STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL0921206	A. BUILDING: _____ B. WING _____	02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAND TERRACE	300 KILDAIRE WOODS DRIVE 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, follow-up survey and complaint investigation on 02/08/22 - 02/10/22.	D 000	Resident # 2 was discharged from the community on 1/6/2022, and we are unable to provide a TB test. On 2/26/2022, a second TB skin test was administered to Resident # 4. The test was read on 3/1/2022 with negative results. (Lot #: C5840AA, Exp date: 6/23/2023)	
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 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. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure documentation of screening for tuberculosis symptoms and/or testing for tuberculosis (TB) in accordance with control measures adopted by the Commission for Public Health for 3 of 5 sampled residents (#2, #4, and #5). The findings are: 1. Review of the current FL2 for Resident #2 dated 01/03/22 revealed diagnoses included hypertension, hypothyroidism, dementia, constipation, depression, edema to lower extremities. Review of the Resident Register for Resident #2 revealed she was admitted on 07/26/21	D 234	On 2/16/2022, a chest x-ray AP/LAT was conducted for Resident # 5, due to history of Positive PPD. X-Ray results displayed no evidence of acute TB. This result was read by Dr. Abbas Chamsuddin, M.D. on 2/16/22. On 3/4/2022, the Administrator and/or designee began an audit of all current residents to ensure that all residents have 2 step TB tests completed. Any discrepancies/gaps were noted and TB tests were given, as appropriate. On 3/4/2022, an education was provided by Administrator and/or designee to AED, Resident Care Supervisors, and Nurses regarding protocol/process for getting TB tests upon admission, including cadence, tracking, and proper documentation. Beginning 3/3/2022, the Administrator and/or designee will schedule all new residents to complete 2nd step TB within 1 month following admission. Beginning 3/3/2022, Administrator and/or designee will audit all new residents during weekly care team meeting to ensure they have 2 step TB tests completed or are scheduled to be competed within required timeframe. The audits will be conducted weekly x 4 weeks, biweekly x 1 month, and monthly x 3 months. Ongoing random audits will also be conducted. Negative findings will be corrected if noted. Completion Date: March 23, 2022	

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

3/7/22

Reviewed and Acknowledged 03/14/22 AV

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D 234	Continued From page 1 Review of Resident #2's resident record revealed: -There was documentation of a tuberculin skin (TB) test that was placed on 06/28/21 and read on 06/28/21 with negative results. -There was no documentation of a second TB skin test since admission to the facility for Resident #2. Refer to interview with the Memory Care Coordinator on 02/10/22 at 8:44am. Refer to interview with the Administrator on 02/10/22 at 10:30am. 2. Review of Resident #4's current FL-2 dated 09/13/21 revealed diagnosis included dementia, type II diabetes mellitus, epilepsy, and primary hypertension. Review of Resident #4's Resident Register revealed the resident was admitted to the facility on 02/22/21. Review of Resident #4's physician supplemental orders revealed: -There was documentation Resident #4's Step # 1 tuberculosis (TB) test was given on 02/14/21. -There was documentation Resident #4's Step # 1 tuberculosis (TB) test was read on 02/15/21 and the result was negative. -There was no documentation Resident #4's Step #2 tuberculosis (TB) test was given. Interview with the Memory Care Coordinator on 02/10/22 at 8:44am revealed: -He started his position as the MCC at the facility in 10/2021. -He was not sure what was going with both steps of Resident #4's TB tests.	D 234		

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D 234	Continued From page 2 -He did complete resident's chart audits every 3 months but did not verify the completeness of the resident's 2-step TB tests. -The resident chart audits included the resident's FL-2 and the resident's supplemental orders. Refer to interview with the Administrator on 02/10/22 at 10:30am. 3. Review of Resident #5's current FL-2 dated 10/15/21 revealed diagnosis included depression, hypertension, congestive heart failure, vascular disease, and dementia. Review of Resident #5's Resident Register revealed the resident was admitted to the facility on 05/25/21. Review of Resident #5's physician supplemental orders revealed: -Resident #5's tuberculosis (TB) test Step #1 was given on 05/21/21. -Resident #5's TB test Step #1 was read on 05/24/21 and the result was negative. -There was no documentation of a TB test Step #2 that was administered or read. Interview with the Resident Care Supervisor on 02/10/22 at 10:15am revealed: -She audited the residents' chart "consistently" sometimes daily because there were new physician orders from the primary care provider, or a resident would a scheduled visit with a specialty provider. -She was not aware Resident #5 did not have a Step 2 TB test done. -She was not sure how Resident #5's Step 2 TB test was missed. Refer to interview with the Administrator on	D 234		

