

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/28/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT HILL OF HIGHLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741
--	--

(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 Macon County Department of Social Services conducted a follow up survey on 08/28/19.	{D 000}		
{D 164}	<p>10A NCAC 13F .0505 Training On Care Of Diabetic Resident</p> <p>10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows:</p> <p>(1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner.</p> <p>(2) Training shall include at least the following:</p> <p>(a) basic facts about diabetes and care involved in the management of diabetes;</p> <p>(b) insulin action;</p> <p>(c) insulin storage;</p> <p>(d) mixing, measuring and injection techniques for insulin administration;</p> <p>(e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms;</p> <p>(f) blood glucose monitoring; universal precautions;</p> <p>(g) universal precautions;</p> <p>(h) appropriate administration times; and</p> <p>(i) sliding scale insulin administration.</p> <p>This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION.</p> <p>The Type B Violation was abated.</p>	{D 164}		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/28/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT HILL OF HIGHLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741
--	--

(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 164}	<p>Continued From page 1</p> <p>Non-compliance continues.</p> <p>Based on interviews and record reviews, the facility failed to ensure 1 of 1 sampled Medication Aides (Staff A) who administered insulin and obtained finger stick blood sugars for residents completed training on the care of diabetic residents prior to the administration of insulin.</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -Staff A was hired on 07/19/19 as a Medication Aide (MA). -There was no documentation of training on the care of diabetic residents.</p> <p>Review of a July 2019 Medication Administration Record (MAR) revealed Staff A documented she had administered insulin to a resident at 9:00pm on 07/11/19 - 07/13/19, 07/17/19 - 07/21/19, and 07/25/19 - 07/28/19.</p> <p>Review of an August 1 - 28, 2019 MAR revealed Staff A documented she had administered insulin to a resident at 9:00pm on 08/01/19 - 08/04/19, 08/08/19 - 08/10/19, 08/18/19 - 08/19/19, and 08/24/19 - 08/26/19.</p> <p>Attempted telephone interview with Staff A on 08/28/19 at 1:34pm and 2:15pm was unsuccessful.</p> <p>Interview with the Resident Care Coordinator (RCC) on 08/28/19 at 1:23pm revealed: -The RCC was a Registered Nurse that was responsible for conducting the diabetic training. -Staff A administered insulin to residents. -The Business Office Manager (BOM) would inform the RCC of a newly hired MA so that the</p>	{D 164}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/28/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT HILL OF HIGHLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741
--	--

(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 164}	<p>Continued From page 2</p> <p>training could be completed.</p> <p>-The RCC had a list of MAs that had completed the diabetic training and Staff A was not on the list.</p> <p>-The RCC did not know why the training had not been completed.</p> <p>Interview with the BOM on 08/28/19 at 1:38pm revealed:</p> <p>-The BOM would inform the RCC of newly hired staff so that the training could be completed.</p> <p>-The BOM did not know why the diabetic training had not been completed.</p> <p>Telephone interview with the Administrator on 08/28/19 at 2:34pm revealed:</p> <p>-She had not reviewed Staff A's personnel record.</p> <p>-The BOM was responsible for informing the RCC of newly hired staff.</p> <p>-The RCC was responsible for ensuring the diabetic training was completed.</p> <p>-She did not know why the training had not been completed.</p>	{D 164}		
{D 283}	<p>10A NCAC 13F .0904(a)(2) Nutrition and Food Service</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review the facility failed to ensure food being stored in the kitchen refrigerator was protected</p>	{D 283}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/28/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT HILL OF HIGHLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741
--	--

(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 283}	<p>Continued From page 3</p> <p>from contamination related to unlabeled and undated food and spoiled food.</p> <p>The findings are:</p> <p>Review of the local Environmental Health sanitation report dated 01/28/19 revealed:</p> <ul style="list-style-type: none"> -The inspection score was 94. -The facility received demerits for Ready-To-Eat Potentially Hazardous Foods. <p>Observation of the walk-in refrigerator in the facility kitchen on 08/28/19 at 10:10am revealed:</p> <ul style="list-style-type: none"> -Fourteen corn tortillas in a plastic bag with no label or date opened. -Five-pound bag of opened shredded mozzarella cheese with less than 25% in the bag with no open date. -Seven slices of swiss cheese in a plastic bag with no label or date opened. -There was 1/4 of a grapefruit in a plastic bag with no label or use by date. -There was 1/2 of an orange in a plastic bag with no label or use by date. -There was 1/4 of an onion in a plastic bag with no label or use by date. -There was 1/2 of a tomato in a plastic bag with no label or use by date. -Sixteen-ounce plastic container of whipped topping in the original container with the lid slightly open revealing 3/4 of the container remained with no date opened. -There was 3/4 of a pan of chocolate brownies covered with a piece of plastic with no label or use by date. -Eight-ounce container of bread crumbs with a plastic lid covered in multiple black dots and the interior of the container had a dime sized green substance on top of the bread crumbs. 	{D 283}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/28/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT HILL OF HIGHLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741
--	--

