

Revised POC received via email
on 8/19/21 JMS

PRINTED: 07/21/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/30/2021
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NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
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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 000	Initial Comments The Adult Care Licensure Section conducted an annual survey and complaint investigation on 06/29/21-06/30/21. The complaint investigation was initiated by the Macon County Department of Social Services on 06/25/21.	D 000		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews, and interviews, the facility failed to ensure the residents' rooms were free of hazards for 1 of 1 sampled resident (Resident #3) related to bed bugs, resulting in severe itching and sleep deprivation. The findings are: Review of the facility's Policy for Pest Control/Bed Bug Treatment dated 03/01/20 revealed: -Any staff member who is told by a resident, family member, or guest they believe bedbugs are present in the community will immediately notify the Executive Director (ED). -The ED will make their own assessment by looking for bed bugs, bite marks, dark fecal spots or blood stains on bed sheets, or shed skins.	D 079	Please review attached PLAN of Correction for ANNUAL + COMPLAINT Investigation 6/30/21	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Sub Sturlin Administrator TITLE
8-11-21 (X6) DATE

STATE FORM

6899

MIK111

If continuation sheet 1 of 12

POC reviewed + acknowledged with Revisions
8/19/21 JMS

Division of Health Service Regulation

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D 079	<p>Continued From page 1</p> <ul style="list-style-type: none"> -If the ED suspects bed bugs, they will immediately move the resident to a clean, unoccupied room. -The resident will be given a shower, skin assessment conducted, and put on fresh clothing after it has been washed and dried on the hot setting. -Remove all bedding and clothing from the room and wash and dry on hot setting. -Any items not washable or too delicate to put in a dryer are placed in a plastic bag in the community freezer for 4 days. -All furniture should be left in the room, inspected, cleaned and thoroughly vacuumed, and left for treatment by the contracted pest control company. -An inspection will be performed by maintenance and the contracted pest control company that will be scheduled by the corporate home office. -If the presence of bed bugs was confirmed, the contracted pest control company will be scheduled to treat for bed bugs. -After the room has been treated, the pest control contractor will conduct a follow-up visit within 14 days to confirm successful eradication. <p>Review of Resident #3's current FL2 dated 05/26/21 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included cardiac pacemaker, sick sinus syndrome, essential hypertension, chronic kidney disease, and acidosis. -He was ambulatory with the use of a walker. -Orientation status was blank. <p>Observation in Resident #3's room on 06/29/21 at 10:38am revealed:</p> <ul style="list-style-type: none"> -There was a small brownish red colored bed bug crawling on the right side of the recliner chair just below the arm of the chair. -There was a blood stain on Resident #3's bottom 	D 079		

Division of Health Service Regulation

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D 079	<p>Continued From page 2 sheet.</p> <ul style="list-style-type: none"> -There was a clear plastic bag with a paper towel and 3 dead bed bug carcasses inside. <p>Interview with Resident #3 on 06/29/21 at 10:40am revealed:</p> <ul style="list-style-type: none"> -He had been bitten by bed bugs since December 2020. -He had complained to multiple staff at the facility including personal care aides, medication aides, the Resident Care Coordinator, and the Maintenance Director since December 2020 of the bed bugs in his room. -He saved the bed bug carcasses he found in a clear plastic bag. -Last week he gave a dead bed bug to the Resident Care Coordinator (RCC) and she informed him she would show it to the Administrator. -Maintenance sprayed a chemical in a jug in his room several times trying to get rid of the bed bugs. -The facility's contracted pest control company had not treated his room. -He thought other residents also had bed bugs because he had seen the maintenance man spray in other rooms with the same spray he used in his room. -He could not sleep in his bed anymore because he itched too much from the bed bugs biting. -He slept in his recliner chair because the itching was "so bad" from the bed bug bites. -He was not able to sleep at all for two nights last week in the bed or the recliner chair because of the bed bugs biting and he was "tired of it". <p>Interview with a personal care aide (PCA) on 06/29/21 at 10:51am revealed:</p> <ul style="list-style-type: none"> -The facility had a problem with bed bugs for "over a year". 	D 079			

