STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011003	A. BUILDING: _____ B. WING _____	R-C 04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BECKY'S REST HOME # 2	316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual and follow-up survey on 04/15/19 to 04/16/19.	D 000		
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure food being stored by the facility was protected from contamination. The findings are: Observation of the commercial freezer in the kitchen on 04/15/19 at 11:32am revealed: -There was a 1/2 full 2 lb. bag of cauliflower not dated when it was opened. -There was 1/2 of a frozen cheese pizza covered in plastic wrap which was not dated when it was opened. -There were 5 frozen waffles in original packaging which were not dated when they were opened. -There were 10 frozen waffles in original packaging which were not dated when they were opened. -There were 2 cups of tater tots in a small plastic bag which were not dated when they were opened. -There was a 1/2 full 2 lb. bag of California	D 283		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Becky M McIntosh — TITLE: Administrator — (X6) DATE: 5-14-2019

Reviewed and Accepted
Date: 05/22/19 cs

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D 283	Continued From page 1 vegetable blend which was not dated when it was opened. -There was a 1/2 full 1 lb. 5.2 oz. bag of mini pancakes which was not dated when it was opened. -There were 13 yeast rolls in a plastic bag which was not dated when it was opened. -There was a 1 gallon plastic bag 1/2 full of frozen green peas which was not dated when it was opened. Observation of the commercial refrigerator in the kitchen on 04/15/19 at 11:42am revealed: -There was a 6 lb. 5 oz. container of cranberry sauce 1/2 full with an expiration date of 07/06/17 which was not dated when it was opened. -There was a 6 lb. 5 oz. container of cranberry sauce 1/2 full with an expiration date of 02/09/18 which was not dated when it was opened. -There was an 8 lb. 10 oz. container 1/2 full of taco sauce with an expiration date of 07/05/18 and was not dated when it was opened. -There was a 1 gallon plastic container 1/2 full of salad mustard with an expiration date of 01/25/18 and which was not dated when it was opened. -There was a square plastic container covered loosely with plastic wrap with red sauce which was not dated when it was opened. -There was an open 5 lb. container of cottage cheese with an expiration date of 04/08/19 which was not dated when it was opened. -There was a 1 gallon plastic container 1/4 full of ranch dressing which was not dated when it was opened and did not have an expiration date on the container. -There was a 1 gallon plastic container 1/2 full of thousand island dressing which was not dated when it was opened and did not have an expiration date on the container. -There was a second 1 gallon plastic container	D 283		

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D 283	Continued From page 2 3/4 full of thousand island dressing which was not dated when it was opened and did not have an expiration date on the container. -There was a third 1 gallon plastic container 3/4 full of thousand island dressing which was not dated when it was opened and did not have an expiration date on the container. -There was a fourth 1 gallon plastic container almost full of thousand island dressing which was not dated when it was opened and did not have an expiration date on the container. -There was a 1 gallon plastic container of pickle relish which was not dated when it was opened and did not have an expiration date on the container. -There was a 1 gallon glass container 3/4 full of sweet red and green pepper strips which was not dated when it was opened and did not have an expiration date on the container. Observation of the refrigerator located on the enclosed porch on 04/15/19 at 12:05pm revealed: -There were three heads of lettuce in a metal pan loosely covered in plastic wrap which were undated. -Two of the three heads of lettuce had brown areas on the outside leaves. Interview with the Cook on 04/15/19 at 12:10pm revealed: -We have a "hard time keeping labels on things in the freezer." -"I date everything when I open it and initial it." -All the kitchen staff had been trained to label and date everything when it was opened. -There was a reminder about leftover use posted on a sign in the kitchen as a visible reminder to the kitchen staff. -Leftovers were to be labeled, dated, and used or frozen within three days of the original date of	D 283		

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D 283	Continued From page 3 preparation. -She did not know there were undated items items in the freezer and refrigerator. -She would discard the items that were open, undated, and expired immediately. -There were other staff who routinely prepared resident meals in the facility and would also be responsible for labeling and dating items per facility policy. Interview with the Administrator on 04/15/19 at 4:05pm revealed: -The facility policy was for open foods to be covered or put in a container with a lid and labeled with a piece of masking tape with the open date written on it. -All the kitchen staff had been trained on how to properly date and label foods. -By policy, leftover food items were acceptable to use within three days of date of preparation. -She was not sure why expiration dates were not visible on the dressing containers and would have to ask the food supplier. -She would have her staff to look for expiration dates on the boxes when the dressing containers were delivered and write an expiration date on each dressing container before putting the containers away in dry storage. -She had several new cooks and would immediately retrain on the importance of date labeling open food items.	D 283		
D912	G.S. 131D-21(2) Declaration of Residents' Rights 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	D912		

