and dusty residue on a hallway ventilation fan.  The findings are:  1. Observation on 11/28/18 at 9:00 am of the A Hall front bathroom revealed: -There were yellow and dark brown stains on the caulking on the top edge of the sink at the wall. -There were gaps in the caulking on the top edge of the sink and on the sides of the tile soap/toothbrush holder on the wall above the sink. -The hand wipes dispenser on the wall was missing paint and rusted on the right side and lower edges.	D 074	CONTRACTOR WORK IS ON-GOING 2/1/2019  Light switch plates replaced. Heat registers painted. Fan covering 95% filters cleaned.	1/18/19 per phone WE

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

*[Signature]*

TITLE

*owner/administrator*

(X6) DATE

1/14/2019

STATE FORM

5899

EJ3J11

If continuation sheet 1 of 32

Reviewed & Accepted  
*[Signature]*  
1/18/19

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D 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey on November 28-29, 2018.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings  10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;  This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure 4 of 4 resident bathrooms (A Hall, B Hall), and a hallway ventilation fan were kept clean and in good repair, to include rust on two heat registers, discolored and cracked light switch plates, and dusty residue on a hallway ventilation fan.  The findings are:  1. Observation on 11/28/18 at 9:00 am of the A Hall front bathroom revealed: -There were yellow and dark brown stains on the caulking on the top edge of the sink at the wall. -There were gaps in the caulking on the top edge of the sink and on the sides of the tile soap/toothbrush holder on the wall above the sink. -The hand wipes dispenser on the wall was missing paint and rusted on the right side and lower edges.	D 074	Light switch plates replaced. Heat registers painted. Fan coverings/filters cleaned.  <i>Contractor work is on-going, 2/1/2019</i>  <i>Completed per phone WE 1/18/19</i>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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D 074	Continued From page 1 -The light switch plate was rusted. -The hand held shower head was coated with brown stains; there were brown stains on the tubing of the hand held shower. -The plate of the shower head was not secured to the wall. -There were light brown stains on the sealant around the tiles on the shower floor. -There was missing paint on the toilet paper holder. -There were dark brown stains on the wall at the secured ends of the toilet paper holder. -There was a 6 inch dark brown stain on the hand rail on the wall below the toilet paper holder.  Observation on 11/28/18 at 9:25 am of the A Hall back bathroom revealed: -There were yellow and brown stains on the caulking around the 2 tile soap/toothbrush holders above the sink. -There were 3 stacked half tiles placed on the back left side of the sink. -The bottom edges of the of the hand wipes dispenser were rusted. -There were yellow and gray stains on the wall between the soap dispenser and the hand wipes dispenser. -There were 3 missing half tiles, on the wall, above the back edge of the tub. -There were brown stains on the hot and cold water handles and the water faucet on the tub. -There were cracks in the metal coating and corrosion at the end of the water faucet on the tub. -The tub/shower flip switch and the tub water drain cover were rusted. -There were brown stains on the caulking, between the tiles, on the wall behind the sink. -There was rust on the water lines, attached the wall, under the sink.	D 074	CONTRACTOR WORK ORDERING	2/1/2019

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D 074	<p>Continued From page 2</p> <p>-There was cracked and bubbled paint on the left corner wall above the toilet. -There was cracked and bubbled paint on the ceiling above the shower.</p> <p>Interview on 11/29/18 at 10:40 am with the Housekeeper revealed: -She worked an 8 hour shift on Monday, Tuesday, and Friday; she worked a 4 hour shift on Thursday and Saturday. -She cleaned the bathrooms on all of her shifts; she swept, mopped, and cleaned surfaces with disinfectant.</p> <p>Interview on 11/29/18 at 3:45 pm with the Owner/Supervisor revealed: -There were some repairs to do in the A Hall resident bathrooms. -The caulking at the sinks needed to be replaced, the water fixtures were rusted and needed to be cleaned. -The paint on the walls needed to be scraped and repainted; he would hire a contractor to make repairs. -He was responsible for assuring the resident bathrooms were clean and in good repair.</p> <p>2. Observation of a B- hall bathroom on 11/28/18 at 8:46 am revealed: -The heat register attached to the lower portion of the wall underneath the window had rust spots at the end near the toilet. -The light switch plate was cracked and the paint was peeling exposing the black light switch plate underneath.</p> <p>Observation of another B- hall bathroom on 11/28/18 at 8:53 am revealed: -The heat register attached to the lower portion of the wall underneath the window had rust spots at</p>	D 074	<p>CONTRACTOR WORK ON 90129</p>	2/1/2019

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D 074	<p>Continued From page 3</p> <p>the end near the toilet.</p> <p>-There were grayish stains on the light switch plate and peeling paint exposing the black light switch plate underneath.</p> <p>Observation of the B-hallway ventilation fan near room B-29 on 11/28/18 at 8:50 am revealed there was a thick layer of dusty residue on the ventilation fan.</p> <p>Interview with the housekeeper on 11/29/18 at 10:30 am and 12:15 pm revealed:</p> <p>-She was responsible for cleaning the bathrooms, resident bedrooms, making the beds, cleaning the floors, laundry, dusting and cleaning the inside window panes.</p> <p>-She did know about rust on the heat register in both bathrooms.</p> <p>-The heat registers were painted once in the last three years.</p> <p>-She had not seen anyone working on the heat registers since they were painted.</p> <p>-She did know about the condition of the light switch plates.</p> <p>-The light switches were previously painted over and the paint was now peeling off.</p> <p>-She was not able to clean the ventilation fan because she could not reach the ventilation fan.</p> <p>-She dusted the cover over the ventilation fan last week and she thought there was a filter inside that needed to be changed.</p> <p>-The medication aide (MA) or the Owner/Supervisor would have to clean the ventilation fan.</p> <p>Interview with the MA on 11/29/18 at 12:26 pm revealed:</p> <p>-The facility housekeeper was responsible for cleaning the bathrooms and resident bedrooms.</p> <p>-The B-hall ventilation fan was cleaned on an as</p>	D 074	<i>CONTRACTOR WORK ongoing</i>	<i>2/1/2019</i>

