| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034098 | A. BUILDING: _____ B. WING _____ | R 02/06/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SALEM TERRACE | 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127 |

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| D 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual and follow-up survey 02/05/20 through 02/06/20. | D 000 | | |
| D 131 | 10A NCAC 13F .0406(a) Test For Tuberculosis<br><br>10A NCAC 13F .0406 Test For Tuberculosis<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure 2 of 6 sampled staff (Staff A and E) were tested for Tuberculosis (TB) disease upon hire.<br><br>The findings are:<br><br>1. Review of Staff A's, personal care aide (PCA)/medication aide (MA), personnel record revealed:<br>-Staff A was hired on 01/30/20.<br>-There was no documentation of any TB skin tests.<br><br>Interview with the Administrator on 02/06/20 at 11:02am revealed:<br>-She knew Staff A needed a TB skin test upon hire.<br>-The Business Office Manager (BOM) was | D 131 | | |

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|---|---|---|---|---|
| D 131 | Continued From page 1<br>responsible for making sure the TB skin test was scheduled for Staff A.<br><br>Interview with the BOM on 02/06/20 at 11:10am revealed she knew Staff A did not have a TB skin test upon hire.<br><br>Telephone interview with Staff A on 02/06/20 at 11:50am revealed:<br>-She was hired as a MA on 01/30/20, but she had been training as a PCA until she has had her MA training.<br>-She had a TB skin test completed in 2018 when she worked for a home health agency.<br>-She was told she needed a TB skin test by the BOM and the facility would provide the TB skin test, but she did not know when she would get the test.<br><br>Refer to the Interview with the Administrator on 02/06/20 at 11:05am.<br><br>Refer to the interview with the BOM on 02/06/20 at 11:13am.<br><br>Refer to the telephone interview with a representative from the facility contracted pharmacy on 02/06/20 at 11:15am.<br><br>2. Review of Staff E's, personal care aide (PCA), personnel record revealed:<br>-Staff E was hired on 11/11/19.<br>-There was no documentation of any TB skin tests.<br>-There was documentation of a TB screening questionnaire.<br><br>Interview with the Administrator on 02/06/20 at 11:02am revealed:<br>-She knew Staff E needed a TB skin test upon | D 131 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034098 | A. BUILDING: _____ B. WING _____ | R 02/06/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| D 131 | Continued From page 2 | D 131 | | |

hire.
-The facility's contracted pharmacy completed TB skin test for staff on 11/01/19 and Staff E missed the 11/01/19 TB skin test because she was hired on 11/11/19.
-Staff E completed the TB screening and the pharmacy said the "screening was sufficient" and would meet the TB requirement for Staff E until the pharmacy was able to complete the TB skin test.

Interview with the Business Office Manager (BOM) on 02/06/20 at 11:10am revealed she knew Staff E did not have a TB skin test upon hire.

Telephone interview with Staff E on 02/06/20 at 11:45am revealed:
-She was hired as a PCA in November 2019.
-She had a TB skin test at a home health agency in 2019, but she did not know the exact date.
-She did not provide the TB skin test documentation to the facility because they did not ask for the documentation.
-She did not know she needed a TB skin test upon hire.
-The BOM did not tell her to get a TB skin test at a medical facility or the local health department.

Refer to the Interview with the Administrator on 02/06/20 at 11:05am.

Refer to the interview with the BOM on 02/06/20 at 11:13am.

Refer to the telephone interview with a representative from the facility's contracted pharmacy on 02/06/20 at 11:15am.

_____
Interview with the Administrator on 02/06/20 at

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|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| D 131 | Continued From page 3 | D 131 | | |

11:05am revealed:
-The facility's contracted pharmacy's nurse placed and read the TB skin tests for staff at the facility.
-The last time the pharmacy administered the TB skin test to staff was 11/01/19.
-The pharmacy did not have the TB skin test available for administration to new staff until after December 2019.
-The pharmacy was scheduled to complete the TB skin test on 02/17/20.
-The pharmacy did not have any dates available from December 2019 to February 2020 due to scheduling conflicts.

