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	FCL017061	A. BUILDING: _____ B. WING _____	R 01/26/2024

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HIGHER STANDARD ASSISTED LIVING	596 NEAL RD REIDSVILLE, NC 27320

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{C 000}	Initial Comments The Adult Care Licensure Section completed a Follow-Up survey on 01/25/24-01/26/24.	{C 000}		2/19/24
C 059	10A NCAC 13G .0310 (b) Storage Areas 10A NCAC 13G .0310 Storage Areas (b) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be supervised while in use. This Rule is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure cleaning products including bleach were stored in a locked area, resulting in hazardous chemicals being accessible to residents who were diagnosed with dementia. The findings are: Observation of the facility on 01/25/24 between 8:30am-10:05am and 4:30pm-6:30pm revealed: -Multiple cleaning products were sitting at eye level, on top of a bookcase in the hallway. -The bookcase was in the hallway between the resident rooms, bathroom, and dining room. -There was a 2.53-quart bottle of bleach, a 1.32-gallon of a multi-purpose cleaner, and two 1-quart spray bottles of an all-purpose cleaner with bleach. -The residents walked past the cleaning products multiple times throughout the day. Review of the labels of the chemicals revealed various warnings including avoiding contact with skin and eyes, could be a skin and eye irritant,	C 059	-Daily sign off sheet to be completed that hazardous substances are properly stored away. - Continued education for staff will be provided by the administrator on handling and safety of hazardous substances - Several random safety audits performed by administrator to ensure proper storage of hazardous materials -Daily safety rounds/checks performed by staff to ensure all storage room doors remained locked at all times	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kasey Ross TITLE: Administrator (X6) DATE: 2/19/24

Reviewed and acknowledged 03/01/24.
kg

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C 059	Continued From page 2 resident could "get hold" of the chemicals and ingest them or get in their eyes.	C 059		2/19/42
C 242	10A NCAC 13G .0901(a) Personal Care and Supervision 10A NCAC 13G .0901 Personal Care and Supervision (a) Family care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide personal care for 1 of 3 sampled residents (#1) related to toenails that needed to be trimmed. The findings are: Review of Resident #1's current FL-2 revealed: -The FL-2 was not dated or signed. -The diagnoses included dementia, chronic obstructive pulmonary disease, and acute respiratory failure. -She was intermittently confused. -She was ambulatory and continent of bowel; there was no documentation for bladder. -She required assistance with bathing, feeding, and dressing. Review of Resident #1's Resident Register revealed an admission date of 09/22/22. Review of Resident #1's current plan of care dated 01/25/23 revealed: -Resident #3's skin was normal.	C 242	-FL2 was signed and dated. Surveyor did not request FL2 at time of inspection -Weekly visual inspection of resident toenails by staff to be completed. Staff will then provide resident with opportunity for grooming/toenail trimming. Staff will then complete grooming if appropriate, otherwise staff will make an appointment with the appropriate medical facility. Staff will document if resident declines grooming.	

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C 242	Continued From page 4 -He was not aware Resident #1's toenails needed to be cut.	C 242		2/19/24
{C 246}	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews the facility failed to ensure referral and follow-up to meet the acute healthcare needs of 1 of 3 residents (#3) with a diagnosis of diabetes related to failing to contact the primary care provider (PCP) for finger stick blood sugar (FSBS) per parameters. The findings are: Review of Resident #3's current FL-2 dated 12/29/23 revealed diagnoses included diabetes, hypertension, and dementia. Review of Resident #3's signed physician's orders dated 12/29/23 revealed an order to check FSBS three times daily and contact the PCP for FSBS greater than 400 or less than 80. Review of Resident #3's January 2024 medication administration record (MAR) from 01/01/24-01/25/24 revealed: -There was an entry to check FSBS three times per day with a scheduled administration time of 8:00am, 12:00pm, and 4:00pm. -The entry included contacting the PCP for FSBS greater than 400 or less than 80. -There was documentation Resident #3's FSBS	{C 246}	- Staff will document all fasting blood sugar readings on appropriate log/MAR. In the event that blood sugar is outside appropriate parameters, staff will call PCP. - Staff will document person with whom they spoke to at PCP office. Documentation to include name of person date and time. If any changes are to be made, staff will request a fax with new order from PCP.	

