

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/12/2019
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NAME OF PROVIDER OR SUPPLIER THE SHAIRE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 SHAIRE CENTER DRIVE LENOIR, NC 28645
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D 000 Initial Comments

The Adult Care Licensure Section and the Caldwell County Department of Social Services conducted an annual and follow up survey on 06/11/19 and 06/12/19.

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

10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes:
(2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident.

This Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to ensure all residents residing in the Special Care Unit (SCU) were provided a non-disposable place setting consisting of a knife, spoon, and fork at each meal.

The findings are:

- Observation of the noon meal service in the SCU dining room on 06/11/19 at 12:34pm revealed:
- There were 18 residents in the dining room.
 - All the place settings included a non-disposable fork and spoon.
 - There were no knives.
 - Residents were served a crab cake, broccoli and cheese, rice, and lemon pie.
 - Resident did not ask for knives.

D 000

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This Plan of Correction is submitted to address non-compliance violation cited under Tag D287 Nutrition and Food Service.

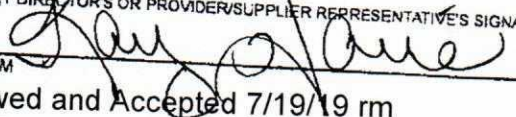
7/9/19

This is to state that we do not concur with this recommendation as stated for non-compliance or deficient practice. Upon finding stated non-compliance:

It is the policy of this facility to accurately and safely provide proper nutrition and meal service to all residents. Proper meal service shall include but not limited to any and all residents receiving a full place setting unless contraindicated by physician assessment. At which time the place setting will be altered on an individual basis. All residents have been assessed by physician. Evaluations have been made part of their medical record. On-going assessments will be completed quarterly with any resident significant changes completed as needed.

The Director of Nurses (DON) and Administrator developed the following

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



TITLE

Administrator

(X5) DATE

7/19/19

STATE FORM

Reviewed and Accepted 7/19/19 rm

7NE711

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- Staff did not offer knives to the residents.
- Residents did not have any trouble eating their meal.

Observation of the morning meal service in the SCU dining room on 06/12/19 at 07:30am revealed:

- There were 20 residents in the dining room.
- All the place settings included a non-disposable fork and spoon.
- There were no knives.
- Staff did not offer knives to the residents.
- Residents did not ask for knives.
- Residents were served scrambled eggs, bacon, toast, and cereal.
- One Resident was using the spoon to spread jelly on the toast.
- Residents did not have any trouble eating their meal.

Interview with the Special Care Coordinator (SCC) on 06/12/19 at 7:51am revealed:

- The residents in the SCU never received a knife due to "safety".
- Staff would cut the residents' food.
- She did not know that the residents' place setting required knives at meals and exceptions could be made on an individual basis.

Interview with the Dietary Manager on 06/12/19 at 7:55am revealed:

- She had been employed in the facility about 8 years.
- The residents in the SCU had never received a knife while she had been employed at the facility.
- She thought it was due to "safety".
- She had over 100 butter knives in the kitchen.
- There was plenty of knives in the facility.
- Staff would ensure the residents' food was cut up.

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process/procedure to assure compliance with proper nutrition and meal service:

DON conducted a mandatory nutrition/meal service inservice/re-education meeting with all nursing and dietary staff on July 3, 2019. All nursing staff was instructed on the need to properly assess and document resident dietary/meal service needs. Scenarios were given with rationales. All nursing and dietary staff were re-educated on the importance of the physician assessment to determine each resident's needs. All nursing staff were re-educated on the importance of communicating condition/behavior changes in residents for physician to be able to update assessments as needed.

DON will review and monitor all resident assessments to ensure proper nutrition and meal service compliance weekly for a period of 4 weeks. Thereafter, DON will monitor resident assessment compliance each quarter for the next quarter. Any employee not following facility policy relating to nutrition and meal service will have disciplinary actions on an individual basis. The DON will document the audit results and report those findings monthly to the administrator. The

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Interview with one resident in the SCU on 06/12/19 at 8:30am revealed:
-The resident never received a knife at meals.
-The resident did not know why staff did not give out knives.
-The resident would like to have a knife at meals, "it would be easier".