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D 234	Continued From page 3 02/10/22 at 10:30am. Interview with the Memory Care Coordinator on 02/10/22 at 8:44am revealed: -He started his position as the MCC at the facility in 10/2021. -He did complete resident's chart audits every 3 months but did not verify the completeness of the resident's 2-step TB tests. -The resident chart audits included the resident's FL-2 and the resident's supplemental orders. Interview with the Administrator on 02/10/22 at 10:30am revealed: -He was not aware residents' #2, 4, and 5's TB Step #2 tests were not completed because the residents' charts were not audited to ensure the completion of both steps of TB tests were completed. -It was ideal for residents to have both steps for their TB testing completed prior to their admission to the facility. -It was important for the residents to have both steps for TB tests completed because it needed to be verified the residents was not entering the facility with active TB.	D 234	On 3/4/2022, incident/accident reports were sent via fax to County DSS AHS for Residents #1, #3, and #4. On 2/11/2022, an education was provided by Administrator and/or designee to AED, Medication Technicians, LPNs, and Licensed Nurses regarding protocol/process for notification of accidents/incidents resulting in resident death or injuries requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid. Beginning 2/11/2022, the Administrator and/or designee will review all incidents/accidents to ensure that required report is sent to County DSS AHS if incident/accident resulted in resident death or injuries requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid. Administrator and/or designee will sign off on these incidents/accidents in our Care App, and acknowledge that report was sent by Medication Technician and/or designee. After faxing reports to County DSS AHS, original will be kept in resident chart and a copy of the reports will be kept in Administrator and/or designee office. Beginning 3/3/2022, Administrator and/or designee will audit all incidents/accidents during weekly care team meeting. The audits will be conducted weekly x 4 weeks, biweekly x 1 month, and monthly x 3-months. Ongoing random audits will also be conducted. Negative findings will be corrected if noted. Completion Date: March 23, 2022	
D 451	10A NCAC 13F .1212(a) Reporting of Accidents and Incidents 10A NCAC 13F .1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid.	D 451		

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D 451	Continued From page 4 This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure accident and incident reports were reported to the county department of social services for residents who sustained injury and/or hospitalization for 4 of 5 sampled residents (#1, #2, #3 and #4). The findings are: Review of the facility's fall policy dated 03/06/12 revealed: -An incident report was completed by the person most closely involved. -State reporting should be completed per state requirements. 1. Review of Resident #1's FL-2 dated 09/13/21 revealed: -Diagnoses included dementia and history of falls. -She was ambulatory. Review of Resident #1's incident form dated 10/25/21 revealed: -She was found on the floor (location not specified). -She had a cut on the left side of her forehead. -She was transported to the hospital via emergency medical services (EMS). Review of Resident #1's facility chart notes dated 10/25/21 revealed: -She was observed on the floor with a small cut on the left side of her forehead. -The family and the primary care provider (PCP) were notified. -She returned from the hospital. -Her family was notified of her return. -There was no documentation the county DSS	D 451		

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D 451	Continued From page 5 was notified. Review of Resident #1's facility chart notes dated 10/26/21 revealed: -She had 3 stitches on her forehead along with bruises. -There was no documentation the county DSS was notified. Review of Resident #1's incident form dated 01/08/22 revealed: -She was found on the floor in her room, bleeding from the right side of her head. -She was transported to the hospital via EMS. Review of Resident #1's facility chart notes dated 01/08/22 revealed: -She returned from the hospital. -There was no documentation the county DSS was notified. Review of Resident #1's PCP consultation notes dated 01/10/22 revealed: -She recently returned from the emergency room (ER) after a fall. -She suffered a 2cm laceration to her right forehead which had been closed by the ER with dissolvable sutures. Review of Resident #1's incident form dated 01/13/22 revealed: -She slipped and fell during personal care. -She hit her head on the floor. -She was transported to the hospital via emergency medical services (EMS). Review of Resident #1's facility chart notes dated 01/14/22 revealed: -She returned from the hospital. -The PCP was notified of her return and new	D 451		