Division of Health Service Regulation

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D 079	<p>Continued From page 3</p> <ul style="list-style-type: none"> -The Maintenance Director had tried to get rid of the bed bugs by using a spray with no success. -She had reported the bed bug problem "several times" to the medication aide (MA), RCC, and maintenance. -She had found bed bugs and blood stains on Resident #3's sheets when she changed the linens on Resident #3's bed. <p>Interview with the housekeeper on 06/29/21 at 2:42pm revealed:</p> <ul style="list-style-type: none"> -She was currently washing and drying Resident #3's laundry twice on the hot setting because she was told by the RCC that Resident #3 had bed bugs and his clothing and linens needed to be heat treated. -Occasionally she saw "a roach or something" but had never seen a bed bug. -Maintenance used a spray and would vacuum a resident's room if a resident complained about having bed bugs. -She could not remember when a resident had complained about bed bugs last. <p>Interview with the Maintenance Director on 06/29/21 at 2:49pm revealed:</p> <ul style="list-style-type: none"> -The facility's contracted pest control company had treated 2 resident's rooms for bed bugs a year ago on 06/16/20. -The facility's contracted pest control company had not treated any other resident rooms for bed bugs since 06/16/20. -Resident #3 told him he found a bed bug in his room on 06/15/21. -He inspected Resident #3's room along with the Administrator and they did not find any bed bugs. -He sprayed a chemical spray for bed bugs that he purchased from the local hardware store in Resident #3's room on 06/15/21 and 06/25/21 to make Resident #3 "feel better". 	D 079			

Division of Health Service Regulation

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D 079	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Resident #3 stopped complaining "so much" about the bed bugs after he sprayed Resident #3's room. -He was responsible for sending a "work order" to the corporate office if he or the Administrator found the presence of bed bugs so corporate could set up a treatment by the facility's contracted pest control company. -He did not send a work order to the corporate office because neither him or the Administrator found any bed bugs upon inspection of Resident #3's room on 06/25/21. -If he found any bed bugs inside the facility, he would report it to the Administrator. <p>Interview with the RCC on 06/29/21 at 3:56pm revealed:</p> <ul style="list-style-type: none"> -She was aware Resident #3 had bed bugs "about a month ago" when Resident #3 complained bed bugs were biting him at night. -She told the Maintenance Director and the Administrator Resident #3 had bed bugs in his room, but they never saw any bed bugs when they inspected Resident #3's room. -Resident #3 showed her a bite mark on his arm but she thought it was a mole. -Resident #3 gave her a dead bed bug on 06/24/21 or 06/25/21. -She showed the bed bug to the Administrator and he got the Maintenance Director to clean Resident #3's room on 06/25/21. -Resident #3's bed was removed from the room, clothes were dried in the dryer, all furniture was removed, the room was vacuumed and sprayed with a chemical spray used to treat bed bugs by the Maintenance Director on 06/25/21. -She did not know what the facility's policy or procedure was for treating bed bugs. <p>Interview with the Administrator on 06/29/21 at</p>	D 079		

Division of Health Service Regulation

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D 079	<p>Continued From page 5</p> <p>4:03pm revealed:</p> <ul style="list-style-type: none"> -He was first informed by staff 3 weeks ago that Resident #3's room had bed bugs. -He got Resident #3 a new bed after he did not find any bed bugs in the room. -The RCC showed him a bed bug from Resident #3's room on 06/22/21. -He did not notify the corporate office that Resident #3's room needed to be treated for bed bugs because he did not see any when he inspected Resident #3's room on 06/25/21. -He had the Maintenance Director spray for bed bugs in Resident #3's room because Resident #3 complained about bed bugs biting him at night and the RCC gave him a dead bed bug that was given to her by Resident #3 on 06/24/21 or 06/25/21. -The facility's policy for bed bug treatment after confirmation of the presence of bed bugs was to notify the corporate office so a professional treatment could be performed by the facility's contracted pest control company. -The presence of bed bugs would be confirmed if a bed bug was found or if there was bloody spots or fecal residue left on the bedding of residents. <p>Telephone interview with a representative from the facility's contracted pest control company on 06/29/21 at 3:33pm revealed:</p> <ul style="list-style-type: none"> -They were contracted by the facility to perform general pest control services every couple of months for ants, spiders, silverfish, and other general invaders. -The company will perform other "special services" for an extra fee that included bed bugs, termites, hornets, and fleas. -The last bed bug treatment was completed last year in June 2020. -The facility or corporate office had not contacted them since June 2020 to perform a bed bug 	D 079		