Interview with the Business Office Manager on 02/06/20 at 11:13am revealed:
-She was responsible for staff records and ensuring TB skin tests were completed upon hire.
-She audited staff records every one to two months.
-In the past, she had referred staff needing a TB skin test to a medical office and the health department.
-She did not refer staff needing a TB skin test since 11/01/19 because the pharmacy usually placed the TB skin test.

Telephone interview with a representative from the facility contracted pharmacy on 02/06/20 at 11:15am revealed:
-The pharmacy did not have full supply of TB skin tests until after December 2019.
-The TB skin test was available in January 2020 and February 2020.
-The nurse was scheduled to go to the facility on 02/17/20 to complete the TB skin test for staff hired after 11/01/19.
-The pharmacy told the Administrator the TB screening was sufficient and would screen for

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034098 | A. BUILDING: _____ B. WING _____ | R 02/06/2020 |

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|---|---|---|---|---|
| D 131 | Continued From page 4<br>active TB until the TB skin tests could be administered to new staff. | D 131 | | |
| D 161 | 10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks<br><br>10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task<br>(a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure 2 of 6 sampled staff (Staff A and E) were competency validated for Licensed Health Professional Support (LHPS) tasks including transferring residents.<br><br>The findings are:<br><br>1. Review of Staff A's, personal care aide (PCA)/medication aide (MA), personnel record revealed:<br>-Staff A was hired on 01/30/20. | D 161 | | |

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|---|---|---|---|---|
| D 161 | Continued From page 5<br>-There was no documentation of a Licensed Health Professional Support (LHPS) competency validation.<br><br>Interview with the Administrator on 02/06/20 at 11:02am revealed she knew Staff A was not LHPS competency validated.<br><br>Interview with the Business Office Manager (BOM) on 02/06/20 at 11:10am revealed she knew Staff A was not LHPS competency validated.<br><br>Telephone interview with Staff A on 02/06/20 at 11:50am revealed:<br>-She was hired as a MA on 01/30/20, but she had been training as a PCA until she had her MA training.<br>-She was not competency validated for LHPS tasks.<br>-She trained on the floor as a PCA under the supervision of another staff on 01/31/20, 02/03/20, and 02/04/20.<br>-She had assisted residents with transfers during her training.<br><br>Interview with the Resident Care Coordinator (RCC) on 02/06/20 at 1:57pm revealed:<br>-Staff A had hands on training with supervision of another staff.<br>-Staff A had assisted residents with transfers, but because she was in training, it was not documented anywhere.<br><br>Refer to the Interview with the Administrator on 02/06/20 at 11:05am.<br><br>Refer to the interview with the BOM on 02/06/20 at 11:13am. | D 161 | | |

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|---|---|---|---|
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|---|---|---|---|---|
| D 161 | Continued From page 6 | D 161 | | |

Refer to the telephone interview with a representative from the facility contracted pharmacy on 02/06/20 at 11:15am.
2. Review of Staff E's, personal care aide (PCA), personnel record revealed:
-Staff E was hired on 11/11/19.
-There was no documentation of a LHPS competency validation.

Interview with the Administrator on 02/06/20 at 11:02am revealed:
-The Business Office Manager (BOM) was responsible for hiring Staff E.
-She knew Staff E was not LHPS competency validated.

Interview with the BOM on 02/06/20 at 11:10am revealed she knew Staff E was not LHPS competency validated.

Telephone interview with Staff E on 02/06/20 at 11:45am revealed:
-She was hired as a PCA in November 2019.
-She was a PCA and provided resident care including transferring residents who required assistance.
-She assisted transferring 4 different residents in the special care unit.
-She was not competency validated for LHPS tasks.
-She did not know she needed to be LHPS competency validated prior to performing LHPS tasks.

Based on observations, interviews, and record reviews it was determined the 4 residents Staff E assisted with transferring were not interviewable.

