

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/22/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CEDAR CREEK LIVING LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2270 OAKLAND ROAD FOREST CITY, NC 28043</b>
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D 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey on 09/22/21.	D 000		
D 291	<p>10A NCAC 13F .0904(c)(2) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (2) Menus shall be maintained in the kitchen and identified as to the current menu day and cycle for any given day for guidance of food service staff.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to maintain menus in the kitchen and have them available for guidance of food service staff.</p> <p>The findings are:</p> <p>Interview with one resident on 09/22/21 at 8:48am revealed the meal portions were not large enough.</p> <p>Interview with a second resident on 09/22/21 at 9:15am revealed: -There were too many "starches" in the meals offered. -There were "a lot" of canned processed foods served at meals.</p> <p>Interview with a third resident on 09/22/21 at 9:33am revealed: -The kitchen served chicken and rice mixed together.</p>	D 291	<p><b>D.291</b></p> <p>Menus for diabetic residents are available in the kitchen.</p> <p>Measuring cups and utensils for measuring amounts are also available.</p> <p>Cooks for both shifts have been informed that some residents do not like the chicken &amp; rice or the Shepherd Pie. They do not like their foods mixed together. Diabetic residents will receive the correct amount which is on the menu.</p>	10/4/21

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*Stephan Walker*

10-8-2021

Reviewed and Acknowledged  
Date: 10/11/21 *CS*

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D 291	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-The resident liked their foods separate.</li> <li>-The kitchen also served shepherds pie and it too was foods mixed together.</li> <li>-The resident would not eat if foods were served they did not like.</li> </ul> <p>Observation in the facility kitchen on 09/22/21 at 11:48am revealed:</p> <ul style="list-style-type: none"> <li>-There was a fall/winter 2009-2010 regular diet 5 week menu available.</li> <li>-There were no portion sizes listed on the menu.</li> <li>-There were no recipes available for the menu.</li> </ul> <p>Interview with the Cook on 09/22/21 at 11:50am revealed:</p> <ul style="list-style-type: none"> <li>-The facility currently had residents with orders for regular and diabetic diets only.</li> <li>-The facility did not have a diabetic menu.</li> <li>-Residents who were on a diabetic diet were served smaller portions of the regular menu items and sugar free beverages.</li> </ul> <p>Review of the fall/winter 2009-2010 lunch menu used by staff revealed the regular menu to be served consisted of broccoli cheese quiche, cottage fried potatoes, sliced tomatoes, fruit of choice, and mini Danish.</p> <p>Observation of the lunch meal service on 09/22/21 at 12:05pm revealed the meal consisted of chicken Alfredo, vegetable medley, garlic bread, and mandarin oranges.</p> <p>Interview with the Administrator-In-Charge (AIC) on 09/22/21 at 12:15pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility had a full menu system.</li> <li>-The menu system had disappeared from the kitchen in July 2021.</li> <li>-She had told the Administrator the menu was missing from the kitchen.</li> </ul>	D 291			

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D 291	<p>Continued From page 2</p> <p>-The diabetic residents were served half portions of regular menu desserts and sugar-free beverages.</p> <p>Interview with the Cook on 09/22/21 at 12:40pm revealed:</p> <ul style="list-style-type: none"> <li>-She used a soup ladle to measure food portions for residents.</li> <li>-She served full scoop of regular menu items to residents with regular diets.</li> <li>-She served diabetic residents half portions of regular menu desserts.</li> <li>-She served half scoop portions of regular menu items to residents with diabetic diets.</li> <li>-She found it difficult to know what to prepare for meals without a menu.</li> <li>-She had been going by the fall/winter 2009/2010 menu for meat choices only.</li> <li>-She had told the Administrator the menu system was missing.</li> </ul> <p>Telephone interview with the Administrator on 09/22/21 at 3:12pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility had a menu system.</li> <li>-The menu system had been "misplaced."</li> <li>-One of the staff had forgotten to return the menu after it was used as a guide for grocery shopping.</li> <li>-The menu system was returned to the AIC that afternoon (09/22/21).</li> </ul>	D 291		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:</p> <p>(1) orders by a licensed prescribing practitioner</p>	D 358	<p><b>D.358</b></p> <p>Clarification orders have been written and forced to the pharmacy for all diabetics on 6/5 insulin</p>	10/4/21