Division of Health Service Regulation

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D 079	Continued From page 6 treatment. Attempted telephone interview with Resident #3's primary care provider (PCP) on 06/30/21 at 9:18am was unsuccessful. The failure of the facility to ensure resident rooms were free of hazards related to bed bugs by not having resident rooms professionally treated or following their policies and procedures which resulted in one resident (#3) being unable to sleep in his bed due to live bed bug activity and an observation of a live bed bug on a recliner in his room. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection on 06/29/21 in accordance with G.S. 131D-34 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 14, 2021.	D 079			
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.	D 310			

Division of Health Service Regulation

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D 310	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, record review and interviews the facility failed to provide a therapeutic diet as ordered for 1 of 2 sampled residents related to a resident (Resident #1) on a pureed diet.</p> <p>The findings are:</p> <p>Review of Resident #1's FL2 dated 06/9/21 revealed: -Diagnoses included vascular dementia, dysphagia, history of stroke, acute renal failure, hemiplegia and hemiparesis. -There was a diet order for pureed meals.</p> <p>Review of the diet listing posted in the kitchen on 06/29/21 revealed Resident #1 was to be served a pureed diet.</p> <p>Review of the therapeutic menu for residents with a puree diet revealed: -The lunch meal served 06/29/21, was to consist of puree baked ham, sweet potatoes and mixed vegetables, biscuit, honey thick milk and thick beverage of choice.</p> <p>Observation of the prep for plating Resident #1's meal in the kitchen on 06/29/21 at 12:19pm revealed: -There was no pureed ham on the steam table only a bowl of ground ham and chopped ham. -Chopped ham was placed on four individual plates on the steam table. -The cook placed the mixed vegetables in the food processor, added liquid. -The pureed mixed vegetables were placed on a plate with the ground ham.</p>	D 310			

Division of Health Service Regulation

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D 310	<p>Continued From page 8</p> <ul style="list-style-type: none"> -Another staff member took the plates off the steam table and placed them on a cart that was taken to the special care dining room after the other three plates were complete. -The staff in the special care unit (SCU) dining room took the cart and delivered the plates to the residents. <p>Observation of Resident #1's plate on 06/29/21 at 12:20pm revealed:</p> <ul style="list-style-type: none"> -Resident #1's meal was served in the special care dining room. -Resident #1's meal consisted of finely ground ham, pureed vegetables and honey thickened milk. -Resident #1 did not receive feeding assistance but independently fed himself. <p>Observation of Resident #1 on 06/29/21 from 12:36pm through 12:43pm during the lunch meal service revealed he was coughing non-stop and clearing his throat while eating the ground ham on his plate.</p> <p>Interview with a personal care assistant (PCA) on 06/29/21 at 12:38pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 coughed while eating "all the time". -Resident #1 was on a pureed diet. -She thought the ground ham Resident #1 received for lunch was pureed. -She had been trained on the difference between chopped, ground, and pureed foods but could not remember when. <p>Observation of Resident #1's lunch meal served with the Assistant Dietary Manager 06/29/21 at 12:41pm revealed the food on the plate was about 80% eaten with ground meat and pureed vegetables still left on Resident #1's plate.</p>	D 310			

Division of Health Service Regulation

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D 310	<p>Continued From page 9</p> <p>Interview with the Assistant Dietary Manager on 06/29/21 at 12:41pm revealed;</p> <ul style="list-style-type: none"> -Resident #1 had ground ham on his plate. -Resident #1 was not supposed to have any ground foods but should have received a pureed plate with pureed ham. -The ham on Resident #1's plate should have a pudding like consistency with no chunks or pieces. -Resident #1 was ordered a pureed diet because he coughed a lot when he ate. -Resident #1 had been on a pureed diet for years and should have received a pureed plate. <p>Interview with the Administrator on 06/30/21 at 11:09am revealed:</p> <ul style="list-style-type: none"> -He did not know Resident #1's diet was not being served as ordered. -Resident #1 received a pureed diet for a least 5 years. -Resident #1 coughed "all the time". -He expected the cooks to serve meals as ordered. -He expected the staff in the dinning room to serve the residents the meal as ordered as the list for each resident was on the cart with the plate. -If the plate did not look right they should ask the kitchen staff. <p>Interview with cook on 06/30/21 at 11:05am revealed:</p> <ul style="list-style-type: none"> -She prepared Resident #1's meal on 06/29/21. -She had made the pureed plate and used broth from the pineapple juice and brown sugar to mix in the vegetables when she pureed them. -She usually plated the entire meal, placing the plates on the cart, giving the cart to staff and told them what diet the plate was and who it was for. -This did not happen on 06/29/21 as the Business 	D 310		