Review of a resident's personal care sheet dated December 2019 revealed:

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034098 | A. BUILDING: _____ B. WING _____ | R 02/06/2020 |

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|---|---|---|---|---|
| D 161 | Continued From page 7<br>-Staff E documented transferring the resident on 12/29/19.<br>-Staff E documented the resident required extensive assistance with transferring on 12/29/19.<br><br>Review of a resident's personal care sheet dated January 2020 revealed:<br>-Staff E documented transferring the resident on 01/08/20, 01/22/20, 01/25/20, and 01/26/20.<br>-Staff E documented the resident required extensive assistance with transferring on 01/08/20, 01/22/20, 01/25/20, and 01/26/20.<br><br>Refer to the Interview with the Administrator on 02/06/20 at 11:05am.<br><br>Refer to the interview with the BOM on 02/06/20 at 11:13am.<br><br>Refer to the telephone interview with a representative from the facility contracted pharmacy on 02/06/20 at 11:15am.<br><br>_____<br>Interview with the Administrator on 02/06/20 at 11:05am revealed:<br>-The facility's contracted pharmacy's LHPS nurse completed the LHPS competency validation.<br>-The last time the nurse completed the competency validation for LHPS tasks was 11/01/19.<br>-The pharmacy was scheduled to complete the competency validation for LHPS tasks for new staff on 02/17/20.<br>-The pharmacy did not have any dates available to complete the LHPS competency validation from November 2019 to February 2020 due to scheduling conflicts.<br>-When staff were hired, they trained for two weeks, and the training included transferring | D 161 | | |

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|---|---|---|---|
| | HAL034098 | A. BUILDING: _____ B. WING _____ | R 02/06/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| D 161 | Continued From page 8<br>residents; the training was not completed by an LHPS nurse.<br>-She did not know staff needed to be LHPS validated by a LHPS nurse prior to performing LHPS tasks.<br><br>Interview with the BOM on 02/06/20 at 11:13am revealed:<br>-She was responsible for staff records and ensuring staff were competency validated for LHPS tasks prior to performing LHPS tasks.<br>-She audited staff records every one to two months.<br><br>Telephone interview with a representative from the facility contracted pharmacy on 02/06/20 at 11:15am revealed:<br>-The pharmacy had a LHPS nurse that completed the competency validation for LHPS tasks.<br>-She expected the staff that were not LHPS validated to provide resident care that did not need LHPS competency validation (cleaning, feeding assist, housekeeping).<br>-She expected the BOM to notify the pharmacy of staff needing to be LHPS competency validated.<br>-The nurse was scheduled to go to the facility on 02/17/20 to complete the LHPS competency validation for staff hired since 11/01/19. | D 161 | | |
| D 344 | 10A NCAC 13F .1002(a) Medication Orders<br><br>10A NCAC 13F .1002 Medication Orders<br>(a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments:<br>(1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; | D 344 | | |

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|---|---|---|---|
| | HAL034098 | A. BUILDING: _____ B. WING _____ | R 02/06/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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|---|---|---|---|---|
| D 344 | Continued From page 9<br>(2) if orders are not clear or complete; or<br>(3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same.<br>The facility shall ensure that this verification or clarification is documented in the resident's record.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure clarification of physician's orders for 1 of 5 sampled residents (Resident #1) regarding an order for an anti-anxiety medication.<br><br>The findings are:<br><br>Review of Resident #1's current FL2 dated 09/19/19 revealed:<br>-Diagnoses included history of stroke, neuropathy, hypertension, hyperlipidemia, joint pain, benign prostatic hyperplasia, muscle spasms, vitamin D deficiency, edema, schizoaffective disorder, insomnia, and coronary artery disease.<br>-There was an order for Cymbalta 20mg 1 capsule daily.<br>-There was an order for Zoloft 25mg 1 tablet every morning.<br><br>Review of a physician's order dated 11/13/19 revealed discontinue sertraline (Zoloft) on duloxetine (Cymbalta) 20mg daily / PT (There was no indication of what PT meant). | D 344 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034098 | A. BUILDING: _____ B. WING _____ | R 02/06/2020 |

