

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
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NAME OF PROVIDER OR SUPPLIER PHOENIX ASSISTED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST HIGH STREET CARY, NC 27513
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D 000	Initial Comments The Adult Care Licensure Section conducted an Annual Survey on 3/25/15-3/27/15.	D 000		
D 074	<p>10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to assure walls, ceiling and baseboards were kept clean and in good repair on the South Hall.</p> <p>The findings are:</p> <p>Observation of the South Hall (rooms 1-19) between 9:30 a.m. -11:15 a.m. revealed the white baseboards in the entire hallway had black scuff marks.</p> <p>Observation of the residents' common bathroom on the South Hall on 3/25/15 at 10:00 a.m. revealed: -The partition separating the bathroom stall had a 4" x 2" exposed wooden area with a jagged edge at the bottom part of the baseboard, where the paint had worn off. -A 12" x 2" brown discolored area (leak) was observed at the back edge of the ceiling above the commode.</p> <p>Observation of room #8 on the South Hall on 3/25/15 at 11:30 a.m. revealed the wall on the</p>	D 074		

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

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D 074	<p>Continued From page 1</p> <p>side of bed #2 had cracked paint.</p> <p>Confidential interview with a resident revealed: -The baseboards in the South Hall had black scuff marks for a long time. -Resident could not recall exact date.</p> <p>Confidential interview with a staff member revealed: -The partition which separated the bathroom stall in the common bathroom had an exposed wooden area on the baseboard for a long time. -Leak in the ceiling in the common bathroom had been need of repair for a long time. -Staff did not give an exact date.</p> <p>Interview with the Maintenance Director on 3/26/15 at 12:45 p.m. and 3/27/15 at 2:00 p.m. revealed: -He was aware the baseboards on the South Hall need to be re-painted. -He was aware the partition in the common bathroom had an exposed wooden area on the baseboard. -He was not aware of the leak in the ceiling in the common bathroom. -He was not aware the wall on the side of bed #2 in room #8 needed to be painted. -He was responsible for the maintenance of the whole building, and he was working as fast as he could to get the building in good repair. -He had to prioritize his maintenance repairs, because he was working alone. -He had only worked at the facility a couple of months.</p> <p>Interview with the Administrator on 3/27/15 at 1:45 p.m. revealed: -He was aware the baseboards on the South Hall needed to be re-painted.</p>	D 074		

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D 074	Continued From page 2 -He was not aware the partition in the common bathroom had an exposed wooden area on the baseboard -He was not aware of the leak in the ceiling in the common bathroom. -He was not aware the wall on the side of bed #2 in room #8 needed to be painted. -The Maintenance Director was responsible for prioritizing the maintenance repairs, based on residents and staff safety.	D 074		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide documentation of TB testing for 2 of 8 sampled staff (Staff C,D). The findings are: 1. Record review of Staff D's personnel files revealed hire date was 10/8/2012. -No documentation of TB testing for staff D. A phone interview attempted with staff D was unsuccessful.	D 131		

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D 131	<p>Continued From page 3</p> <p>Interview on 3/26/15 at 4:05pm with the Business Office Manager revealed: -No documentation of TB testing for Staff D.</p> <p>2.Review of staff C's personnel file revealed hire the date was 11/19/2012. -Documentation of Step 1 TB testing read as neagative on 11/30/2012. -No documentation of 2nd step TB test.</p> <p>Phone interview with Staff C on 3/27/15 at 10am revealed TB test as negative on 11/30/2012 at a local medical facility. -Staff C said he was reading the results from the actual report givin to him by the local medical facility. -Staff C did not know why his TB testing documentation was not at the faility. -Staff C said he would either fax the documentation to the facility or bring it by. -Staff C said he could not provide documentation for 2nd step TB testing.</p> <p>Interview on 3/27/15 at 3:10pm with the nurse at local medical facility revealed the following: -Documentation of TB test step 1 read as negative for staff C on 11/30/12. -No documentation for 2nd step TB testing for Staff C.</p> <p>Interview on 3/26/15 at 4:05pm with the Business Office Manager revealed: -No 2nd step TB testing documentation located for Staff C.</p> <p>Interview on 3/26/15 at 3:10pm with the Resident Care Coordinator revealed: -All management staff is new.</p>	D 131		