Division of Health Service Regulation

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D 310	<p>Continued From page 10</p> <p>Office Manager (BOM) had been sent to assist her in the kitchen. -She had asked the BOM to take the completed cart and give it to the staff in the dining rooms.</p> <p>Review of the facility policy for "Special Diets" provided by the facility on 06/30/21 revealed: -Special diets to be provided by the facility included pureed and thickened liquids. -Modified diets will be provided as ordered by the physician.</p> <p>Based on observations, interviews and record reviews it was determined Resident #1 was not interviewable.</p> <p>Attempted interview with the physician for Resident #1 on 06/29/21 at 3:18pm was unsuccessful.</p> <p>The facility failed to serve a pureed diet to a resident (Resident #1) as ordered resulting in the resident coughing nonstop for at least seven minutes while feeding himself the ground ham. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/29/21 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED August 14, 2021.</p>	D 310		
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights</p>	D912		

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D912	<p>Continued From page 11</p> <p>Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the residents received care and services that were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to housekeeping and furnishings and nutrition and food services.</p> <p>The findings are:</p> <p>1. Based on observations, record reviews, and interviews, the facility failed to ensure the residents' rooms were free of hazards for 1 of 1 sampled resident (Resident #3) related to bed bugs, resulting in severe itching and sleep deprivation. [Refer to Tag 0079, 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings (Type B Violation)].</p> <p>2. Based on observations, record review and interviews the facility failed to provide a therapeutic diet as ordered for 1 of 2 sampled residents related to a resident (Resident #1) on a pureed diet. [Refer to Tag 0310 10A 13G .0904 (e) (4) Nutrition and Food Service (Type B Violation)].</p>	D912	

**Franklin House
Plan of Correction
Annual and Complaint Investigation
6/30/2021**

**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."**

Type B rule violations: 10A NCAC 13F .0306(a)(5), Housekeeping and Furnishings---D079 page 1

An inspection of each Resident room and all other rooms in the community was completed by the Maintenance Director and Executive Director to identify any potential bed bug concerns. The contracted Pest Control company provided treatment to the resident room identified during the survey, and revisited 3 additional dates to re-treat to ensure the issue was resolved.

Re-training was completed for the community Executive Director and Maintenance Director on the appropriate notification and professional treatment requirements for bed bug concerns.

Retraining was completed for all staff on reporting requirements for reported or suspected bed bug concerns.

Future reported or suspected bed bug concerns will be reported and treated per company policy.

Directed Date of Completion: August 14, 2021

Type B rule violation: 10A NCAC 13F .0904(e)(4)—Nutrition and Food Service D310 page 7

Re-Training for Dietary and Care staff was completed by the Area Clinical Director on preparing and serving Therapeutic diets with proper consistency. The Dining Services Manager, Executive Director, Special Care Coordinator or Supervisor in Charge will perform observations of foods served for Residents with Therapeutic Diets to ensure proper consistency of prepared foods on a weekly basis. Staff have been retrained on responsibilities to alert the Cook, Dietary Manager, Executive Director, Special Care Coordinator or Supervisor in Charge with any concerns about the consistency of foods for Residents with Therapeutic Diets, as well as notifications to the Supervisor in Charge or Special Care Coordinator if Residents are having difficulty with chewing or swallowing foods resulting in coughing, choking or strangling concerns.

Directed Date of Completion: August 14, 2021

Type B rule violation: G.S. § 131D-21 Resident Rights. D912 page 11

Retraining was completed with all staff on Resident Rights regarding the right to receive care and services related to safe and appropriate environmental standards and receipt of correctly prepared consistency of foods as ordered by their Physician. Training included the responsibility for notification to the Executive Director or other Department Manager with any identified concerns related to Housekeeping and Furnishings or Food and Nutrition.

Directed Date of Completion: August 14, 2021