Interview with a second resident in the SCU on 06/12/19 at 8:40am revealed:
-"We never get a knife".
-The resident would like to have a knife at meals.

Interview with the Administrator on 06/12/19 at 10:00am revealed:
-It was not safe to give all the residents in the SCU knives.
-A local dementia group had recommended the facility not give knives to the residents in the SCU.
-She did not know that all residents required knives at meals and exceptions could be made on an individual basis.
-It might be a "dignity issue" if some residents in the SCU did not have knives while others did.

D 463: 10A NCAC 13F .1306 Admission To The Special Care Unit

10A NCAC 13F .1306 Admission To The Special Care Unit
In addition to meeting all requirements specified in the rules of this Subchapter for the admission of residents to the home, the facility shall assure that the following requirements are met for admission to the special care unit:
(1) A physician shall specify a diagnosis on the resident's FL-2 that meets the conditions of the

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Administrator will assess and modify the action plan as needed to ensure continued compliance.

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This Plan of Correction is submitted to address non-compliance violation cited under Tag D463 Admission to Special Care Unit. 7/9/19

This is to state that we do not concur with this recommendation as stated for non-compliance or deficient practice. Upon finding stated non-compliance:

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specific group of residents to be served.
(2) There shall be a documented pre-admission screening by the facility to evaluate the appropriateness of an individual's placement in the special care unit.
(3) Family members seeking admission of a resident to a special care unit shall be provided disclosure information required in G.S. 131D-8 and any additional written information addressing policies and procedures listed in Rule .1305 of this Subchapter that is not included in G.S. 131D-8. This disclosure shall be documented in the resident's record.

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure 3 of 3 sampled residents (#2, #4, and #3) residing in a Special Care Unit (SCU) had a pre-admission screening for appropriate placement and a disclosure regarding policies and procedures in the SCU.

The findings are:

1. Review of Resident #2's current FL2 dated 03/18/19 revealed:
 - Diagnoses included dementia.
 - Special Care Unit (SCU) was documented as the recommended level of care.
 - There was documentation that Resident #2 was intermittently disoriented.

Review of Resident #2's Resident Register revealed an admission date to the SCU of 03/13/19.

Review of Resident #2's record revealed:
-There was no documentation of a pre-admission screening prior to admission to the SCU.

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It is the policy of this facility to accurately and thoroughly provide admission to the facility's special care unit. Informative disclosure information shall be provided to all family members/responsible parties seeking admission of any resident. All prospective residents will have a current FL2 with a diagnosis that meets the conditions of the specific group being served by the facility's special care unit. Additionally, a documented pre-admission screening to evaluate the appropriateness of being placed in the facility's special care unit shall be completed.

All current special care unit residents/responsible parties have been provided disclosure information pertaining to special care unit. A documented receipt of the disclosure information have been made part of their medical record.

The Director of Nurses (DON) and Administrator developed the following process/procedure to assure compliance with Admission to Special Care Unit:

Administrator conducted a mandatory meeting with DON and Memory Care Coordinator (MCC) to review and discuss admissions to the facility's

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- There was no documentation that a disclosure regarding policies and procedures in the SCU was provided by the facility to family members or the guardian.
- Refer to the interview with the facility's Nurse on 06/11/19 at 12:05pm.
- Refer to the interview with the Special Care Coordinator (SCC) on 06/11/19 at 12:10pm.
- Refer to the interview with the Administrator on 06/11/19 at 3:15pm.
- 2. Review of Resident #4's current FL2 dated 01/23/19 revealed:
 - Diagnoses included dementia.
 - Special Care Unit (SCU) was documented as the recommended level of care.
 - There was documentation that Resident #2 was intermittently disoriented.
- Review of Resident #4's Resident Register revealed an admission date to the SCU of 01/22/19.
- Review of Resident #4's record revealed:
 - There was no documentation of a pre-admission screening prior to admission to the SCU.
 - There was no documentation that a disclosure regarding policies and procedures in the SCU was provided by the facility to family members or the guardian.
- Refer to the interview with the facility's Nurse on 06/11/19 at 12:05pm.
- Refer to the interview with the SCC on 06/11/19 at 12:10pm.