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D 131	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Upon hire new employees are supposed to provide most recent TB testing documentation within 30 days of hire and the 2nd step within 30 days of the 1st step. -The Business Office Manager and receptionist/business office manager's assistant were keeping up with new hire TB testing documentation. <p>Interview on 3/26/15 at 3:50pm with the receptionist revealed:</p> <ul style="list-style-type: none"> -She was hired January 2015. -If there was an employee hired before she started the facility may not have documentation of their TB testing. -She was not sure of whose responsibility it was before the changeover of management these last 2 months. <p>Interview on 3/26/15 at 4:05pm with the Business Office Manager revealed:</p> <ul style="list-style-type: none"> - Upon hire new employees were required to bring in proof of TB testing within 30 days of hire. -They could not start work until they have the documentation and the 2nd step TB testing was required within 30 days of the 1st step. - "We have been going through records to make sure the new hires were current on TB testing requirements. We have not gotten to the older hires yet." <p>Interview on 3/27/15 at 1:15pm with the Regional Director revealed:</p> <ul style="list-style-type: none"> - "Now that we have all new management, we can make sure that staff qualifications and TB testing will not fall through the cracks." -A new hire checklist has been implemented. -The Regional Director will audit behind the Business Office Manager and the Resident Care Coordinator. 	D 131		

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D 234	<p>10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio</p> <p>10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure each resident had tuberculosis (TB) upon admission to the facility in compliance with the control measures adopted by the Commission for Health Services for 1 of 7 sampled residents. (Resident #4)</p> <p>The findings are:</p> <p>Review of Resident #4's Resident Register revealed date of admission was 9/19/14.</p> <p>Review of the record for Resident #4 revealed: -A Radiology Interpretation for a chest X-ray dated 09/10/14 which documented no active disease.</p> <p>Review of Resident #4's record of tuberculin test dated 3/25/15 revealed: -Resident #4 refused to have a purified protein derivative (PPD) on 3/25/15. -Resident #4 stated she had a positive TB skin test in previous facility.</p>	D 234		

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D 234	<p>Continued From page 6</p> <p>-Resident #4 reported she took 5 months of TB medications.</p> <p>-No documentation of history positive TB skin test found in resident's record.</p> <p>Interview with Resident #4 on 3/25/15 at 1:45 p.m. revealed she had a history of a positive TB skin test in a previous facility.</p> <p>Review of Resident #4's record revealed:</p> <p>-Documentation of an assessment for screening for pulmonary tuberculosis (TB) dated 3/27/15.</p> <p>-An order for Quantiferon gold test dated 3/27/15. (A blood test used to aide in the diagnosis of active TB.)</p> <p>Interview with the Resident Care Coordinator (RCC) on 3/27/15 at 10:30 a.m. revealed:</p> <p>-She could not find documentation of a TB skin test in Resident #4's record.</p> <p>-She found documentation of a Radiology Interpretation for a chest X-ray dated 09/10/14 no active disease.</p> <p>-She was in the process of auditing the residents' record for TB skin tests.</p> <p>-A TB screening was completed on 3/27/15 which documented Resident #4 had a history of positive TB in a previous facility.</p> <p>Resident #6 reported she took TB medications for five months in the previous facility.</p> <p>-She would notify Resident #4's physician that resident reported a history of positive TB skin test at previous facility.</p> <p>Interview with the Regional Director on 3/27/15 at 11:00 a.m. revealed:</p> <p>-The Resident Care Coordinator (RCC) was in the process of auditing the residents' record for TB skin tests.</p> <p>-Resident #4's immunization record had not been</p>	D 234		