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D 358	<p>Continued From page 3</p> <p>which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 3 sampled residents (Resident #2) including errors with insulin used to treat elevated blood sugar levels.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 01/18/21 revealed diagnoses included encephalopathy, kidney failure, and hypertension.</p> <p>Review of Resident #2's physician order dated 03/22/21 revealed add sliding scale Novolog insulin (used to lower blood sugar levels) with meals as follows: fingerstick blood sugar (FSBS) is 150-200 take 2 units; FSBS 201-250 take 4 units; FSBS 251-300 take 6 units; FSBS 301-350 take 8 units; FSBS 351-400 take 10 units; FSBS 401-450 take 12 units.</p> <p>Review of Resident #2's physician's order dated 06/10/21 revealed Novolog Flexpen inject three times a day before meals per sliding scale max 50 units per day.</p> <p>Review of Resident #2's August 2021 Medication Administration Record (MAR) revealed: -There was an entry for Novolog Flexpen inject three times a day before meals per sliding scale max 50 units per day scheduled at 7:00am, 11:00am, and 4:00pm. -The Novolog was documented as administered three times daily from 08/01/21 to 08/31/21.</p>	D 358	<p>All medication orders have been in -over- view on diabetic medication the correct way to write insulin orders on the MARs</p>	10/4/21

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D 358	<p>Continued From page 4</p> <p>Review of Resident #2's Insulin Injection Record dated 08/01/21 to 08/31/21 revealed:</p> <ul style="list-style-type: none"> <li>-There was a Novolog sliding scale handwritten at the top of the record.</li> <li>-The Novolog sliding scale was to be administered before meals.</li> <li>-The sliding scale was 150-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-400=10 units.</li> <li>-There were 3 errors of sliding scale insulin administration out of 66 opportunities resulting in a 5% error rate for August 2021.</li> <li>-On 08/03/21 at 11:30am, the FSBS was 456, 10 units were documented as administered, 12 units were required.</li> <li>-On 08/07/21 at 11:30am, the FSBS was 249, 0 units were documented as administered, 4 units were required.</li> <li>-On 08/22/21 at 11:30am, the FSBS was 478, 10 units were documented as administered, 12 units were required.</li> </ul> <p>Review of Resident #2's September 2021 MAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Novolog Flexpen inject three times a day before meals per sliding scale max 50 units per day scheduled at 7:00am, 11:00am, and 4:00pm.</li> <li>-The Novolog was documented as administered three times daily from 09/01/21 to 09/22/21 at 7:00am.</li> </ul> <p>Review of Resident #2's Insulin Injection Record dated 09/01/21 to 09/22/21 at 7:00am revealed:</p> <ul style="list-style-type: none"> <li>-There was a Novolog sliding scale handwritten at the top of the record.</li> <li>-The Novolog sliding scale was to be administered before meals.</li> <li>-The sliding scale was 150-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8</li> </ul>	D 358		