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D912	Continued From page 4 regulations. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure the residents received care and services which were adequate, appropriate and in compliance with relevant state laws and and rules related to infection control. The findings are: Based on observations, interviews, and record reviews, the facility failed to implement infection control procedures consistent with the federal Centers for Disease Control (CDC) guidelines for blood glucose monitoring related to a medication aide who did not wear gloves during blood glucose monitoring.[Refer to Tag 932 G.S. 131D-4.4(A)(b) Adult Care Home infection prevention requirements (Type B Violation)].	D912		
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	D932		

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D932	Continued From page 5 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. d. Blood and bodily fluid precautions. 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. 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. (2) Require and monitor compliance with the facility's infection control policy. (3) Update the infection control policy as necessary to prevent the transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens.	D932		

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D932	Continued From page 6 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to implement infection control procedures consistent with the federal Centers for Disease Control (CDC) guidelines for blood glucose monitoring related to a medication aide who did not wear gloves during blood glucose monitoring. The findings are: Review of the CDC (Center for Disease Control and Prevention) guidelines for hand hygiene during blood glucose monitoring revealed to wear gloves during blood glucose monitoring and during any other procedure that involved potential exposure to blood or body fluids. Observation of a medication aide (MA) on 04/15/19 at 11:15am revealed: -The MA prepared to perform blood glucose monitoring by removing the resident specific labeled container which contained all of the supplies needed for blood glucose monitoring from a drawer on the medication cart. -The MA removed the lid of the container and placed the open container on top of the medication cart. -The MA was not wearing gloves. -The MA ungloved opened an alcohol pad and offered it to the resident who cleaned a fingertip with the alcohol swab. -The MA ungloved loaded a new lancet from the resident's supply container into the resident specific lancet pen. -The MA ungloved used the resident specific	D932		

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D932	Continued From page 7 lancet pen to stick the resident's finger and then placed it back into the resident specific container. -The MA ungloved held the glucometer reagent strip up to the blood that pooled on the resident's finger. -The MA ungloved removed the reagent strip with the blood sample from the glucometer and disposed of it in the biohazard receptacle on the medication cart. -The MA ungloved placed the glucometer back into the resident specific container and put the lid back onto the top of the container. Interview with the MA on 04/15/19 at 11:25am revealed: -"I always do use gloves when I check his sugar." -She "forgot" this time when she performed the blood glucose test. -"That's the first time" she had ever forgotten to use gloves when she performed blood sugar monitoring for a resident. -She had been trained to do blood glucose monitoring "by my doctor's office because I'm a diabetic." -She had taken the 15 hour medication aide training class when she had begun to work as a medication aide. -She had been trained to always wear gloves during blood glucose monitoring. Interview with the resident on 04/16/19 at 8:15am revealed: -"She's the only one" that performed blood glucose monitoring without wearing gloves. -The incident on 04/15/19 was not the first occurrence of the same MA performing blood glucose monitoring without gloves. -"I've told her to wear gloves, but it doesn't do any good." -"She doesn't wear gloves with the other	D932		

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D932	Continued From page 8 residents either." Interview with the Resident Care Coordinator (RCC) on 04/15/19 at 12:40pm revealed: -All of the medication aides had been trained to use gloves when they performed blood glucose monitoring. -"They know to use gloves." -There were plenty of gloves available for staff to use. -There were several boxes of gloves always available on the medication cart. Interview with the Adminstrator on 04/15/19 at 4:05pm revealed: -The medication aides had been trained to wear gloves when they performed blood glucose monitoring. -She had removed the medication aide who had not worn gloves from the medication cart. -The medication aide had received a blood borne pathogen class and a three hour infection control class when she was hired. -The medication aide had received the 5 and 10 hour medication aide training class which provided additional infection control training. Interview with another MA on 04/16/19 at 9:05am revealed: -She wore gloves when she performed blood glucose monitoring for residents. -"I do not do anything around here without gloves." -There was an adequate and easily accessible supply of gloves for staff use. Telephone interview with the pharmacy nurse consultant on 04/16/19 at 11:42am revealed: -She taught the medication aide 5, 10, and 15 hour medication aide training classes.	D932		

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D932	Continued From page 9 -Glove use was addressed in the 5, 10, and 15 hour medication aide training classes. -She instructed staff to wear gloves anytime they could come in contact with blood or body fluids. -She had performed a medication clinical skill checklist with the same medication aide on 01/31/19. -The importance of glove use would have been addressed during the medication clinical skill checklist. Telephone interview with the nurse consultant on 04/16/19 at 1:18pm revealed: -She had taught the medication aides blood borne pathogens, infection control, and diabetes care. -"We went over in all training the importance of glove use anytime there was the possibility of coming in contact with blood or body fluids." -Glove use protected the safety of both residents and staff. The facility failed to monitor compliance with infection control procedures consistent with the federal Centers for Disease Control (CDC) guidelines for blood glucose monitoring. The facility's failure placed the residents at risk to possible exposure and transmission of blood borne pathogens by failing to wear gloves. This failure was detrimental to the health, safety, and welfare of all the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with S.S. 131D-34 on 04/15/19 for this violation.	D932		