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D 234	Continued From page 7 audited. -The RCC was responsible for auditing the residents' immunization record. -The facility's monitoring plan in place for TB skin test for residents was 1st step prior to admission and the 2nd step within 30 days of admission. -The Resident Care Coordinator (RCC) was responsible for assuring resident had 1st step prior to admission and notifying the nurse when resident 2nd step was due. Interview with Resident #4's physician on 3/27/15 at 11:50 a.m. revealed: -She was aware Resident #4 reported a history of a positive TB skin test. -She wrote an order for Quantiferon gold test. (A blood test used to aide in the diagnosis of active TB.) Interview with the Administrator on 3/27/15 at 12:45 p.m. revealed: -Resident #4's immunization record had not been audited. -The Resident Care Coordinator was in the process of auditing residents' record for TB skin tests. -The facility's monitoring plan in place for TB skin test for resident was 1st step prior to admission and the 2nd step with in 2 to 4 weeks of admission. -The Resident Care Coordinator (RCC) was responsible for assuring residents had 1st step prior to admission and notifying the nurse when resident 2nd step was due.	D 234		
D 468	10A NCAC 13F .1309 Special Care Unit Staff Orientation And Train 10A NCAC 13F .1309 Special Care Unit Staff	D 468		

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D 468	<p>Continued From page 8</p> <p>Orientation And Training</p> <p>The facility shall assure that special care unit staff receive at least the following orientation and training:</p> <p>(1) Prior to establishing a special care unit, the administrator shall document receipt of at least 20 hours of training specific to the population to be served for each special care unit to be operated. The administrator shall have in place a plan to train other staff assigned to the unit that identifies content, texts, sources, evaluations and schedules regarding training achievement.</p> <p>(2) Within the first week of employment, each employee assigned to perform duties in the special care unit shall complete six hours of orientation on the nature and needs of the residents.</p> <p>(3) Within six months of employment, staff responsible for personal care and supervision within the unit shall complete 20 hours of training specific to the population being served in addition to the training and competency requirements in Rule .0501 of this Subchapter and the six hours of orientation required by this Rule.</p> <p>(4) Staff responsible for personal care and supervision within the unit shall complete at least 12 hours of continuing education annually, of which six hours shall be dementia specific.</p> <p>This Rule is not met as evidenced by: Based on interview and record review the facility failed to provide documentation of 20 hours of Special Care Unit training within 6 months of hire for 2 of 6 sampled staff working in the Special Care Unit (Staff C,D).</p> <p>The findings are:</p>	D 468		

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D 468	<p>Continued From page 9</p> <p>1. Review of Staff C's personnel file revealed: -Hire date of 11/19/2012. -Documentation of 4 hours of training on dementia and Alzheimers in 3/2015. -No documentation of 20 hours training specifically to the Special Care Unit.</p> <p>Staff C unavailable for interview.</p> <p>Interview on 3/26/15 at 1:20pm with the Resident Care Coordinator revealed: -Staff C could work as a Nursing Assistant and a Medication Aide. -No documentation of 20 hours SCU training for staff C. -Staff C works in Assisted Living and the Special Care Unit.</p> <p>Interview with facility's nurse trainer on 3/27/15 at 10:15am revealed she could not provide documentation of 20 hours SCU training for Staff C.</p> <p>2. Review of Staff D's personnel file revealed: -Hire date of 10/8/2012. -Documentation of 4 hours training on dementia and ALzheimers in 3/2015. -No documentation of 20 hours training specifically to the Special Care Unit.</p> <p>Staff D unavailable for interview</p> <p>Interview on 3/26/15 at 1:20pm with the Resident Care Coordinator revealed: -Staff D worked as a Nursing Assistant for Assisted Living and the Special Care Unit. -No documentation of 20 hours SCU training for staff D.</p> <p>Interview with facility's nurse trainer on 3/27/15 at</p>	D 468		

