

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 C 06/15/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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	D 000		
D 287	<p>10A NCAC 13F .0904(b)(2) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes:</p> <p>(2) Hot foods shall be served hot and cold foods shall be served cold as set forth in Rule 15A NCAC 18A .1620(a) for facilities with a licensed capacity of 7 to 12 residents and as set forth in Rule 15A NCAC 18A .1323 Food Protection in Activity Kitchens, Rehabilitation Kitchens, and Nourishment Stations for facilities with a licensed capacity of 13 or more residents, which are hereby incorporated by reference, including subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure hot foods were maintained hot (135 degrees Fahrenheit or higher) until residents were ready to eat their meals.</p> <p>The findings are:</p> <p>Interview with a resident on 06/14/23 at 9:27am revealed 2 out of 5 meals were not served warm.</p> <p>Interview with a second resident on 06/14/23 at 9:35am revealed the food served was not always warm.</p>	D 287		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 C 06/15/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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 287	<p>Continued From page 1</p> <p>Interview with a third resident on 06/14/23 at 9:52am revealed sometimes the food was served cold but was "better than it used to be".</p> <p>Interview with a fourth resident on 06/14/23 at 10:15am revealed sometimes the facility served hot foods cold.</p> <p>Interview with a fifth resident on 06/15/23 at 9:35am revealed: -She ate in the dining room most of the time but would sometimes eat in her room. -The facility used a food cart to deliver the meals to the rooms. -Most of the time the food would still be hot when delivered to the room but would occasionally be cold. -French fries or cut up potatoes were not usually as hot as she would like them to be. -The facility staff would reheat the food upon request.</p> <p>Observation in the kitchen during the lunch meal prep service on 06/14/23 at 12:15pm: -The cook prepared a plate of food by scooping out one serving of pre-cut chopped chicken breast out of a metal bin in the food warming steam table and proceeded to add a scoop of broccoli cheddar rice, one scoop of mixed vegetables, and a chopped roll. -The cook placed the plate on the shelf of the food warming steam table.</p> <p>Observation of the food temperature of the plated chopped chicken checked by the Dietary Manager upon request by the surveyor on 06/14/23 at 12:18pm revealed: -The chicken's temperature was 109.9 degrees Fahrenheit (hot foods should be served or held at 135 degrees Fahrenheit or higher).</p>	D 287		

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 C 06/15/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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 287	<p>Continued From page 2</p> <p>-The dietary manager reheated the chopped chicken in the microwave and rechecked the temperature with a reading of 145 degrees Fahrenheit.</p> <p>Interview with the Dietary Manager on 06/14/23 at 12:21pm: -She knew the chicken's temperature of 109.9 degrees Fahrenheit was too cold to be served to the resident and that was the reason she reheated the chicken in the microwave. -She knew hot food was supposed to be served hot but did not know the exact temperature the food was to be held at. -She or the cook would monitor random foods daily and record the temperatures on a daily temperature log in a notebook. -She recorded the held temperatures of the broccoli cheddar rice, corn, and mixed vegetables on 06/14/23 but did not check the temperature of the chicken.</p> <p>Interview with the Dietary Manager on 06/15/23 at 8:14am revealed: -The residents sometimes complained hot foods were served too cold. -She thought the reason the residents sometimes complained the food was too cold was because the resident's taste buds changed due to age. -She tried to check the food's temperature 4 to 5 times during a meal service. -She checked the held food's temperature in the food warming steam table and after the food was plated.</p> <p>Review of the facility's daily temperature food log for June 2023 revealed there were no hot food temperatures documented on the log below 145 degrees Fahrenheit from 06/01/23 through 06/15/23.</p>	D 287		

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 C 06/15/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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 287	<p>Continued From page 3</p> <p>Interview with a resident's family member on 06/15/23 at 8:41am revealed the facility sometimes used a food cart to deliver meals to residents and the hot foods would be cold when served.</p> <p>Interview with the Executive Director (ED) on 06/15/23 at 1:43pm revealed: -She did not have any residents recently complain of being served hot foods cold. -She used to have complaints from some of the residents that when the breakfast room trays were delivered the food was cold. -Now only a few plates were fixed at a time and delivered so the food temperature would remain warm. The Dietary Manager kept a daily food temperature log in the kitchen, checked the temperature of the food being served, and documented the temperature recordings on the log. -Kitchen staff completed food service orientation training upon hire. -She expected the kitchen staff to monitor the temperatures of foods being served to make sure the temperatures were maintained at the appropriate hot or cold temperatures.</p>	D 287		
D 366	<p>10A NCAC 13F .1004 (i) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration</p> <p>(i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the</p>	D 366		

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 C 06/15/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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 366	<p>Continued From page 4</p> <p>resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.</p> <p>This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure medication aides always observed residents take medications administered resulting in medications left in residents' rooms.</p> <p>The findings are:</p> <p>Review of the facility's Medication Administration Policy and Procedure dated 09/2021 revealed all medications that staff members administer will be documented on the Medication Administration Record (MAR) in accordance with state regulations.</p> <p>Interview with a resident on 06/14/2023 at 9:27am revealed that when the resident was asleep the staff left the medications on the window sill.</p> <p>Interview with a second resident on 06/14/2023 at 9:35am revealed that certain staff members just left the medications in the room.</p> <p>Interview with a third resident on 06/14/2023 at 9:52am revealed that sometimes the staff left medications in the room.</p> <p>Interview with a fourth resident on 06/14/2023 at 10:15am revealed that sometimes the resident would ask staff to place medications on the table for the resident to take at a later time, and staff complied.</p> <p>Interview with fifth resident on 06/15/2023 at 10:15am revealed that the staff did not always</p>	D 366		

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 C 06/15/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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 366	<p>Continued From page 5</p> <p>watch this resident take medications.</p> <p>Interview with a medication aide (MA) on 06/14/23 at 3:04pm revealed: -She found medication cups with medications that had been left in residents' rooms when she was making rounds. -She disposed of the medications. -She did not inform management and did not know why. -She was trained to observe residents take their medications.</p> <p>Interview with a second MA on 06/15/23 at 7:59am revealed: -Residents had informed her that at times other MAs left their medications in the room for the residents to take later. -She informed management but could not recall who.</p> <p>Interview with a resident's family member on 06/14/23 at 3:13pm revealed: -She had found medications on the floor in the resident's room. -The MAs would bring the medications to the resident and she would ask the MAs to leave the medications in the room for her to take later and they did. -The family member had multiple discussions with management about finding medications on the floor.</p> <p>Interview with the Resident Care Coordinator (RCC) on 06/15/23 at 8:21am revealed: -Staff had not reported to him that medications were found in residents' rooms. -A family member reported that a medication was found under a resident's bed. -Staff was trained to observe the residents take</p>	D 366		

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 C 06/15/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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 366	<p>Continued From page 6</p> <p>their medications and not to leave the medications in room. -He had not seen medications left in residents' rooms.</p> <p>Interview with the Executive Director (ED) on 06/15/23 at 9:30am revealed: -The facility policy was not to leave medications in residents' rooms unless there was a self administration physician order. -MAs should observe the resident take their medications. -Staff had not reported to her that they found medications in residents' rooms. -A family member reported that she had found a medication on the floor of a resident's room. -She did not know why the medications were left in rooms.</p>	D 366		