(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 283}	<p>Continued From page 4</p> <p>Interview with the Cook/acting Dietary Manager on 08/28/19 at 10:30am revealed: -She was unsure who was putting items in the refrigerator without a label or date. -All food items used or open should have had a label and date. -All spoiled items should have been thrown out. -She received training in April 2019 to label and date all food items opened before putting them back in the refrigerator.</p> <p>Interview with the Kitchen Aide on 08/28/19 at 10:37am revealed: -Food needed to be dated when it was opened. -If a food container was opened it needed to be sealed in a storage tub or a plastic baggie with the date opened. -He always labeled and dated his food items before placing them in the refrigerator. -During his orientation in April 2019, he received training to label and date all food items before putting them back in the refrigerator. -He was not aware there was unlabeled, undated or spoiled food items in the refrigerator.</p> <p>Interview with the Administrator on 08/28/19 at 2:37 pm revealed: -Food that was open and had been used should be labeled and dated. -She was unaware there were refrigerated items that were not labeled and dated or that there was spoiled food in the refrigerator. -Dietary staff had received training after the annual inspection to label and date opened food items before returning them to the refrigerator.</p>	{D 283}		
{D935}	G.S. § 131D-4.5B(b) ACH Medication Aides; Training and Competency	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/28/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT HILL OF HIGHLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741
--	--

(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
{D935}	<p>Continued From page 5</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following:</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ul style="list-style-type: none"> a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <ul style="list-style-type: none"> a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: <ul style="list-style-type: none"> 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in 	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/28/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT HILL OF HIGHLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741
--	--

(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
{D935}	<p>Continued From page 6</p> <p>accordance with subsection (c) of this section.</p> <p>This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION.</p> <p>The Type B Violation was abated. Non-compliance continues.</p> <p>Based on interviews and record reviews, the facility failed to ensure 1 of 1 sampled Medication Aides (Staff A), hired after 10/01/13, had completed at least 5 hours of state approved medication training prior to administering medications.</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -Staff A was hired a Medication Aide (MA) on 07/09/19. -There was documentation Staff A had successfully completed the medication exam on 07/12/11. -The Medication Administration Clinical Skills Checklist was completed on 07/11/19. -There was no documentation of prior MA employment verification. -There was no documentation of the 5 hour training requirement.</p> <p>Review of a July 2019 Medication Administration Record (MAR) revealed Staff A documented she had administered medications to a resident at</p>	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/28/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT HILL OF HIGHLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741
--	--

(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
{D935}	<p>Continued From page 7</p> <p>9:00pm on 07/11/19 - 07/13/19, 07/17/19 - 07/21/19, and 07/25/19 - 07/28/19.</p> <p>Review of an August 1 - 28, 2019 MAR revealed Staff A documented she had administered medications to a resident at 9:00pm on 08/01/19 - 08/04/19, 08/08/19 - 08/10/19, 08/18/19 - 08/19/19, and 08/24/19 - 08/26/19.</p> <p>Attempted telephone interview with Staff A on 08/28/19 at 1:34pm and 2:15pm was unsuccessful.</p> <p>Interview with the Resident Care Coordinator (RCC) on 08/28/19 at 1:23pm revealed: -The RCC was a Registered Nurse that was responsible for conducting the MA training. -The RCC knew the MAs required the 5 hours of training prior to administering medications. -The Business Office Manager (BOM) would inform the RCC of a newly hired MAs so that the training could be completed. -The RCC did not know why the training had not been completed.</p> <p>Interview with the BOM on 08/28/19 at 1:38pm revealed: -The BOM would inform the RCC of newly hired staff so that the training could be completed. -The BOM did not know why the training had not been completed.</p> <p>Telephone interview with the Administrator on 08/28/19 at 2:34pm revealed: -She had not reviewed Staff A's personnel record. -The BOM was responsible for informing the RCC of newly hired staff. -The RCC was responsible for ensuring the training was completed. -She did not know why the training had not been</p>	{D935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/28/2019
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CHESTNUT HILL OF HIGHLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741
--	--

(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
{D935}	Continued From page 8 completed.	{D935}		