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D 451	Continued From page 6 orders. -There was no documentation the county DSS was notified. Refer to the interview with the Assistant Executive Director on 02/08/22 at 2:57pm. Refer to the interview with the Administrator on 02/08/22 at 4:30pm. Refer to the interview with the County Department of Social Services (DSS) Adult Home Specialist (AHS) on 02/09/22 at 9:38am. 3. Review of Resident #4's FL-2 dated 09/13/21 revealed: -Diagnoses included diagnosis included dementia, type II diabetes mellitus, epilepsy, and primary hypertension. -She was ambulatory. Review of the facility's incident log from 07/2021 to 02/2022 revealed: -Resident #4 was sent out to the hospital today, 01/01/22, due to complaints of pain in the left hip. -She was screaming while getting dressed due to her pain. -She almost fell twice this morning, but staff was able to catch her. Review of Resident #4's incident form dated 01/01/22 at 10:15am revealed Resident #4 was sent to the hospital today due to complaints of pain in the morning while getting dressed. Review of Resident #4's physician communication form dated 01/01/22 revealed: -Resident #4 was sent to the hospital because she had complaints of left hip and was	D 451		

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D 451	Continued From page 7 disoriented. -There was no documentation the county DSS was notified. Review of Resident #4's Emergency Department after visit summary dated 01/01/22 revealed: -Resident #4's reason for her visit was a fall. -The diagnoses included a closed fracture of the left pubis with delayed healing, unspecified portion of pubis, subsequent encounter and a contusion of her shoulder region. Review of Resident #4's facility chart notes dated 01/01/22 at 6:39pm revealed Resident #4 returned from the hospital around 3:15pm. Refer to the interview with the Assistant Executive Director on 02/08/22 at 2:57pm. Refer to the interview with the Administrator on 02/08/22 at 4:30pm. Refer to the interview with the County Department of Social Services (DSS) Adult Home Specialist (AHS) on 02/09/22 at 9:38am. 4. Review of Resident #3's FL-2 dated 09/14/21 revealed: -Diagnoses included dementia, diabetes mellitus, hypothyroidism and osteoarthritis. -She was ambulatory with a walker. Attempted review of Resident #3's incident and accident reports on 02/08/22 at 11:30am was unsuccessful because the facility did not provide the reports upon request. Review of Resident #3's incident log dated 01/12/22 revealed: -She was found on the floor in her bathroom	D 451		

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D 451	Continued From page 8 showing signs of pain. -She was transported to the hospital via EMS. -The family was notified. -There was no documentation the county DSS was notified. Review of Resident #3's facility chart notes dated 01/12/22 revealed: -The hospital called the facility to note she did not have any fractures from her fall and would be returning to the facility. -There was no documentation the county DSS was notified. Refer to the interview with the Assistant Executive Director on 02/08/22 at 2:57pm. Refer to the interview with the Administrator on 02/08/22 at 4:30pm. Refer to the interview with the County Department of Social Services (DSS) Adult Home Specialist (AHS) on 02/09/22 at 9:38am. Interview with the Associate Executive Director on 02/08/22 at 2:57pm revealed: -The medication aides were responsible for completing the incident forms. -She received the incident forms from the MAs once completed. -Since starting her position in September 2021, she had not sent any residents' incident forms to the County DSS AHS. -The incident forms were not sent to the County DSS AHS because she was not aware the county had to be notified of incidents requiring more than first aid. -She did not send incident and accident reports to the County DSS for Residents #3, #4 or #5. -She had not sent the incident forms for	D 451		

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D 451	Continued From page 9 Residents #1, #2, #3 and #4. Telephone interview with the County DSS AHS on 02/09/22 at 9:38am revealed she could not recall the last time she received an incident report from the facility. Interview with the Administrator on 02/08/22 at 4:30pm revealed: -The incident forms were not sent to the County DSS because he was not aware the county had to be notified of residents' incidents requiring more than first aid. -The incident forms were not sent to the County DSS because it was their company's policy not to send.	D 451		