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|---|---|---|---|---|
| D 344 | Continued From page 10<br><br>Review of a Pharmacy Review dated 12/09/19 revealed:<br>-On 11/13/19 an order was written to discontinue Zoloft.<br>-The pharmacy discontinued the Zoloft and Cymbalta on 11/13/19.<br>-The reviewing pharmacist recommended the facility to "please contact the provider to clarify if they intended to discontinue both medications or if the duloxetine (Cymbalta) should be restarted."<br><br>Review of Resident #1's electronic Medication Administration Record (eMAR) for December 2019 revealed there was no entry for Cymbalta.<br><br>Review of Resident #1's eMAR for January 2020 revealed there was no entry for Cymbalta.<br><br>Review of Resident #1's eMAR for February 2020 revealed there was no entry for Cymbalta.<br><br>Interview with Resident #1 on 02/06/20 at 2:16pm revealed:<br>-He did not think he was on any medication for anxiety.<br>-He did not have any anxiety regularly, but may have become anxious about once every 3 months.<br>-He has not had any recent anxiety.<br>-He saw an outside mental health provider about once every three months.<br><br>Interview with the Resident Care Coordinator (RCC) on 02/06/20 at 1:57pm revealed:<br>-The RCC was responsible for reviewing medication orders.<br>-After reviewing a medication order, the RCC faxed the order to the pharmacy and the pharmacy put the order on the MAR profile for | D 344 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| D 344 | Continued From page 11 | D 344 | | |

approval.
-If the pharmacy had questions about the medication or medication order, they would send a form back to the facilty by fax stating they needed clarification.
-She knew about the physician's order regarding Cymbalta dated 11/13/19.
-When she read the order, she thought the order said Cymbalta was discontinued in addition to the Zoloft.
-If she would have had questions regarding the order she would have contacted Resident #1's primary care provider (PCP) for clarification.

Interview with the facility contracted pharmacy on 02/06/20 at 3:02pm revealed:
-There was a physician's order dated 11/13/19 to discontinue sertraline (Zoloft) on duloxetine (Cymbalta) 20mg daily / PT.
-The order written on 11/13/19 was "poorly written," but the pharmacy read the physician's order as discontinue the Cymbalta.
-Cymbalta was discontinued from Resident #1's eMAR and the pharmacy faxed a request for clarification faxed to Resident #1's PCP on 11/13/19.

Second interview with the RCC on 02/06/20 at 3:18pm revealed:
-She found fax verifications showing where the pharmacy review recommendations dated 12/09/19 were faxed to Resident #1's PCP on 01/09/20 and on 01/28/20.
-The facility had not received a response from Resident #1's PCP regarding the faxes on 01/09/20 and 01/20/20.
-She had not called Resident #1's PCP for clarification of the order dated 11/13/19 regarding Cymbalta.

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|---|---|---|---|
| | HAL034098 | A. BUILDING: _____ B. WING _____ | R 02/06/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| D 344 | Continued From page 12<br><br>Interview with the Administrator on 02/06/20 at 1:44pm revealed:<br>-She did not know about the physician's order for Resident #1 regarding Cymbalta dated 11/13/19.<br>-The RCC was responsible for reviewing new orders and sending the orders to the pharmacy.<br>-The RCC was responsible for contacting the physician for clarification if the order was unclear.<br>-The pharmacy, in the past, had contacted the RCC or a medication aide (MA) to get clarification of an order if it was unclear.<br>-She did not know if the pharmacy contacted Resident #1's PCP for clarification of the order regarding Cymbalta.<br><br>Interview with a nurse at Resident #1's PCP's office on 02/06/20 at 11:36am revealed:<br>-She did not see any documentation the facility called the PCP's office regarding the order written on 11/13/19.<br>-Resident #1 should have continued on Cymbalta after the order on 11/13/19. | D 344 | | |