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D 468	<p>Continued From page 10</p> <p>10:15am revealed she could not provide documentation of 20 hours SCU training for Staff D.</p> <p>Interview on 3/26/15 at 1:20pm with the Resident Care Coordinator revealed: -No documentation of 20 hours SCU training for staff D.</p> <p>Interview on 3/26/15 at 1:20pm with the Resident Care Coordinator revealed: -Continuing Education hours and staff qualifications documentation for older hires had been a challenge to locate as the facility had recently turned over all new management. -An outside trainer/Nurse provided some of the certificates for their facility. -The Resident Care Coordinanator had just been assigned the responsibility of tracking continuing education hours as of today.</p> <p>Interview on 3/26/15 at 4:05pm with the Business Office Manager revealed she and other adminstrative staff had been auditing the personnel files of more recent hires but had not audited the older personnel files yet.</p> <p>Interview with facility's nurse trainer on 3/27/15 at 10:15am revealed: -The nurse trainer provided inservices for the facility the first week of every month. -She did not provide more than 1.1 hour blocks of inservice education at a time. -She would fax documentation to the facility. -She would would provide additional documentation as she located it. -The nurse trainer did not know why the facility did not have more documentation of continuing education. -She believed some of the records for the facility</p>	D 468		

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D 468	Continued From page 11 had been misplaced or lost.	D 468		
D934	<p>G.S. 131D-4.5B. (a) ACH Infection Prevention Requirements</p> <p>G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements</p> <p>(a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide mandantory annual infection control training for 1 of 6 sampled staff (Staff C).</p> <p>The findings are:</p> <p>Review of Staff C's Personnel file revealed: -A hire date of 11/19/2012. -Staff C worked as a medication aide. -Documentation of competency validation for the Medication Clinical Skills check list dated 12/20/12, and 3/12/14.</p>	D934		

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D934	<p>Continued From page 12</p> <p>-No documentation of mandatory annual infection control training.</p> <p>Interview with facility's nurse trainer on 3/27/15 at 10:15am revealed no training or documentation of mandatory annual infection control training.</p> <p>-The nurse trainer provided an OSHA Blood Borne Pathogen training in 3/2015.</p> <p>-The nursr trainer provided a hazardous materials training in 3/2015.</p> <p>Interview on 3/26/15 at 1:20pm with the Resident Care Coordinator revealed:</p> <p>-Continuing Education hours and staff qualifications documentation for older hires had been a challenge to locate as the facility had recently tuned over all new management.</p> <p>-An outside trainer/Nurse provided some of the certificates for their facility.</p> <p>-The Resident Care Coordinator had just been assigned the responsibility of tracking continuing education hours for the staff as of today.</p> <p>Interview on 3/26/15 at 4:05pm with the Business Office Manager revealed she and other adminstrative staff had been auditing the personnel files of more recent hires but had not audited the older personnel files yet.</p>	D934		
D992	<p>G.S.§ 131D-45 Examination and screening</p> <p>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.</p> <p>(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an</p>	D992		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER PHOENIX ASSISTED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST HIGH STREET CARY, NC 27513
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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
D992	<p>Continued From page 13</p> <p>examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 6 sampled staff consented to an examination and screening for controlled substances upon hire. (Staff F)</p> <p>The findings are:</p> <p>Review of Staff F's personnel file revealed: -Hire date of 2/23/15. -Staff F worked as a medication aide.</p>	D992		

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D992	<p>Continued From page 14</p> <p>-No documentation of a drug screen or consent of a drug screen upon hire.</p> <p>Interview with the Resident Care Coordinator on 3/26/15 at 3:35pm revealed she had recently been assigned the task of staff drug screening.</p> <p>-Staff F was transferred in from a sister facility and grandfathered in for that facility's drug screen.</p> <p>-Staff F did not have a drug screen coming in to this facility.</p> <p>-Interview on 3/27/15 at 1:15pm with the Regional Director revealed:</p> <p>-"Now that we have all new management, we can make sure staff qualifications will not fall through the cracks"</p> <p>-A new hire checklist had been implemented.</p> <p>-The Regional Director will audit behind the Business Office Manager and the Resident Care Coordinator.</p>	D992		