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D 074	<p>Continued From page 4</p> <p>needed basis and was last cleaned one month ago.</p> <ul style="list-style-type: none"> <li>-He did not know that the B-hall ventilation fan needed cleaning again.</li> <li>-There was no set schedule to clean the B-hall ventilation fan and the housekeeper would not be expected to clean the ventilation fan.</li> <li>-He or the Owner/Supervisor would clean the ventilation fan.</li> <li>-The Owner/Supervisor cleaned the heat registers by removing bits of paper and debris from the crevices of the heat register.</li> <li>-He did know about the rust on the heat registers and the registers were previously stripped and painted.</li> <li>-When the heat registers become "unsightly" as they were now, the facility had hired painters in the past to paint them.</li> <li>-The heat registers were last painted seven to eight years ago.</li> <li>-He first noticed the rust 8 months ago but due to other priority issues the heat registers had not been addressed.</li> <li>-He did not notice the condition of the two light switch plates in B-hall bathrooms.</li> <li>-The light switch plates were black when first placed on the wall and then painted over by painters.</li> <li>-The painters were not instructed to paint over them, they just did it without permission.</li> <li>-The light switch plates would be replaced.</li> </ul> <p>Interview with the Owner/Supervisor on 11/29/18 at 4:25 pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility had a housekeeper to clean the facility and he was responsible for overseeing her duties.</li> <li>-He did not know the last time the ventilation fan on B-hall was cleaned, but expected it to be cleaned once a month.</li> </ul>	D 074		

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D 074	Continued From page 5 -He did not know the B-hall ventilation fan had a thick layer of dust. -He did not notice the condition of the two light switch plates in B-hall bathrooms. -He used the two light switches daily but did not look closely at the light switch plates. -The heat registers were last painted in 2017. -The rust on the heat registers returned quickly and the rust may be caused by the cleaning products used by the housekeeper. -He planned to replace the light switch plates and paint the heat registers as soon as possible.	D 074	CONTRACTOR WORK Ongoing	2/1/2019
D 076	10A NCAC 13F .0306(a)(3) Housekeeping And Furnishings  10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure 5 upholstered chairs in resident rooms #15, #16, and #19 and the 2 chairs in the Common Room were clean and in good repair.  The findings are:  Observation on 11/28/18 at 8:47 am of resident room #15 revealed: -There was a burgundy upholstered chair, situated at the wall, on the left side of the room. -There were six, 1 inch x 12 inch cracks in the vinyl upholstery, on the seat, exposing the cushion padding. -There was a blue upholstered chair, placed in	D 076	Purchase And Replace- MENT OF CHAIRS CONTINUING.	11/18/19 pur ph - WZ 2/10/2019 completed

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D 076	<p>Continued From page 6</p> <p>the center of the room, near the resident's bed. -There were eight, 1/2 inch x 12 inch cracks in the vinyl upholstery, on the seat, exposing the cushion padding.</p> <p>Attempted interview on 11/28/18 am at 8:49 am with the resident in room #15 was unsuccessful.</p> <p>Observation on 11/28/18 at 9:15 am of resident room #16 revealed: -There was a rose colored upholstered chair, in the center of the room, next to the resident's bed. -There were two, 1/2 inch wide x 12 inch cracks in the vinyl upholstery, on the seat, exposing the cushion padding.</p> <p>Interview on 11/28/18 at 9:16 am with the resident in room #16 revealed: -The upholstered chair had cracks in the seat cushion for several months (she could not remember when she first noticed them). -She usually placed her stuffed animals in the chair, but would, on occasion, sit in the chair. -Housekeeping staff wiped off the chair when cleaning her room. -There were more chairs with cracks in the seat in the Common Room. -The chairs needed to be replaced, they were getting old.</p> <p>Observation on 11:28/18 at 12:56 pm of the Common Room revealed: -There were 2 upholstered chairs, blue and burgundy, in the back seating area of the room. -There were cracks in the vinyl upholstery on the ends of the arm rests of both chairs. -The seats of the chairs were each covered with a large, dry incontinence pad. -The seat of the blue chair was covered with numerous 1/2 inch cracks in the upholstery in a</p>	D 076	<p><i>PURCHASE AND REPLACEMENT OF DAMAGED CHAIRS CONTINUING 2/10/2019</i></p>	
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D 076	<p>Continued From page 7</p> <p>spider's web pattern, exposing the padding of the cushion.</p> <p>-The seat of the burgundy chair had seven, 1/4 to 1/2 inch wide cracks in the vinyl upholstery, exposing the cushion padding.</p> <p>Interview on 11/29/18 at 5:58 pm with a resident seated in the Common Room revealed:</p> <p>-There were cracks in the upholstered chairs' seats for at least a year.</p> <p>-Waterproof pads were put on the seats to help keep the cushions from getting wet.</p> <p>-If the cracked cushions got wet, there would be no way to clean them; the chairs would need to be replaced.</p> <p>Interview on 11/29/18 at 10:25 am with the Housekeeper revealed:</p> <p>-A multipurpose disinfectant spray was used to wipe off the upholstered chairs.</p> <p>-A pad was placed over the seats to keep them dry in case a resident had an accident.</p> <p>-She could not clean down through the cracks into the seat padding to sanitize the seat in case of being soiled.</p> <p>Interview on 11/28/18 at 5:45 pm with a Personal Care Aide (PCA) revealed:</p> <p>-There were cracks in the upholstered chairs seats when she started in December, 2017.</p> <p>-Staff used the incontinence pads to cover the torn chair seats to protect the cushions from getting wet.</p> <p>-If a cracked or torn cushion became wet, it was removed.</p> <p>-Spraying disinfectant on the torn and wet cushions would not be an effective cleaner on the padding.</p> <p>Interview on 11/28/18 at 4:40 pm with the</p>	D 076	PURCHASE AND REPLACEMENT OF DAMAGED CHAIRS OUTGOING	2/10/19

