

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/01/2015
NAME OF PROVIDER OR SUPPLIER WALTONWOOD CARY PARKWAY		STREET ADDRESS, CITY, STATE, ZIP CODE 750 SE CARY PARKWAY CARY, NC 27511		
(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 on 9/29/15, 9/30/15, and 10/1/15.	D 000	An inservice was completed with all dining staff at 9am on proper storage of all dry goods. Onions that were in direct contact with the floor were thrown away. An onion bin was ordered to store only onions in. This will be an ongoing training for	10/1/15
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that foods were stored in a manner to prevent contamination related to mesh bags of onions being stored directly on the floor. The findings are: Observations of dry foods storage area on 09/30/2015 at 9:30 AM revealed 2 large bags of onions lying directly on the floor. Interview with Staff A, dietary aide, on 09/30/2015 at 9:30 AM revealed: -The food service truck had just made a delivery. -The staff members were busy cleaning up after breakfast and had not had time to properly store the onions. -The staff was aware that foods could not be stored directly on the floor. -Staff A pointed to where the onions should be hung from nails/hook on the wall.	D 283		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Received & approved 10/23/15 (X6) DATE

Vincent P. BSN

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D 283	Continued From page 1 Observation on 10/1/15 at 8AM of the kitchen's dry storage area revealed: -There was a large mesh bag of fresh onions stored directly on the floor. -One onion had rolled underneath another storage rack and was in direct contact with the floor. Interview with the Administrator on 10/1/15 at 11AM revealed: -She was not aware of the onions being in direct contact with the floor. -She held her staff accountable. -The onions should not have been on the floor and she had thrown away the onions that were in contact with the floor. -The Administrator held an in-service with her staff about food storage 10/1/15 before 11 AM. -"Storage bins for the onions were being ordered as we speak." -There had been a food truck delivery in the past 3 days and that might have been the reason for the oversight.	D 283	all associates in the food service. Please see attached in service and order of bin.	10/11/15
D934	G.S. 131D-4.5B. (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (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	D934	All medication aides have been trained on NC Infection Control and this course was added	10/22/15

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D934	Continued From page 2 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 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure 2 of 3 staff (A,B) completed their state approved Annual Infection Control training. The findings are: Record review of Staff A's (Medication Aide) personnel record revealed: -The hire date was documented as 4/9/10. -Staff A worked as a Medication Aide. -The last state approved infection control training was documented as 12/31/13. Refer to interview with the Administrator on 10/1/15 at 11AM. Record review of Staff B's (Medication Aide) personnel record revealed: -The hire date was documented as 7/29/13. -Staff B worked as a Medication Aide. -The last state approved infection control training was documented as 7/31/13. Refer to the interview with the Administrator on 10/1/15 at 11AM. Interview with the Administrator on 10/1/15 at	D934	to all medication aide's yearly training on 10/1/15 and all completed on 10/22/15. Please see attached Report for all medication aides completion date.	10/22/15

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D934	Continued From page 3 11AM revealed: -The facility was behind by one year on the state approved infection control training. -The facility used an on-line form of continuing education and a Registered Nurse for their continuing education curriculum. -Over the past year the Administrator and other facility managers had requested from corporate that the state approved annual infection control training be included in the E-learning curriculum. -The Administrator and other facility managers were not aware that this training had not been incorporated into the facilities' continuing education curriculum. -The class had been added to the curriculum to start by 10/8/15.	D934		