D 463 special care unit on July 3, 2019. Staff was instructed on the importance and need to provide disclosure information concerning the facility's special care unit to all parties seeking admission of any resident. All prospective residents must have a current FL2 with a diagnosis that meets the conditions for admission to the facility's special care unit. Lastly, a documented pre-admission screening to evaluate the appropriateness of being placed in the facility's special care unit must be completed without exception.

DON will review and monitor all admissions to the facility's special care unit ensure proper information disclosure, proper FL2 documentation, and proper pre-admission screening weekly for a period of 4 weeks. Thereafter, DON will monitor special care unit admission compliance each quarter for the period of 1 quarter. Any employee not following facility policy relating to admission to the facility's special care unit will have disciplinary actions on an individual basis. The DON will document the audit results and report those findings monthly to the administrator. The Administrator will assess and modify the action plan as needed to ensure continued compliance.

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Refer to the interview with the Administrator on 06/11/19 at 3:15pm.

3. Review of Resident #3's current FL2 dated 04/25/19 revealed:

- Diagnoses included Alzheimer's disease.
- Special Care Unit (SCU) was documented as the recommended level of care.
- There was documentation that Resident #3 was intermittently disoriented.

Review of Resident #3's Resident Register revealed an admission date to the SCU of 05/01/19.

Review of Resident #3's record revealed:

- There was no documentation of a pre-admission screening prior to admission to the SCU.
- There was no documentation that a disclosure regarding policies and procedures in the SCU was provided by the facility to family members or the guardian.

Refer to the interview with the facility's Nurse on 06/11/19 at 12:05pm.

Refer to the interview with the Special Care Coordinator (SCC) on 06/11/19 at 12:10pm.

Refer to the interview with the Administrator on 06/11/19 at 3:15pm.

Interview with the facility's Nurse on 06/11/19 at 12:05pm revealed:

- She did not know the residents residing in the SCU required a pre-admission screening for appropriate placement.
- She did not know that a disclosure regarding policies and procedures was to be provided to

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residents' families or guardians.

Interview with the SCC on 06/11/19 at 12:10pm revealed:

- The SCU had been open since January 2019.
- She did not know the residents residing in the SCU required a pre-admission screening for appropriate placement.
- She did not know that a disclosure regarding policies and procedures was to be provided to residents' families or guardians.
- She thought all required information was included on the resident's FL2.

Interview with the Administrator on 06/11/19 at 3:15pm revealed:

- She thought the disclosure regarding policies and procedures in the SCU was part of the admission "packet".
- The SCC and Nurse were responsible for ensuring all required paperwork in the SCU was completed.
- She thought all required information was included on the resident's FL2.

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D 464: 10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan

10A NCAC 13F.1307 Special Care Unit Resident Profile & Care Plan

In addition to the requirements in Rules 13F .0801 and 13F .0802 of this Subchapter, the facility shall assure the following:

(1) Within 30 days of admission to the special care unit and quarterly thereafter, the facility shall develop a written resident profile containing assessment data that describes the resident's behavioral patterns, self-help abilities, level of daily living skills, special management needs,

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This Plan of Correction is submitted to address non-compliance violation cited under Tag D464 Special Care Unit Resident Profile and Care Plan.

7/9/19

This is to state that we do not concur with this recommendation as stated for non-compliance or deficient practice. Upon finding stated non-compliance:

It is the policy of this facility to accurately and thoroughly provide a plan of care taking into consideration

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physical abilities and disabilities, and degree of cognitive impairment.

(2) The resident care plan as required in Rule 13F .0802 of this Subchapter shall be developed or revised based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities.

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure 3 of 3 sampled residents (#2, #4, and #3) admitted to the Special Care Unit (SCU) had a resident profile completed within 30 days of admission and quarterly thereafter.