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D932	Continued From page 10 CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 31, 2019.	D932		
D935	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and	D935		

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D935	Continued From page 11 Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure 1 of 4 sampled staff (Staff A) who administered medications had passed the written medication examination within 60 days of hire. The findings are: Review of Staff A's personnel record revealed: -Staff A was hired as a personal care aide on 07/19/18. -Staff A's position changed and she was hired as a medication aide (MA) on 01/31/19. -Staff A completed the 5 hour MA training course on 01/31/19. -Staff A completed the 10 hour MA training course on 04/01/19. -Staff A completed a medication clinical skills checklist on 01/31/19. -There was no documentation of Staff A passing the written MA exam (due within 60 days of hire as a MA). Interview with Staff A, MA, on 04/15/19 at 9:40am revealed:	D935		

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D935	Continued From page 12 -She was the medication aide on duty for the facility. -She was routinely responsible for administering medications to the residents for day shift. Observation of Staff A, MA, on 04/15/19 at 11:15am revealed the MA performed a blood glucose monitoring procedure without wearing gloves. Interview with the Administrator on 04/16/19 at 11:15am revealed: -She was aware Staff A had not passed the written MA exam. -The Administrator had been short staffed with MA's and had not removed Staff A from working the medication cart when her 60 days had expired. -Staff A and one of the staff's family members had been hospitalized during the first 60 days of employment. -There were no "local" test sites in which Staff A could schedule the written MA exam. -Staff A had not had a means of transportation to travel to a test site to take the exam. -Staff A had not had the funds to pay for the application to schedule a test date.	D935		

Plan of Correction Annual Survey and Follow-up Building #2

D283 10A NCAC 13F .0904 (a)(2) Nutrition and Food Service

(a) Food Procurement and Safety in Adult Care Homes

(2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination

It is the policy of Becky's Rest Home, Inc to maintain a First In/First out Inventory of Perishable Food Items. All Food is to be dated when opened and leftovers are to be labeled and dated and destroyed after 3 days.
In the future, all food items will be clearly marked with date of receipt and placed in freezer or refrigerator with this date visible. This will ensure that FIFO Inventory System is being used.

A Kitchen staff meeting was held 5.1.19 with Becky McIntosh, Administrator and all Dietary Staff. Food handling

policies and procedures were restated to make sure everyone knew what was expected of them.

D912 GS 131D-21(2) Declaration of Residents Rights

2. To receive care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations

It is the policy of Becky's Rest Home, Inc. to comply with all training requirements for all staff. Med Aide in question was appropriately trained. She was immediately removed from Med Cart for retraining and she will have to take and pass her state certification test.
Going forward, new med aides will be checked off by our Pharmacy RN and receive whatever portion of the 5/10/15 hr training they require. They will also be shadowed by a Med Aide in good standing for a period of 7 days before they are left alone with

full responsibility for the cart.

MedTech meeting was held 5/2/19. Residents Rights were reviewed and new forms were signed for personnel files

D932 GS 131D-4.4A(b) ACH Infection Prevention Requirements

It's the policy of Beeky's Rest Home, Inc. to comply with all training requirements set forth by the Department. Our staff is trained annually in Infection Control as required.
Med Aides are required to be clinically checked off and trained by our pharmacy RN. They receive whatever portion of the 5/10/15 hr training they need before assuming full responsibility of a med cart. All aspects of this training address the use of glares anytime there is a possibility of coming in contact with blood or body fluids.

Going forward, we will continue to provide regulatory training to ALL med aides and other staff members. We provide all needed PPE and cleaning wipes to be in compliance with these regulations.
Med Aide in question was immediately removed from the med cart for retraining. She became very defensive and decided to leave her position at Becky's Rest Home.

D935 GS 131D-4.5B(b) ACH Medication Aides; Training and Competency
GS 131D-4.B(b) Adult Care Home Medication Training and Competency Evaluation Requirements

It is the policy of Becky's Rest Home, Inc. to comply with all applicable training requirements set forth by the department.

The Business Office Manager is in charge of personnel records and

and their completion. Going forward BOM will do routine checks set up with test dates and training requirements listed. This will be done on a bi-weekly basis to ensure dates are not being missed. Any upcoming problems with date compliance will be immediately reported to the Administrator

Infection Control and Medication Administration Training has been scheduled and will be completed by 5/30/19. Pharmacy RN will do periodic med pass observations on medication staff as needed.

New med techs that have not completed state testing will be scheduled for the test upon hire or change of position. Clinical skills and 15hr training will be in correlation to that date.