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D 076	Continued From page 8 Supervisor/Medication Aide (MA) revealed: -There were cracks in the upholstered chair seats for about 1 to 1-1/2 years; there had been no replacement chairs. -Sometimes a blanket would be used to cover the chairs with cracks in the upholstery. -Cracks in the chair upholstery exposed the padding; some residents were incontinent of urine and could wet the cushion padding.  Interview on 11/28/18 at 4:55 pm with the Owner/MA revealed: -Incontinence pads were placed on chair seats to cover the cracks in the upholstery. -If the chair seats became soiled or wet, the cushion padding could not be cleaned. -Some of the upholstered chairs with cracks in the upholstery had been replaced (did not remember the dates). -All of the chairs with cracked upholstery needed to be replaced.	D 076	PURCHASE AND REPLACEMENT OF DAMAGED CHAIRS ON 9/21/19	2/10/2019
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: Based on record reviews and interviews, the	D 131	NEGATIVE 2 STEP TEST RESULTS PROVIDED TO SURVEYOR. FIXED ON 12-4-2018	COMPLETED

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D 131	Continued From page 9 facility failed to assure 1 of 4 sampled staff (Staff B) completed a two-step tuberculosis (TB) test in compliance with control measures adopted by the Commission for Health Services.  The findings are:  Review of Staff B's personnel record revealed: -Staff B's job title was Administrator. -There was documentation of a hire date of 02/23/03. -There was no documentation of a two-step TB test in Staff B's personnel record.  Observation of Staff B on 11/28/18 at 9:00 am revealed: -He assisted a resident with ambulation out of the dining room to the living room. -After assisting the resident to the living room, he assisted another resident to the bathroom.  Observation of Staff B on 11/29/18 at 10:00 am revealed he assisted a resident into the car to transport her to an appointment.  Interview with Staff B/Owner/Supervisor on 11/29/18 at 6:30 pm revealed: -He had worked for the facility for many years as a medication aide (MA) and his paperwork was completed by the previous Administrator. -He thought his TB test results were in his record. -He recalled completing a TB test in 2016 and the results were negative. -He knew a TB test was required when working within the facility with residents. -He planned to obtain the TB test results from his physician.	D 131	NEGATIVE 2 STEP TEST RESULT PROVIDED TO SURVEYOR. FAXED ON 12-4-18	COMPLETED 11/29/18 DE

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D 137	Continued From page 10	D 137		
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 record reviews and interviews, the facility failed to assure 1 of 4 sampled staff (Staff C) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR).</p> <p>The findings are:</p> <p>Review of Staff C's personnel record revealed: -Staff C's was a housekeeper. -There was documentation of a hire date of 05/05/15. -There was no documentation of a North Carolina HCPR check in Staff C's personnel record.</p> <p>Observation of Staff C on 11/29/18 at 10:30 am revealed: -She laundered the residents' clothes and placed the clothes back into their closets. -She mopped the residents' bathrooms.</p> <p>Interview with Staff C on 11/29/18 at 6:40 pm revealed she did not know about the North Carolina HCPR and thought all of her paperwork was completed by the former Administrator.</p> <p>Interview with the medication aide on 11/29/18 at 6:20 pm revealed:</p>	D 137	<p>CHECK OF HCR PROVIDED NO FINDINGS. AUDIT RECEIVED COPY OF FINDINGS PRIOR TO COMPLETION OF AUDIT.</p>	<p>12/4/18 Completed</p>

*per phone WE*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL039004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/29/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE GARDENS ADULT CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6016 PINE TOWN ROAD OXFORD, NC 27565</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 137	Continued From page 11  -He hired Staff C in 2015 and thought all of her paperwork was completed. -He did not know the North Carolina HCPR needed to be checked for Staff C because she did not provide resident care. -He did not do a North Carolina HCPR check for Staff C.  Interview with the Owner/Supervisor on 11/29/18 at 6:30 pm revealed: -He thought Staff C's North Carolina HCPR was checked because she had been employed since 2015. -He thought the Administrator in 2015 had completed all the necessary paperwork for Staff C. -He completed a check on 11/29/18 for Staff C on the North Carolina HCPR and there were no findings.  Review of Staff C's North Carolina HCPR check dated 11/29/18 revealed no substantiated findings.	D 137		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio  10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 27699-1902.	D 234	<i>ALL RESIDENTS ARE RECEIVING NEW TB TESTS. 5/7 COMPLETED.</i>	<i>1/22/19</i>