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D 358	<p>Continued From page 5</p> <p>units, 351-400=10 units.</p> <p>-There were 3 errors of sliding scale insulin administration out of 40 opportunities resulting in a 8% error rate for August 2021.</p> <p>-On 09/04/21 at 11:30am, the FSBS was 418, 10 units were documented as administered, 12 units were required.</p> <p>-On 09/12/21 at 12:00pm, the FSBS was 162, 4 units were documented as administered, 2 units were required.</p> <p>-On 09/19/21 at 4:00pm, the FSBS was 494, 10 units were documented as administered, 12 units were required.</p> <p>Observation of Resident #2's medications on hand on 09/22/21 at 10:56am revealed there was one Novolog Flexpen available with an open date of 09/17/21.</p> <p>Telephone interview with Resident #2's primary care provider (PCP) on 09/22/21 at 3:05pm revealed:</p> <p>-The Novolog sliding scale three times a day before meals originally ordered on 03/22/21 was the same scale she had wanted to be continued when she renewed the order on 06/10/21.</p> <p>-Facility staff having incorrectly administered 10 units of Novolog versus 12 units of Novolog on 4 occurrences when Resident #2's FSBS was greater than 400 would not have made a "big difference" in the resident's blood sugar levels.</p> <p>-She did not think having less insulin on those occasions "harmed" the resident.</p> <p>-She was not sure why there was not an order for staff to recheck a FSBS for Resident #2's if the FSBS was greater than 400, because she usually included a parameter in sliding scale insulin orders.</p> <p>-She would expect staff to call her with any FSBS greater than 400 and recheck the FSBS in an</p>	D 358		

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D 358	Continued From page 6  hour after administration of the ordered sliding scale insulin dose.  Interview with the Administrator-In-Charge (AIC) on 09/22/21 at 3:32pm revealed: -There was one day shift medication aide who was responsible for writing all medication orders on the residents MARs and insulin injection records. -She did not know how the sliding scale did not get transferred correctly to Resident #2's insulin injection records. -The facility did not have a policy concerning auditing the medication orders against the MARs and insulin injection records. -They had not been performing audits of the MARs and insulin injection records. -Going forward she would implement weekly physician order, MAR, insulin injection record, and medication cart audits.	D 358		
D 611	10A NCAC 13F .1801 (b) Infection Prevention & Control Program (temp)  10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (b) The facility shall assure the following policies and procedures are established and implemented consistent with the federal CDC published guidelines, which are hereby incorporated by reference including subsequent amendments and editions, on infection control that are accessible at no charge online at <a href="https://www.cdc.gov/infectioncontrol">https://www.cdc.gov/infectioncontrol</a> , and addresses the following: (1) Standard and transmission-based precautions, for which guidance can be found on the CDC	D 611	D.611  Infection and Prevention Policies and Procedures book Has been revised to include every thing from the CDC,	10/5/21

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D 611	Continued From page 7  website at <a href="https://www.cdc.gov/infectioncontrol/basics">https://www.cdc.gov/infectioncontrol/basics</a> , including: (A) respiratory hygiene and cough etiquette; (B) environmental cleaning and disinfection; (C) reprocessing and disinfection of reusable resident medical equipment; (D) hand hygiene; (E) accessibility and proper use of personal protective equipment (PPE); and (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne precautions; (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease case or condition, or communicable disease outbreak in accordance with Rule .1802 of this Section; (3) Resident care when there is suspected or confirmed communicable disease in the facility, including, when indicated, isolation of infected residents, limiting or stopping group activities and communal dining, and based on the mode of transmission, use of source control as tolerated by the residents. Source control includes the use of face coverings for residents when the mode of transmission is through a respiratory pathogen; (4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs of illness, as well as posting signage for visitors regarding screening and restriction procedures; (5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness from working;	D 611	<p style="text-align: center;">D. 611</p> <p>All Covid-19 and all other communicable diseases have been placed in the Infection Control Book. Staff has been in-service on face masks to be worn at all times while in the facility. Temperature checks before starting work. Signs on both entrance doors informing visitors and vendors that a face mask is required. All with temperature check and answer all questions on sign in sheet. If a visitor does not have a mask we</p>	10/5/21



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D 611	<p>Continued From page 8</p> <p>(6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of the residents during a communicable disease outbreak;</p> <p>(7) The annual review and update of the facility ' s IPCP to be consistent with published CDC guidance on infection control; and</p> <p>(8) a process for updating policies and procedures to reflect guidelines and recommendations by the CDC, local health department, and North Carolina Department of Health and Human Services (NCDHHS) during a public health emergency as declared by the United States and that applies to North Carolina or a public health emergency declared by the State of North Carolina.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to appropriate screening of visitors and use of personal protective equipment (PPE) by staff and visitors.</p> <p>The findings are:</p> <p>Review of the Center for Disease Control (CDC) guidelines for the prevention and spread of COVID-19 in long term care (LTC) facilities, updated 09/10/21, revealed: -Personnel and visitors should always wear a</p>	D 611	<p><i>D.611 cont- will provide one for them.</i></p>	<p><i>10/5/21</i></p>

