

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
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NAME OF PROVIDER OR SUPPLIER  CHESTNUT HILL OF HIGHLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741
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{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}	10A NCAC 13F .0505 Training On Care Of Diabetic Resident  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: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration.  This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION.  The Type B Violation was abated.	{D 164}	Review of all personnel files of all Medication Aides to ensure that proper "Training on Care of Diabetic Resident"; has been completed and documented. This training will be reviewed by the Business Office Manager and documented on a spread sheet. The spreadsheet will include copies of certificates of Training on Care of Diabetic Resident for each currently employed Medication Aide. Upon completion this will be provided to the Resident Care Coordinator for review and signature and then to the Administrator for her review and signature of review. The final documentation will be placed into the plan of correction binder. If not compliant; training will be completed by the RN and the Business Office Manager will then document with evidence of training certificate to be reviewed and signed by the Resident Care Coordinator. Upon completion this will be provided to the Administrator for her review and signature of review. The final documentation will be placed into the plan of correction binder. All future hired Medication Aides who are unlicensed will receive the proper Training on Care of Diabetic Resident in accordance with 10A NCAC 13F .0505. This training will be documented by the Business Office Manager. The Business Office Manager will ensure that the documentation of the training will be reviewed and signed by the Resident Care Coordinator and the Administrator prior to the Medication Aide being allowed to provide administration of insulin. This documetation will be placed in the employee file.	9/19/19

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

Business office manager

9/27/19

STATE FORM

6899

Y61X12

If continuation sheet 1 of 9

Review and accepted 09/27/19

RP

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NAME OF PROVIDER OR SUPPLIER  <b>CHESTNUT HILL OF HIGHLAND</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741</b>		
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{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}	<p>Staff A has completed the Training on Care of Diabetic Resident on 8/29/19.</p>	8/29/19

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{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:</p> <p>(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}	<p>The Dietary Manager completed an inspection of the kitchen to ensure all food was properly covered, dated and labeled on 8/28/19. All food items identified were disposed of on 8/28/19 by the Dietary Manager. All current Associates that would perform service(s) in the Dietary Department will receive In Service on the proper Food Handling, Storage and Labeling. This will be completed no later than 9/23/19 by the Dietary Manager and documented by the certificates will be placed in the personnel files.</p>	9/23/19

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{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"> <li>-The inspection score was 94.</li> <li>-The facility received demerits for Ready-To-Eat Potentially Hazardous Foods.</li> </ul> <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"> <li>-Fourteen corn tortillas in a plastic bag with no label or date opened.</li> <li>-Five-pound bag of opened shredded mozzarella cheese with less than 25% in the bag with no open date.</li> <li>-Seven slices of swiss cheese in a plastic bag with no label or date opened.</li> <li>-There was 1/4 of a grapefruit in a plastic bag with no label or use by date.</li> <li>-There was 1/2 of an orange in a plastic bag with no label or use by date.</li> <li>-There was 1/4 of an onion in a plastic bag with no label or use by date.</li> <li>-There was 1/2 of a tomato in a plastic bag with no label or use by date.</li> <li>-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.</li> <li>-There was 3/4 of a pan of chocolate brownies covered with a piece of plastic with no label or use by date.</li> <li>-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.</li> </ul>	{D 283}	<p>All future hire(s) that will be involved in dietary services will receive this In Service on the proper Food Handling, Storage and Labeling as part of their orientation and the certificate will be signed by the Dietary Manager and the Administrator. The certificate will be filed in the personnel file.</p>	

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{D 283}	Continued From page 4  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.  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.  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.	{D 283}		
{D935}	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency	{D935}		

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{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> <p>a. The key principles of medication administration.</p> <p>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> <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> <p>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:</p> <p>1. The key principles of medication administration.</p> <p>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.</p> <p>b. An examination developed and administered by the Division of Health Service Regulation in</p>	{D935}	<p>Staff member A has completed the 15 Hour Med Aid Training requirement on 8/29/19.</p> <p>The Business Office Manager will review all current ACH Medication Aide Personnel Files to ensure each to have completed all required training. If any one is not compliant; the Business Office Manager will notify the Resident Care Coordinator and Administrator. A checklist which will be completed by the Business Office Manager with a copy of evidence of compliance as outlined for acceptance in D935 G.S. 131D-4.5B(b); will be then reviewed and signed as compliant by the Resident Care Coordinator and the Administrator. This checklist will be placed in the personnel file.</p> <p>They will ensure that the staff member receives the necessary training to be compliant before being allowed to perform any medication duties. All future new hires will be reviewed for compliance by the Business Office Manager before being permitted to perform medication duties. A checklist which will be completed by the Business Office Manager with a copy of evidence of compliance as outlined for acceptance in D935 G.S. 131D-4.5B(b); will be then reviewed and signed as compliant by the Resident Care Coordinator and the Administrator. This checklist will be placed in the personnel file.</p>	9/1/19

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{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}		

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{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}		



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