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NAME OF PROVIDER OR SUPPLIER  <b>PINE GARDENS ADULT CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6016 PINE TOWN ROAD OXFORD, NC 27565</b>		
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D 234	Continued From page 12  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 2 of 3 sampled residents (#2 and #3) completed the two-step tuberculosis (TB) test in compliance with control measures adopted by the Commission for Health Services.  The findings are:  1. Review of Resident #2's current FL-2 dated 05/29/18 revealed diagnoses included schizophrenia, diabetes, and blindness.  Review of Resident #2's Resident Register revealed an admission date of 12/17/98.  Review of Resident #2's record revealed: -There were no two step TB test results in the record. -There was a handwritten note on a document titled "patient information" that indicated "PPD admin. 06/12/12, 0 mm left forearm, 06/14/12".  Interview with Resident #2 on 11/28/18 at 4:30 pm revealed: -She had lived at the facility for 20 years. -She received all of her tests at the physician's office, but did not recall the date for her TB test.  Interview with the medication aide (MA) on 11/28/18 and 11/29/18 at 4:09 pm and 2:52 pm revealed: -He was responsible for the resident records but shared the task of maintaining them with the Owner/Supervisor. -He recalled Resident #2 having a TB test in her record and it was negative. -He had reached out to Resident #2's primary	D 234	<i>ALL RESIDENTS ARE RECEIVING NEW TB TESTS. 5 OF 7 TEST ARE COMPLETED.</i>	<i>1/22/2019</i>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL039004	(X2) MULTIPLE CONSTRUCTION BUILDING NUMBER _____  B WING _____	(X3) DATE SURVEY COMPLETED  11/29/2018
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NAME OF PROVIDER OR SUPPLIER  
**PINE GARDENS ADULT CARE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**6016 PINE TOWN ROAD  
OXFORD, NC 27565**

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D 234	<p>Continued From page 13</p> <p>care physician (PCP) and the health department on 11/28/18 to request a copy of any previous TB tests they may have for Resident #2.</p> <ul style="list-style-type: none"> <li>-He did not receive any information for Resident #2 from the health department or the PCP.</li> <li>-He was responsible for ensuring the TB tests were completed for the residents and knew Resident #2 had one in her record.</li> <li>-He thought Resident #2's TB test was removed due to thinning out the chart.</li> <li>-He did not have access to the thinned chart.</li> </ul> <p>Interview with the Owner/Supervisor on 11/29/18 at 4:00 pm revealed:</p> <ul style="list-style-type: none"> <li>-He and the MA were both responsible for the resident records.</li> <li>-The MA primarily took responsibility for ensuring all the necessary paperwork was in the resident records.</li> <li>-He did not know Resident #2's TB test was missing from her record.</li> <li>-The facility had always used a registration packet for new admissions that contained a form about TB tests.</li> <li>-He thought Resident #2's record was thinned and the TB tests were removed.</li> <li>-He planned to have all the residents tested for TB.</li> </ul> <p>2. Review of Resident #3's current FL-2 dated 11/28/18 revealed diagnoses included schizo-affective bipolar disorder, pre-diabetes, and chronic constipation.</p> <p>Review of Resident #3's Resident Register revealed an admission date of 09/15/08.</p> <p>Review of Resident #3's record revealed:</p> <ul style="list-style-type: none"> <li>- There was no documentation of tuberculosis disease (TB) testing upon admission</li> </ul>	D 234		
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D 234	<p>Continued From page 14</p> <p>-There was no documentation of TB testing at any time after admission.</p> <p>Interview on 11/28/18 at 1:10 pm with Resident #3 revealed: -She lived at the facility for many years (09/15/08). -She remembered having TB testing done during the time of admission; the information was supposed to be in her records. -She was unaware the TB testing information was not in her records. -She had not received further TB testing since admission to the facility.</p> <p>Interview on 11/28/18 at 1:20 pm with the Owner/Supervisor revealed: -Resident #3 had a 2-step TB testing done at admission and the documents were placed in her records. -He was unaware the TB testing documents were not in Resident #3's records; her record was thinned over a year ago (did not remember the date); thinned documents were shredded. -He would check with Resident #3's physician's office and the local health department to obtain the TB testing documents.</p> <p>Interview on 11/28/18 at 4:03 pm with the Owner/Supervisor revealed: -He was unable to obtain TB testing information from the physician's office; the health department could not locate records from 2008 as the department changed to an electronic system for patient records. -TB testing was to be done prior to admission and 3 weeks after the first test for all residents. -He was responsible for assuring all residents had TB testing information in their records. -He would schedule Resident #3 for TB testing</p>	D 234		



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D 234	Continued From page 15 with the health department as soon as possible.	D 234		
D 299	10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service  10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used.  This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 8 ounces of milk was served to residents twice a day.  The findings are:  Review of the facility menus revealed milk was indicated for breakfast meal service each day and beverage was indicated for lunch and dinner service each day.  Observation of the lunch meal service on 11/28/18 at from 1:35 pm to 2:00 pm revealed: -The residents were served beef and macaroni, coleslaw, one white roll, fruit punch, and two cookies. -There was no milk offered during the meal service. -Both the medication aide (MA) and the Owner/Supervisor were present during the lunch	D 299	MILK NOW OFFERED 2X DAILY.	11/29/18 suphan 12/1/18 Completed