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D 611	<p>Continued From page 9</p> <p>facemask in the facility.</p> <ul style="list-style-type: none"> <li>-Facemasks should not be worn under the nose or mouth.</li> <li>-All visitors should be screened for the presence of fever and symptoms of the virus when entering the building.</li> </ul> <p>Review of the North Carolina Department of Health and Human Services (NCDHHS) for prevention and spread of COVID-19 in LTC facilities revealed:</p> <ul style="list-style-type: none"> <li>-All facility staff and visitors should wear a facemask while in the facility.</li> <li>-All visitors should be screened for signs and symptoms of COVID-19 before entering the building.</li> </ul> <p>Observation upon entrance into the facility on 09/22/21 at 8:30am revealed:</p> <ul style="list-style-type: none"> <li>-There was one staff in the living room that was not wearing a facemask.</li> <li>-The Administrator-In-Charge (AIC) met the surveyors at the front door and did not screen them for signs and symptoms of COVID-19 illness nor check their temperatures.</li> </ul> <p>Observation upon entrance into the facility on 09/22/21 at 1:45pm revealed:</p> <ul style="list-style-type: none"> <li>-Staff did not meet the surveyors at the front door to screen them for signs and symptoms of illness nor check their temperatures.</li> <li>-There were two visitors standing in the doorway of the AIC's office and they were not wearing facemasks.</li> <li>-There was a medication aide (MA) standing in front of the medication cart in the hallway with her facemask pulled down below her chin.</li> </ul> <p>Observation of a hallway in the facility on 09/22/21 at 1:50pm revealed there was a visitor</p>	D 611		

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D 611	<p>Continued From page 10</p> <p>walking down the hallway that was not wearing a facemask.</p> <p>Interview with the MA on 09/22/21 at 1:52pm revealed: -She had pulled her facemask down below her chin because she had not been in close proximity to anyone. -Visitors were to screen themselves when entering the facility with the thermometer that was near the front door. -If a visitor was in the facility without a facemask on, she would tell the visitor to put one on if she "thought about it". -All residents except three had been vaccinated against COVID-19.</p> <p>Interview with a Personal Care Aide (PCA) on 09/22/21 at 1:55pm revealed: -She had just entered the facility at 8:30am and had not put her facemask on yet. -Sometimes visitors did not wear a facemask but they were screened for COVID-19 with a temperature check at the front door. -The AIC should have screened the surveyors at the front door.</p> <p>Interview with the AIC on 09/22/21 at 2:00pm revealed: -She had not thought about screening the surveyors when she met them at the front door. -Staff were trained to wear a facemask when in the facility. -Staff should know to always wear a facemask in the facility because they had been doing so for over a year. -If she saw a visitor in the facility not wearing a facemask she would give them one. -The facility followed the guidance from the local health department (LHD) that included wearing</p>	D 611		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/22/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CEDAR CREEK LIVING LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2270 OAKLAND ROAD FOREST CITY, NC 28043</b>
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(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 611	<p>Continued From page 11</p> <p>facemasks in the facility, staying 6 feet apart from each other, frequent hand washing, and screening everyone that entered the facility for signs and symptoms of COVID-19. -Two of 10 staff had been vaccinated against COVID-19.</p> <p>Telephone interview with the Administrator on 09/22/21 at 3:15pm revealed: -All visitors should be screened for COVID-19 at the front door with a temperature check. -He expected all staff and visitors to wear a facemask when in the facility unless it was an elderly person that had breathing issues.</p>	D 611		

Administrator  
*Stephen Walker*

date  
*10-8-2021*