The findings are:

1. Review of Resident #2's current FL2 dated 03/18/19 revealed:
-Diagnoses included dementia.
-Special Care Unit (SCU) was documented as the recommended level of care.
-There was documentation that Resident #2 was intermittently disoriented.

Review of Resident #2's Resident Register revealed an admission date to the SCU of 03/13/19.

Review of Resident #2's record revealed there was no documentation that a resident profile, which included the resident's behavioral patterns and degree of cognitive impairment, had been completed.

Review of Resident #2's Care Plan revealed it

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each resident's profile. On July 8-9, 2019 the DON and MCC audited and reviewed current special care unit residents to ensure completion and implementation of resident profiles. Resident care plans were updated as needed.

The MCC was educated as to the importance of obtaining a resident profile to accurately develop the plan of care for each special care resident. Facility's expectations to have a completed special care resident profile filed on resident chart within 7 days of admission was reviewed. All resident profiles and care plans Assessments will be completed accurately, timely and according to the facility policy and procedures.

The DON will conduct reviews for all special care residents to ensure resident profile is completed on resident chart on a weekly basis for a period of 4 weeks, then every quarter for a period of 1 quarter. The DON will document the audit results and report those findings monthly to the administrator. The Administrator will assess and modify the action plan as needed to ensure continued compliance.

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had been completed 03/15/19.

Refer to the interview with the facility's Nurse on 06/11/19 at 12:05pm.

Refer to the interview with the Special Care Coordinator (SCC) on 06/11/19 at 12:10pm.

Refer to the interview with the Administrator on 06/11/19 at 3:15pm.

2. Review of Resident #4's current FL2 dated 01/23/19 revealed:
-Diagnoses included dementia.
-Special Care Unit (SCU) was documented as the recommended level of care.
-There was documentation that Resident #2 was intermittently disoriented.

Review of Resident #4's Resident Register revealed an admission date to the SCU of 01/22/19.

Review of Resident #4's record revealed there was no documentation that a resident profile, which included the resident's behavioral patterns and degree of cognitive impairment, had been completed.

Review of Resident #4's Care Plan revealed it had been completed 02/10/19.

Refer to the interview with the facility's Nurse on 06/11/19 at 12:05pm.

Refer to the interview with the SCC on 06/11/19 at 12:10pm.

Refer to the interview with the Administrator on 06/11/19 at 3:15pm.

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3. Review of Resident #3's current FL2 dated 04/25/19 revealed:
-Diagnoses included Alzheimer's disease.
-Special Care Unit (SCU) was documented as the recommended level of care.
-There was documentation that Resident #3 was intermittently disoriented.

Review of Resident #3's Resident Register revealed an admission date to the SCU of 05/01/19.

Review of Resident #3's record revealed there was no documentation that a resident profile, which included the resident's behavioral patterns and degree of cognitive impairment, had been completed.

Review of Resident #3's Care Plan revealed it had been completed on 05/09/19.

Refer to the interview with the facility's Nurse on 06/11/19 at 12:05pm.

Refer to the interview with the Special Care Coordinator (SCC) on 06/11/19 at 12:10pm.

Refer to the interview with the Administrator on 06/11/19 at 3:15pm.

Interview with the facility's Nurse on 06/11/19 at 12:05pm revealed:

-She did not know the residents residing in the SCU required a profile.
-She thought the residents only required a care plan.

Interview with the SCC on 06/11/19 at 12:10pm

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D 464	<p>Continued From page 10</p> <p>revealed:</p> <ul style="list-style-type: none"> -The SCU had been open since January 2019. -She did not know the residents residing in the SCU required a profile. -She knew the the residents required an updated care plan every quarter. <p>Interview with the Administrator on 06/11/19 at 3:15pm revealed:</p> <ul style="list-style-type: none"> -The SCC and Nurse were responsible for ensuring all required paperwork in the SCU was completed. -She thought all required information was included on the resident's FL2. 	D 464		