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D 299	Continued From page 16 meal service.  Interview with a resident on 11/28/18 at 9:20 am revealed: -Milk was served in the morning with breakfast to accompany the cereal. -Milk was not served at lunch or dinner. -If milk was offered at lunch or dinner he would drink it.  Interview with another resident on 11/28/18 at 4:30 pm revealed: -She enjoyed coffee with milk and cereal with milk and bananas. -Milk was served at breakfast only. -She had not received milk at lunch or dinner previously.  Interview with a third resident on 11/29/18 at 9:30 am revealed: -He liked drinking milk. -He drank milk at breakfast every day at a previous facility. -He had spoken with the Owner/Supervisor at the facility to tell him that he wanted sweet milk to drink and now he gets sweet milk each breakfast service.  Interview with the MA on 11/28/18 at 4:09 pm revealed: -The Owner/Supervisor was responsible for buying the groceries for the residents. -There were financial constraints that prevented them from purchasing large amounts of food at one time and the census was seven so food was purchased weekly. -He thought the groceries were purchased based on the menus.  Interview with the Owner/Supervisor on 11/28/18	D 299	MILK NOW OFFERED 2X DAILY.	11/28/18 Completed

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D 299	Continued From page 17 at 4:45 pm revealed: -He was responsible for purchasing grocery and food preparation. -The residents were served tea, lemonade, orange juice, cranberry juice, unsweetened drink mix, coffee, hot chocolate, and water. -He did not know milk was to be served to residents twice daily. -There were two residents who liked milk and received it when requested. -All the residents received milk in the morning with their breakfast but not at any other meal service. -He planned to start offering and serving milk twice daily to the residents. -He took full responsibility for knowing to serve milk twice daily.	D 299	MILK NOW OFFERED 2x Daily.	Completed 12/1/18 WE
D 400	10A NCAC 13F .1009(a)(1) Pharmaceutical Care  10A NCAC 13F .1009 Pharmaceutical Care (a) An adult care home shall obtain the services of a licensed pharmacist or a prescribing practitioner for the provision of pharmaceutical care at least quarterly. The Department may require more frequent visits if it documents during monitoring visits or other investigations that there are medication problems in which the safety of residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes the following: (1) an on-site medication review for each resident which includes the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including	D 400	Pharmacist Review Completed on 11/30/2018. Information faxed to Auditor 12/3/2018.	Completed

*1/18/19  
by Adam  
WE*

Division of Health Service Regulation

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D 400	Continued From page 18  current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and (C) documenting the results of the medication review in the resident's record.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure the pharmacy reviews for 2 of 3 sampled residents (#2 and #3) were completed quarterly.  The findings are:  1. Review of Resident #2's current FL-2 dated 05/29/18 revealed diagnoses included schizophrenia, diabetes, and blindness.  Review of Resident #2's quarterly pharmacy reviews revealed the last pharmacy review completed for Resident #2 was on 05/11/17.  Refer to interview with the medication aide (MA) on 11/29/18 at 3:22 pm.  Refer to interview with the facility's pharmacist on 11/28/18 at 1:15 pm.  Refer to interview with the Owner/Supervisor on	D 400	PHARMACIST REVIEW Completed 11/30/2018. Information FAILED TO AUDITOR 12/3/2018	Completed
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D 400	Continued From page 19 11/29/18 at 4:00 pm.  2. Review of Resident #3's current FL-2 dated 10/28/18 (prior FL-2 dated 10/02/17) revealed diagnoses of schizo-affective bi-polar disorder, pre-diabetes, and chronic constipation.  Review of Resident #3's quarterly pharmacy reviews revealed: -The last pharmacy review was on 05/11/17 by a pharmacist. -There were no quarterly reviews after 05/11/17.  Refer to interview on 11/29/18 at 1:15 pm with the facility's pharmacist.  Refer to interview with the medication aide (MA) on 11/29/18 at 3:22 pm.  Refer to interview with the Owner/Supervisor on 11/29/18 at 4:00 pm.  Interview on 11/29/18 at 1:15 pm with the facility's pharmacist revealed: -He did quarterly pharmacy reviews for 2 years (did not remember the start date) for the facility prior to 05/11/17. -There was some confusion about the contract for service after 05/11/17. -He was given a list of facilities for the next quarter and somehow this facility was not on the list; he had not been called by the facility to know if they should have been on the schedule. -He was told by the Owner that a person from the pharmacy came in to do a quarterly review (did not know the date), but the visit was not in the pharmacy computer system. -He was not aware the reviews had not been	D 400	<i>PHARMACIST REVIEW COMPLETED ON 11/30/2018. FAXED INFORMATION TO AUDITOR ON 12/3/2018</i>	<i>COMPLETED</i>
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D 400	Continued From page 20  done and would come on Friday (11/30/18) to do the review and to get the facility back on schedule.  Interview with the medication aide (MA) on 11/29/18 at 3:22 pm revealed: -He and the Owner/Supervisor were responsible for ensuring the pharmacy reviews were completed for residents. -The pharmacy went through a transition period and a consultant from the new pharmacy was in contact with him. -He knew that the pharmacist had not been to the facility since 2017. -He thought the pharmacy consultant was arranging a pharmacy review for the facility. -He knew the pharmacy consultant was not responsible for the pharmacy reviews, but he thought the pharmacy consultant was sending a new pharmacist to do the pharmacy reviews. -He did not call the new pharmacy to arrange a pharmacy review for the facility in the past year and half since the last pharmacy review.  Interview with the Owner/Supervisor on 11/29/18 at 4:00 pm revealed: -The facility received notification in 2017 that the pharmacy was transitioning and combining with another pharmacy. -The new pharmacy sent over a consultant, and he thought the new pharmacy would send over a pharmacist during the transition period. -The pharmacy reviews were never discussed with the pharmacy consultant, "we just assumed arrangements would be made to have a pharmacist do the pharmacy reviews." -He knew the last pharmacy review was done in 2017. -The MA was responsible for reviewing the pharmacy reviews after they were completed by	D 400	PHARMACIST REVIEW COMPLETED ON 11/30/2018. INFORMATION FAXED TO AUDITOR ON 12/3/2018. <i>COMPLETED</i>	
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D 400	Continued From page 21 the pharmacist. -He did not call the pharmacy to arrange a pharmacy review for the facility. -He planned to do a better job with record keeping to ensure the records contained all the necessary parts.	D 400	PHARMACIST REVIEW COMPLETED ON 11/30/2018. INFORMATION COMPLETED FAXED TO AUDITOR ON 12/5/18.	
D 482	10A NCAC 13F .1501(a) Use Of Physical Restraints And Alternatives  10A NCAC 13F .1501 Use Of Physical Restraints And Alternatives (a) An adult care home shall assure that a physical restraint, any physical or mechanical device attached to or adjacent to the resident's body that the resident cannot remove easily and which restricts freedom of movement or normal access to one's body, shall be: (1) used only in those circumstances in which the resident has medical symptoms that warrant the use of restraints and not for discipline or convenience purposes; (2) used only with a written order from a physician except in emergencies, according to Paragraph (e) of this Rule; (3) the least restrictive restraint that would provide safety; (4) used only after alternatives that would provide safety to the resident and prevent a potential decline in the resident's functioning have been tried and documented in the resident's record. (5) used only after an assessment and care planning process has been completed, except in emergencies, according to Paragraph (d) of this Rule; (6) applied correctly according to the manufacturer's instructions and the physician's order; and (7) used in conjunction with alternatives in an	D 482	DOCTOR'S ORDER FOR USE OF BEDRAILS AS NEEDED. STAFF MEETING CONDUCTED BY SUPERVISOR FOR TRAINING REFERENCE	by phony 11/18/19 WE 1/13/19