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{C 246}	Continued From page 8 the staff office.	{C 246}		2/9/24
{C 249}	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure physicians' orders were implemented for 2 of 3 sampled residents (#1, #2) related to an order for dressing changes for a wound (#1),and an order for daily blood pressure checks for a resident who was experiencing elevated blood pressures (#2). The findings are: 1. Review of Resident #1's current FL-2 revealed: -The FL-2 was not dated or signed. -The diagnoses included dementia, chronic obstructive pulmonary disease, and acute respiratory failure. -She was intermittently confused. -She was ambulatory and continent of bowel; there was no documentation for bladder. -She required assistance with bathing, feeding, and dressing.	{C 249}	- Resident 1: Wound care appointments to be made for 3x per week. Wound care clinic will provide all wound care. If resident declines to attend appointment staff will document the declination time and date and will notify the wound clinic. Appointment may be rescheduled ~~to~~ if wound clinic has availability. - Resident 2: BP cuff has been obtained and will be kept at the facility. Daily BP checks will be completed and documented on appropriate log/MAR. PCP will be notified of high BP readings that are outside of the specified parameters. Staff will document time, date and name of person with whom	

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{C 249}	Continued From page 9 Review of Resident #1's Resident Register revealed an admission date of 09/22/22. Review of Resident #1's current plan of care dated 01/25/23 revealed: -Resident #3's skin was normal. -Resident #3 required extensive assistance with eating, toileting, ambulation, bathing, dressing, grooming/personal hygiene, and transferring. Observation of the facility on 01/25/24 at various times between 8:30am-10:00am revealed: -Resident #1 fed herself, cleaned the table area where she ate, and took her dishes to the sink. -Resident #1 was able to independently move from bed to chair. -Resident #1 walked without assistance or an assistive device. -Resident #1 was able to put her shoes on and off independently. Review of Resident #1's wound care clinic after-visit summary dated 10/25/23 revealed: -New wound care orders this week; continue home health for wound care. -The wound location was the sacrum. -Home health was to change the dressing on Mondays and Wednesdays; Hydrofera blue (used for wounds that were undermining and tunneling, wicked bacteria-laden exudate (fluid), slough, & debris away from the wound into the dressing through capillary flow; facilitated healing and aided in comfort. Inhibited the growth of bacteria that could lead to infection with broad-spectrum antibacterial protection) was to be lightly packed into the wound bed. -The secondary dressing was to apply a silicone border over the primary dressing as directed. Review of Resident #1's wound care clinic	{C 249}	they spoke to at PCP office. If any changes are to be made, staff will request a fax with new order from PCP.	2/9/24

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{C 249}	Continued From page 22 The facility provided a plan of protection in accordance with G.S. 131 D-34 on 01/26/24. THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED FEBRUARY 25, 2024.	{C 249}		2/19/24
C 311	10A NCAC 13G .0909 Residents' Rights 10A NCAC 13G .0909 Resident Rights A family care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure residents' rights were maintained related to being treated with consideration and respect by requiring all the residents leave the facility and go with other residents to their appointments. The findings are: Interview with the medication aide on 01/25/24 at 10:08am revealed a resident had an appointment and the transportation had not arrived to take the resident so she was going to have to take all the residents with her to the resident's appointment. Observation of the facility on 01/25/24 between 10:08am-10:16am revealed all the residents were loaded into the facility's van and left the facility. Observation of the facility on 01/25/24 at 4:30pm revealed the staff member and residents returned to the facility.	C 311	-Transportation will be scheduled for all resident appointments. If in the event transportation is delayed or cancelled with enough notice, a second staff member will transport resident to appointment. If transportation is delayed or cancelled without enough notice, staff on site will transport resident to appointment after ensuring ALL residents are able and ok to go as well. If all residents are unable to go, appointment may be rescheduled. -Staff provides weekly opportunities for resident outings, shopping trips etc. Residents will be informed of when these outings will occur	

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C 311	Continued From page 23 Interview with a resident on 01/25/24 at 4:39pm revealed: -They had to go with other residents when they had appointments every time a resident had an appointment. -She understood residents had appointments, but there seemed to be a better way to handle it, so all the residents did not have to "load up and go." -She had arthritis and osteoporosis and it hurt to sit for an extended period. Interview with a second resident on 01/25/24 at 4:49pm revealed: -He wished he did not have to go with other residents to their appointments. -He would rather stay at the facility. -Today, 01/25/24, was a very long day. Interview with a third resident on 01/25/24 at 4:51pm revealed: -The residents were not able to stay at the facility when someone had an appointment unless there was a staff member at the facility, so the only time they did not have to go to an appointment was when a resident was transported by a local transportation company. -He preferred to stay at the facility. Interview with a fourth resident on 01/25/24 at 4:54pm revealed: -They usually went with other residents to an appointment or to run errands once or twice a week. -She usually did not mind going on these outings but today, 01/25/24, her foot was hurting from sitting in the van so long, and because she had to walk on the foot without an assistive device. -She was supposed to be non-weight bearing on her foot after a recent injury.	C 311	as all residents shall attend.	2/19/24

