Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL002003	A. BUILDING: _____ B. WING _____	09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAYLORSVILLE HOUSE	350 SCHOOL DRIVE TAYLORSVILLE, NC 28681

(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 Alexander County Department of Social Services conducted a complaint investigation and a COVID-19 focused Infection Control survey with an onsite visit on 09/09/20 and a desk review survey on 09/10/20 to 09/11/20 and 09/14/20 to 09/17/20 and a telephone exit on 09/17/20.	D 000		
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to complete Health Care Personnel Registry (HCPR) initial allegation report within 24 hours of knowledge of the injury for 1 of 1 sampled residents (Resident #3) who had an injury of unknown origin in the form of bruising on both arms. The findings are: Review of Resident #3's current FL2 dated 07/06/20 revealed: -Diagnoses included Alzheimer's dementia, chronic kidney disease stage 3, cirrhosis of liver, and chronic obstructive pulmonary disease. -The resident was constantly disoriented and semi-ambulatory. -There was an order for aspirin (used to prevent blood clots) 81mg once daily. Review of Resident #3's Care Plan dated	D 438	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law." 10A NCAC 13F.1205—Health Care Personnel Registry All allegations related to abuse, neglect, injury of unknown origin, exploitation and fraud will be promptly reported to the HCPR using the Initial Allegation reporting form, within the 24 hour timeframe, as set forth by this rule area. In addition, an investigation will be completed and the Investigation report will be submitted within 5 working days. Staff were re-trained on August 12th, 2020 by ALG Senior Divisional Director of Clinical Services, on Resident Rights, and Reporting requirements of Abuse, Neglect, Injury of Unknown Origin, Exploitation and Fraud. In addition,re-training was completed on Managing and De-escalating Aggressive Behaviors. The Memory Care Manager will complete weekly skin/shower observations to identify any injury of unknown origin and Executive Director will complete random monthly audits to ensure the same.	

Reviewed and Accepted 10/23/20

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D 438	Continued From page 1 07/06/20 revealed: -The resident was always disoriented and was forgetful and needed reminders. -The resident was ambulatory with a rollator. -The resident required limited assistance with toileting, ambulation/locomotion, bathing, and dressing. -The resident required supervision/set up with grooming/personal hygiene. Review of Resident #3's Incident Report dated 08/07/20 revealed: -On 08/03/20, the resident was in the kitchen "screaming" at dietary. -The resident had behavior symptoms in the form of delusions or hallucinations. -The resident was physically threatening staff and dietary. -The resident was verbally abusive and attempted to hit staff with a telephone. -The resident was "hitting and kicking" at staff. Review of Resident #3's Initial Allegation Report dated 08/07/20 revealed: -The allegation/incident type was resident abuse. -The incident date was 05/05/19. -The date the facility became aware of incident was 05/06/19. -The time the facility became aware of incident was 8:00pm. -The allegation was received from the local DSS representative of suspected abuse related to bruising of unknown origin to residents forearms. -Details of physical or mental injury/harm was "bruising noted to both forearms." -The incident was not reported to law enforcement. -The form was completed by the Administrator and signed 08/07/20.	D 438		

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D 438	Continued From page 2 Telephone interview with the Administrator on 09/14/20 at 1:27pm revealed: -He was not in the facility at the time of the incident had occurred involving Resident #3 on 08/03/20. -He was notified of the incident by his staff via telephone call on 08/03/20 at 8:00pm. -He and the Divisional Director of Clinical Services had looked at the bruises together and spoke with the resident. -The resident did not remember anything about the incident. -Statements were obtained from employees and the statements did not "look like abuse." -The color of the bruising on the resident's arms was why they had determined the bruising was an injury of unknown source. -The incident date on the initial allegation report was a "misprint." -The incident had occurred on 08/03/20. -He had known he was supposed to do an initial allegation report and turn it into the Health Care Personnel Registry within 24 hours. -"That was my error." -He felt he needed additional support to understand what happened before sending in the report and had requested additional assistance from the Divisional Director of Clinical Services. -"That's the only reason" the initial report was not turned in within 24 hours of discovery of the injury. Telephone interview with the Divisional Director of Clinical Services on 09/14/20 at 2:41pm revealed: -She had been made aware of the circumstances surrounding the incident with Resident #3 on 08/06/20. -She had gone to the facility on 08/07/20 to assess the resident and talk to staff. -They determined in the investigation it was an	D 438		

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D 438	Continued From page 3 injury of unknown source. -She and the Administrator had completed the initial allegation report together on 08/07/20. -The incident date on the initial allegation report were a "mistake." -The Administrator had used a previous 24 hour report and "didn't change the date."	D 438		