Division of Health Service Regulation

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D 482	Continued From page 22 effort to reduce restraint use. Note: Bed rails are restraints when used to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility of the resident while in bed. Examples of restraint alternatives are: providing restorative care to enhance abilities to stand safely and walk, providing a device that monitors attempts to rise from chair or bed, placing the bed lower to the floor, providing frequent staff monitoring with periodic assistance in toileting and ambulation and offering fluids, providing activities, controlling pain, providing an environment with minimal noise and confusion, and providing supportive devices such as wedge cushions.  This Rule is not met as evidenced by: TYPE B VIOLATION  Based on observations, interviews, and record reviews, the facility failed to assure physical restraints were used only after an assessment, care and team planning, use of alternatives were done, and a written order by a physician was obtained, for 1 of 1 sampled residents (Resident #1), who had full length bed rails attached to both sides of her bed.  The findings are:  Review of Resident #1's current FL-2 dated 07/18/18 revealed: -Diagnoses included dementia, vitamin B-12 deficiency, osteoporosis, and hypertension. -The resident was ambulatory, intermittently disoriented, and incontinent.	D 482	USE OF BED RAILS WAS FOR PATIENT SAFETY. DOCTOR ORDER NOW ON FILE FOR USE OF RESTRAINTS AS NEEDED. CONDUCTED STAFF MEETING TO UPDATE STAFF ON PROPER USE OF RESTRAINTS DONE BY SUPERVISOR, 12/4/18 STAFF TRAINING CONDUCTED BY RN CHARLOTTE HARRIS ON 1/2/2019, Referencing Rule # 10A NCAC 13F.1501 GS 131D-21 RESIDENTS RIGHTS	11/13/19 COMPLETED by phone 11/13/19 WE
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL039004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/29/2018
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NAME OF PROVIDER OR SUPPLIER  PINE GARDENS ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6016 PINE TOWN ROAD OXFORD, NC 27565
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D 482	<p>Continued From page 23</p> <p>-There was no physician's order for bed rails.</p> <p>Review of Resident #1's Resident Register revealed an admission date of 07/24/18.</p> <p>Review of Resident #1's current assessment and care plan dated 09/28/18 revealed:</p> <p>-The resident was sometimes disoriented and needed to be directed.</p> <p>-The resident needed supervision with ambulation.</p> <p>-The resident needed extensive assistance with toileting, bathing, dressing and grooming.</p> <p>-There was no documentation for the use of bed rails for Resident #1.</p> <p>Review of Resident #1's Licensed Health Professional (LHPS) review dated 08/13/18 revealed:</p> <p>-The Registered Nurse (RN) made an initial assessment of the resident.</p> <p>-There were no LHPS tasks ordered; there was no documentation for the use of bed rails for Resident #1.</p> <p>Observation on 11/28/18 at 8:45 am of Resident #1 revealed:</p> <p>-The resident was lying in bed, on her left side, and looking towards the room's open door.</p> <p>-Full length bed rails, attached to both sides of the bed, were in the upward position.</p> <p>Observation on 11/28/18 at 11:40 am of Resident #1 revealed:</p> <p>-The resident was walking, with assistance, to a chair at a table in the dining room.</p> <p>-She sat at the table, smiling and looking around the room.</p> <p>Interview on 11/28/18 at 11:45 am with Resident</p>	D 482	PLEASE SEE Pg. 22	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL039004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/29/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINE GARDENS ADULT CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6016 PINE TOWN ROAD OXFORD, NC 27565</b>
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D 482	Continued From page 24  #1 revealed: -She liked sitting in the dining room. -She did not need to get up at night, she got up in the morning. -She did not know why she had "that" (bed rails) on her bed.  Interview on 11/28/18 at 11:55 am with the Medication Aide/Supervisor (MA/S) revealed: -About a month ago, the end of October (did not remember the date), Resident #1 started getting up at night, pulling clothes from the closet, taking off her incontinence briefs, tearing them up, wrapping them around her ankles, and leaving bits of soiled paper on the bedroom floor. -Using the bed rails kept Resident #1 from getting up at night and messing up the room. -Resident #1 was checked every 2 hours for toileting; the rails would be lowered, the resident taken to the bathroom, returned to bed, and the bed rails were pulled back up. -He spoke with Resident #1's Power of Attorney (POA) about her behaviors at night, but did not remember talking to the POA about using the bed rails to keep the resident in bed at night. -He did not talk with Resident #1's physician about using the bed rails to keep the resident in bed at night. - The MA/S could not be 100% sure Resident #1 would not get out of bed during the night unless the bed rails were in the upward position.  Interview on 11/29/18/at 11:28 am with the LHPS RN revealed: -An initial assessment was made for Resident #1 on 08/13/18 in the resident's room. -She did not see bed rails on the resident's bed, but the bed was made up; the resident was in a chair. -After the assessment of Resident #1, it did not	D 482	- Please see pg. 22	

