STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G006	A. BUILDING _____ B. WING _____	05/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAR CREEK	5840 GREENWOOD AVENUE LA GRANGE, NC 28551

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W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, interviews and document review, the facility failed to ensure staff were sufficiently trained to perform their duties efficiently. This affected 1 of 13 audit clients (#50). The finding is: Staff was not sufficiently trained concerning client #50's dental hygiene care. Review on 5/15/18 of client #50's dental report dated 11/3/17 and 12/9/16 revealed, "Oral hygiene- poor ... recommendation to brush three times daily." Further review of client #50's record of teeth cleaning revealed only the following days the client had his teeth brushed three times a day for the last three months: 5/10/18 4/11/18 4/17/18 During an interview on 5/15/18, staff revealed client #50's tooth brushing should be completed three times a day. During an interview on 5/15/18, the management staff revealed the charge person should review staff documentation.	W 189		
W 326	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(iii)	W 326		

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

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W 326	Continued From page 1 The facility must provide or obtain annual physical examinations of each client that at a minimum includes special studies when needed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a consultation with the physician occurred as recommended for 1 of 13 audit clients (#50). The finding is: Client #50 did not return to physician as recommended. Review on 5/15/18 of client #50's record revealed a hearing evaluation dated 2/16/12 which stated, "...Will not tolerate amplification...follow-up with McCall." During an interview on 5/15/18, the director of nursing (DON) revealed client #50 should have been followed up as recommended.	W 326		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility's drug administration system failed to ensure all drugs were administered in compliance with physician's orders. The findings are: The facility's Incident Report Records showed a	W 368		

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W 368	Continued From page 2	W 368		

pattern of medication errors involving the pharmacy.

a. Review on 5/15/18 of the facility's incident reports showed a staff medication error on 5/24 - 29/17 regarding a client receiving a wrong dose due to the pharmacy computer being out of service.

b. Review on 5/15/18 of the facility's incident reports showed a medication error due to a pharmacy entry on 4/1/18 and a client's missed doses of Valium on 4/1 - 2/18.

Review on 5/15/18 of the physician's orders for the time period of 5/24/17 - 4/1/18 of the pattern of medication errors listed on the incident reports showed all current physician's orders.

During an interview on 5/15/18, the director of nursing (DON) revealed she was aware of the 2 incidents; however, the facility had not developed a plan to prevent these occurrence in the future.

During interview on 5/15/18, the surveyor and the executive director reviewed all incident reports of staff's medication errors. The executive director confirmed staff medication errors on 5/15/16, 6/30/16, 7/18/16, 8/17/16, 8/31/16, 10/25/16, 11/24/16 and 3/1/17. Further interview on 5/15/17 with the executive director confirmed all staff are medication trained and receive medication training with the nurse upon initial hire. The executive director confirmed aside from medication training upon initial hire, staff involved in a medication error receive one on one corrective supervision of which is conducted by lead staff in the home and no formal training is completed.

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W 368	Continued From page 3 During interviews on 5/15/17 with the lead staff and the qualified intellectual disabilities professional (QIDP), both confirmed the following: 1). There has been a pattern of staff medication errors; 2). Medication errors may be due to high staff turnover; 3). The nurse provides initial medication administration teaching to new hires then the lead staff provides the one on one corrective supervision on medication errors thereafter; 4). The lead staff does not provide any formal staff trainings on medication errors - only one on one corrective supervision which is a review of new hire medication administration instruction; 5). There is concern regarding medication errors in the home; 6). Medication errors need further examination.	W 368		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all medications were administered without error for 1 of 13 audit clients (#27). The finding is: Client #27's medication was not administered without error. During dinner observations on 5/14/18 at approximately 5:48pm, client #27 was seated at the table consuming her meal and the medication technician emptied a white liquid-like substance	W 369		

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from a small container into client #27's beverage container without stirring and then promptly proceeded on to administer medication to a client seated next to client #27. Then, staff assisting client #27 asked the medication technician what was emptied into client #27's beverage and the medication technician informed the staff member. The staff member then stirred up client #27's beverage mixture, began assisting client #27 with consuming her beverage mixture while the medication technician promptly returned to the medication room.

Additional observations on 5/14/18 revealed client #27 consumed part of her beverage resulting in approximately 1/4th of the beverage mixture left in her container.

During an immediate interview at approximately 5:56pm on 5/14/18 with the medication technician revealed client #27 receives Benecalorie in her beverage and this is ordered for 5pm administration. Further, the medication technician revealed she did not need to remain to ensure client #27 consumed all of the beverage mixture because she only needs to "monitor acceptance."

Review on 5/15/18 of client #27's physician orders dated 5/1/18 to 5/31/18 last signed 4/19/18 revealed "Diet: Low cholesterol, minced diet...Benecalorie bid."

Review on 5/15/18 of client #27's individual program plan (IPP) dated 10/4/17 revealed a dietitian review indicating "...[client #27] should continue with current plan, except suggest to to provide Benecalorie bid. Benecalorie can be mixed with applesauce or puddings or fruit juice. It should be administered by nursing."

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W 369	Continued From page 5 During an interview on 5/15/18, the director of nursing (DON) confirmed the medication technician should have remained to ensure client #27 consumed all the beverage mixed with Benecalorie. In addition, the DON confirmed medication technicians are trained to ensure all of the medications are administered as ordered.	W 369		
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure infection control prevention procedures were carried out. This potentially affected all clients residing in the facility. The finding is: Precautions were not taken to promote client health and prevent possible cross-contamination. During evening observations in the facility on 5/14/18 at approximately 6pm, staff picked up a trash container. Further observations revealed while they picked it up, their hands touched the inside of the trash container. After a client disposed of their unwanted food, the staff returned the trash container back to its floor position and then proceeded to touch another client's cup, bowl and spoon. At no time did the staff wash their hands. During evening observations in the facility on	W 455		

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W 455	Continued From page 6 5/14/18 at approximately 6:13pm, another staff picked up a trash container. Further observations revealed when staff picked up the trash container, their hands touched the inside area of the trash container. After a client disposed of their unwanted food into a trash container of which staff held, the same staff returned the trash container back to its floor position and proceeded to open a cooler, take out 2 containers with applesauce and present them to a client. Additional observations revealed the staff propelling the wheelchair of another client to the dining room table. At no time did the staff wash their hands. During an interview on 5/15/18, staff revealed staff should have washed their hands after touching the trash. During an interview on 5/15/18, the qualified intellectual disabilities professional (QIDP) confirmed staff should wash their hands anytime their hands become contaminated. The QIDP also revealed there are antiseptic dispensers located on the walls of which staff can readily access when they are unable to immediately wash their hands.	W 455		