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C 335	10A NCAC 13G .1004 (f) (1-4) Medication Administration 10A NCAC 13G .1004 Medication Administration (f) If medications are prepared for administration in advance, the following procedures shall be implemented to keep the drugs identified up to the point of administration and protect them from contamination and spillage: (1) Medications are dispensed in a sealed package such as unit dose and multi-paks that is labeled with the name of each medication and strength in the sealed package. The labeled package of medications is to remain unopened and kept enclosed in a capped or sealed container that is labeled with the resident's name, until the medications are administered to the resident. If the multi-pak is also labeled with the resident's name, it does not have to be enclosed in a capped or sealed container; (2) Medications not dispensed in a sealed and labeled package as specified in Subparagraph (1) of this Paragraph are kept enclosed in a sealed container that identifies the name and strength of each medication prepared and the resident's name; (3) A separate container is used for each resident and each planned administration of the medications and labeled according to Subparagraph (1) or (2) of this Paragraph; and (4) All containers are placed together on a separate tray or other device that is labeled with the planned time for administration and stored in a locked area which is only accessible to staff as specified in Rule .1006(d) of this Section. This Rule is not met as evidenced by:	C 335	-Medication will be dispensed into appropriately labeled medication cups immediately before administering to resident. Staff member will call one resident at a time and visually observe each resident take their medication. Medication will then be documented as administered on the MAR.	2/9/24

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C 335	Continued From page 28 their medication and then document the medication had been administered. -It was a "great concern" that the residents' medications were left out.	C 335		2/19/24
C 353	10A NCAC 13G .1006 (b) Medication Storage 10A NCAC 13G .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained under locked security except when under the direct physical supervision of staff in charge of medication administration. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure medications were maintained locked and secured when not supervised by staff. The findings are: Observation of the facility on 01/25/24 between 8:30am-10:00am revealed: -There was a room to the left of the side entrance that had a bed, a computer desk, a tall black cabinet with the doors open, and a second smaller cabinet to the left of the door. -The door to the room was open. -Inside the tall black cabinet were multiple individual bins of medication labeled with the resident's names. -Residents were sitting in the living room and at the dining room table. -The medication aide (MA) was in and out of the room. -The MA went down the hall while residents were present in the vicinity of the medication room.	C 353	-Staff will perform multiple daily safety rounds/checks to ensure all medication cabinets remain locked at all times. Staff will also keep the door to the medication room closed and locked at all times. -Daily sign off sheet to be completed that medication cabinets and medication room door are locked. - Several random safety audits to be performed by the administrator to ensure medication cabinet and room door remained locked. Safety audits to be performed on a weekly basis	

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C 353	Continued From page 30 Interview with the MA on 01/26/24 at 10:41am revealed: -She did not recall the last time she had locked the medication cabinet or the controlled medication lock box. -She had not locked them in the past two days; she could not answer why she had not locked the medication. Telephone interview with the Administrator on 01/26/24 at 11:28am revealed: -Medication should be locked in the medication closet located in the staff room. -The medication closet should always be locked. -Controlled medication should be in a locked container and then locked in the medication closet to make it double-locked. -He was concerned medication was not locked and the importance and danger of medications being out, opened, and accessible to the residents.	C 353		2/19/24
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the retrievable records of controlled substances were maintained and reconciled accurately with the documented	C 367	- Controlled substance medication will be dispensed into appropriately labeled medication cups immediately before administering to resident. Staff member will visually observe resident take their medication. Medication will then be immediately documented as administered on the MAR. + Control Sheet. - Controlled substance count will be completed at every	

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C 367	Continued From page 31 receipt and administration of the medication for 3 sampled residents (#1, #2, #5) related to a medication used to treat severe pain (#1), a medication used to treat narcotic dependence (#2) and a medication used to treat anxiety and agitation (#5). The findings are: 1. Review of Resident #1's current FL-2 revealed: -The FL-2 was not dated or signed. -The diagnoses included dementia, chronic obstructive pulmonary disease, and acute respiratory failure. -There was documentation to see attached, the attached medication list was not signed. -There was documentation on the unsigned medication list for Tramadol (used to treat severe pain) 50mg four times daily. Observation of the staff room on 01/25/24 at 8:8:41am revealed: -The medication aide (MA) was sitting at the desk, with a controlled substance count sheet (CSCS) and a calculator. -The CSCS did not appear to be completed for multiple dates. -The CSCS was Resident #1's Tramadol CSCS. Interview with the MA on 01/25/24 at 8:41am revealed she was documenting the controlled medication she administered today, 01/25/24. Review of Resident #1's January 2024 medication administration record (MAR) from 01/01/24-01/25/24 revealed: -There was an entry for Tramadol 50mg take 1.5 tablets to equal 75mg four times daily with a scheduled administration time of 8:00am, 12:00pm, 4:00pm and 8:00pm.	C 367	shift change with 2 staff members. Controlled substance count sign off log will be completed after each count.	2/19/24