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D 482	<p>Continued From page 25</p> <p>occur to the RN that the resident needed to have bed rails. -She had not been notified by the facility staff that bed rails were being used at night for Resident #1; she was not aware of a physician's order for bed rails for Resident #1.</p> <p>Review of Resident #1's record revealed: -There was no documentation of an assessment or care planning for the use of restraints for the resident. -There was no documentation of medical symptoms for the use of restraints for the resident. -There was no documentation of the use of alternatives to restraints for the resident. -There was no order (prior to 11/29/18 at 11:59 am) for bed rail use for Resident #1.</p> <p>Interview on 11/29/18 at 12:05 pm with the MA/S revealed a request was made, to Resident #1's physician, for an order for the use of bed rails at 8:00 am that morning (11/29/18); the order just arrived by fax.</p> <p>Review of a signed physician's order for Resident #1 dated 11/29/18 at 11:59 am revealed "May use bed rails at night for patient safety, prn (as needed)".</p> <p>Attempted interview on 11/29/18 at 12:10 pm with Resident #1's physician was unsuccessful.</p> <p>Interview on 11/29/18 at 2:13 pm with Resident #1's physician's Nurse Manager revealed: -There were no notes in Resident #1's records about the use of bed rails or the need to use bed rails. -There was no assessment made or medical diagnoses given for Resident #1 for the need to</p>	D 482	PLEASE SEE PG 22	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL039004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/29/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE GARDENS ADULT CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6016 PINE TOWN ROAD OXFORD, NC 27565</b>		
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D 482	Continued From page 26 use bed rails. -There was no documentation of a discussion with the resident's POA about the use of bed rails or alternatives. -There was no documentation the physician discussed the use of a restraint for Resident #1 with facility staff or the resident's POA. -There was an order for the use of bed rails for Resident #1, made this morning by the physician, on request of the facility.  Attempted interview on 11/29/18 at 11:40 am with Resident #1's Power of Attorney (POA) was unsuccessful.  Interview on 11/28/18 at 3:42 pm with the Owner/Supervisor revealed: -At the end of October (did not remember date) Resident #1 had an episode of agitation and kept trying to get out of bed. -That night he made the decision to pull up the resident's bed rails (to the upright position). -The resident went to sleep; she did not try to climb over the bed rails. -Except for 1 or 2 nights, staff had pulled up the bed rails on Resident #1's bed to keep her from getting out of bed. -He was not aware of the process for the use of restraints; he did not try alternatives, contact Resident #1's physician for an assessment and order, or discuss with her POA about the use of bed rails for Resident #1. -He would not pull up the bed rails on Resident #1's bed until the proper process for the use of restraints was followed.  <u>The failure of the facility to assure physical restraints were used only after an assessment, care and team planning, use of alternatives, medical symptoms, and a written order by a</u>	D 482	<i>PLEASE SEE P. 22</i>	

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NAME OF PROVIDER OR SUPPLIER  
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**6016 PINE TOWN ROAD  
OXFORD, NC 27565**

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D 482	Continued From page 27  physician was obtained, for a resident diagnosed with dementia (Resident #1), was detrimental to the safety and welfare of the resident and constitutes a Type B Violation.  The facility provided a plan of protection in accordance with G. S. 131D-34 on 11/29/18.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 13, 2019.	D 482	<i>PLEASE SEE PG 22</i>	
D915	G.S. 131D-21(5) Declaration of Resident's Rights  G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 5. Except in emergencies, to be free from chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical need.  This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure every resident had the right, except in emergencies, to be free from physical restraints unless authorized, for a specified period of time, by a physician according to clear and indicated medical need as related to the use of physical restraints and alternatives.  The findings are:  Based on observations, interviews, and record reviews, the facility failed to assure physical restraints were used only after an assessment, care and team planning, use of alternatives were done, and a written order by a physician was obtained, for 1 of 1 sampled residents (Resident	D915	<i>Declaration of Rights placed in EACH RESIDENT FOLDER AND COPY PLACED IN COMMON AREA. RESIDENT MADE AWARE OF RIGHTS.</i>	<i>1/13/19 Completed by phone WZ 1/18/19</i>

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D915 Continued From page 28  
#1) who had full length bed rails attached to both sides of her bed. [Refer to Tag D 0482 10A NCAC 13F .1501 Use of Physical Restraints and Alternatives (Type B Violation)].

D915 *PLEASE SEE PAGE 28*

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 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

D992 *Drug screen completed FOR ALL REQUESTED Employees. INFORMATION FILED TO AUDITOR 12/3/18* *-COMPLETED*

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D992	<p>Continued From page 29</p> <p>and screening to verify the results of the prior examination and screening.</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 was performed for 2 of 4 sampled staff (Staff A and C) that were hired after 10/01/13.</p> <p>The findings are:</p> <p>1. Review of Staff A's personnel record revealed: -Staff A was a medication aide (MA). -There was documentation of a hire date of 12/11/17. -There was no documentation of an examination and screening for the presence of controlled substances completed for Staff A.</p> <p>Observation of Staff A on 11/29/18 at 5:15 pm revealed she assisted residents with ambulation and toileting.</p> <p>Interview with Staff A on 11/29/18 at 5:25 pm and 6:15 pm revealed: -She was hired by the Owner/Supervisor. -She completed paperwork with both the medication aide (MA) and the Owner/Supervisor. -She did not complete a drug screening when hired or at any other time during her employment.</p> <p>Interview with the medication aide (MA) on 11/29/18 at 6:20 pm revealed he did not know if Staff A had completed a controlled substance screening because he was not involved with her hire.</p>	D992	<i>Please see pg. 30</i>	

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D992	<p>Continued From page 30</p> <p>Interview with the Owner/Supervisor on 11/29/18 at 6:30 pm revealed: -He hired Staff A and requested a drug screening for Staff A. -He did not know a drug screening was needed for employees.</p> <p>2. Review of Staff C's personnel record revealed: -Staff C's was a housekeeper. -There was documentation of a hire date of 05/05/15. -There was no documentation of an examination and screening for the presence of controlled substances completed for Staff C.</p> <p>Observation of Staff C on 11/29/18 at 10:30 am revealed: -She laundered the residents' clothes and placed the clothes back into their closets. -She mopped the residents' bathrooms.</p> <p>Interview with Staff C on 11/29/18 at 6:40 pm revealed: -She recalled going to the local hospital in 2015 and completing lab tests. -She performed a urine drug screening at the local hospital and gave the results to the previous Administrator in 2015</p> <p>Interview with the medication aide (MA) on 11/29/18 at 6:20 pm revealed: -He and the Owner/Supervisor shared responsibility for the personnel records. -He hired Staff C and the Owner/Supervisor hired Staff A. -He thought Staff C had completed all the necessary paperwork. -He did not know Staff C needed to complete a controlled substance screening because she was</p>	D992	<i>Please see pg. 30</i>	

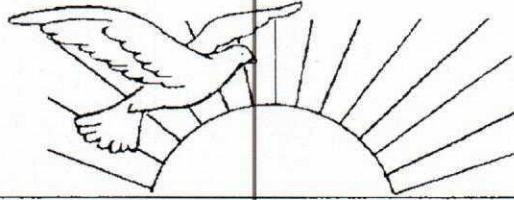


Division of Health Service Regulation

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D992	Continued From page 31  not in direct care of the residents. -He did not know if Staff A had completed a controlled substance screening because he was not involved with her hire.  Interview with the Owner/Supervisor on 11/29/18 at 6:30 pm revealed: -He did not know Staff C did not have a drug screening because he did not complete her paperwork or hire her. -He thought Staff C had all the required paperwork for employees because he thought the former Administrator had completed all the required items.	D992	<i>please see pg. 30</i>		

# PINE GARDENS ADULT CARE

"Personal Care  
At Its Best"



~~Alvis Harris - Supervisor~~  
~~Alvis Harris, Supervisor~~  
Alvis Harris, Supervisor

6016 Pine Town Road • Oxford, North Carolina 27565 • 919-693-2984

1/14/2019

To: Wanda Edwards  
Fax: (919) 733-9379

From: Alvis Harris  
(919) 693-2984 - phone  
(919) 603-0287 - fax

Re: Plan of Action

NO: 17 pages (including cover)  
front & back

**Edwards, Wanda A**

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**From:** Porter, Linda A  
**Sent:** Monday, January 14, 2019 4:03 PM  
**To:** Edwards, Wanda A  
**Cc:** Stancil, Ila L; Brock-Fogg, Paulette  
**Subject:** Incoming Fax

An incoming faxed has been placed in your staff folder

Linda Porter  
Administrative Specialist I  
Division of Health Service Regulation, Adult Care Licensure Section  
NC Department of Health and Human Services

Office: 919-855-3780  
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**Edwards, Wanda A**

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**Sent:** Friday, January 18, 2019 4:03 PM  
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