STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 and the Henderson County Department of Social Services conducted a follow up survey and complaint investigation on August 4-6, 2015. The complaint investigation was initiated by the Henderson County Department of Social Services on July 22, 2015.	{D 000}		
{D 358}	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on observation, interview, and record review, the facility failed to assure medications were administered as prescribed for 6 of 7 sampled residents (Resident #1, #2, #4, #5, #9) for a total of 22 different medications. The findings are: A. Review of Resident #5's current FL2 dated 3/4/15 revealed: -Diagnoses included: end stage renal disease on hemodialysis, history of atrial fibrillation, history of	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 1	{D 358}		

hypertension, history of diastolic congestive heart failure, neuropathy, and history of chronic obstructive pulmonary disease.
-Physician's orders for the following medications:
-Amlodipine (used to treat high blood pressure) 5mg daily.
-Coreg (used to treat atrial fibrillation and high blood pressure) 25mg two times a day.
-Imdur (used to prevent chest pain) 30mg ER daily in the morning.
-Oxygen at 2L continuous.

Review of Resident #5's record revealed a physician's order dated 5/16/15 for Nitrostat (used to treat chest pain) 0.4mg SL take 1 tablet every 5 min. for chest pain up to three doses.

Review of Resident #5's record revealed:
-An order dated 5/28/15 to discontinue amlodipine 5mg daily.
-An order dated 5/28/15 for Cardizem CD 120mg daily (used to treat high blood pressure and prevent chest pain).

Review of Resident #5's record revealed:
-An order dated 6/9/15 for Cardizem CD 120mg twice daily hold if heart rate was less than 55.
-An order dated 7/7/15 for Coreg 25mg two times a day with meals at 8am and 5pm.

Review of Resident #5's June 2015 electronic Medication Administration Record (eMAR) revealed:
-An entry for Coreg 25 mg 1 tablet two times a day with meals scheduled at 8am and 5pm.
-An entry for Nitrostat 0.4mg SL 1 tablet under tongue every 5 minutes for chest pain times 3 tablets if pain continues after second tablet call 911.
-On 6/2/15 at 5pm, Coreg 25mg documented as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 2	{D 358}		

not administered, "waiting on pharmacy."
-Nitrostat 0.4mg documented as administered for chest pain on 6/4/15 at 11:59pm, 6/5/15 at 12:09am, and 6/6/15 at 10:36pm.
-On 6/2/15, blood pressure and heart rate documented as "not recorded."
-On 6/4/15, documented blood pressure 155/65 and heart rate 71.
-On 6/5/15, resident in hospital.
-On 6/6/15, documented blood pressure 106/56 and heart rate 73.

Review of a pharmacy delivery sheet dated 6/3/15 revealed Resident #5 received 58 doses of Coreg 25mg in the facility on 6/4/15.

Review of Resident #5's July 2015 eMAR revealed:
-An entry for Imdur ER 30mg 1 tablet daily scheduled at 8am.
-An entry for Cardizem CD 120mg 1 capsule twice a day hold if heart rate less than 55 scheduled at 8am and 8pm.
-On 7/6/15 at 8am, Imdur 30mg documented as not administered, "waiting on pharmacy to deliver."
-On 7/20 at 8am, Cardizem CD 120mg documented as not administered, "pharmacy to bring."
-On 7/20/15 at 8pm, Cardizem CD 120mg documented as not administered, "not available."
-On 7/6/15 at 8am, documented heart rate as 64.
-On 7/20/15 at 8am, heart rate documented as "not recorded."
-On 7/20/15 at 8pm, heart rate documented as 74.

Review of a pharmacy delivery sheet dated 7/6/15 revealed Resident #5 received 30 doses of Imdur ER 30mg in the facility, but there was no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 3 documented date as to when the medication was actually received by the facility. Review of a pharmacy delivery sheet dated 7/21/15 revealed Resident #5 received 60 doses of Cardizem CD 120mg in the facility on 7/22/15. Review of Resident #5's August 2015 eMAR from 8/1/15 to 8/3/15 revealed: -An entry for Coreg 25mg 1 tablet two times a day with meals scheduled at 8am and 5pm. -On 8/3/15 at 5pm, Coreg 25mg documented as not administered, "med not in cart." -On 8/3/15 at 8am, documented heart rate as 64. -On 8/3/15 at 8pm, documented heart rate as 75. Observation of Resident #5's medications on hand in the facility on 8/5/15 at 2:00pm revealed there was a supply of Coreg, Imdur, Cardizem, and Nitrostat supply available for the resident. Review of an emergency room record for Resident #5 dated 6/5/15 revealed: -Evaluated in the emergency room for chest pain of 'uncertain cause.' -The resident "developed left sided chest pain, radiated to left neck and shoulder at 9:30pm while getting in bed. Over the next 2 and 1/2 hours, she took 3 nitroglycerin . Her pain completely resolved, but her facility sent her here for evaluation." "Symptom free at this time." -Apical heart rate as 75. Blood pressure 149/78 (Normal blood pressure is considered 120/80, according to the National Institute of Health). -No significant change compared to electrocardiogram from March 2015. -Troponin (the most sensitive and specific test for myocardial damage) was negative. -Resident was released back to the facility on the morning of 6/6/15.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 4 -No changes recommended to medication regimen. Review of an emergency room record for Resident #5 dated 6/7/15 revealed: -Presents with 'heart racing' and palpitations. Onset 4 hours ago. -Character of symptoms were skipping beats and fast pounding. -Heart rate was 86. Blood pressure was 128/54. -Resident was released back to the facility with no pain and no palpitations on 6/7/15. Interview with Resident #5 on 8/4/15 at 9:35am and 8/6/15 at 10:00am revealed: -She had missed "some doses" of medications and staff had told her the medications were not available on the medication cart. -"I've had atrial fib alot at night when I lay down..." -"A couple nights ago, they were out of my med for my atrial fib and I told them I need that cause I've been having atrial fib lately. I never got the pill that night." -"A couple days later, I had another Medication Aide to check the cart and my medicine was there." -The resident used to self-administer her medications, but now the facility handled her medications, because she "had so many." -When she had managed administering her own medications, she was able to recognize all the medications she took and what they were, "but the colors and shapes have changed" and she could no longer identify her medications. -"I count my pills to see if there's enough" before taking the medications. -"My blood pressure for the last couple weeks has been running high 170/78 and 180/80 which is not my norm. Yesterday, it was 170 before dialysis and it was high at dialysis. I don't know why I'm	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 5 doing that because usually my blood pressure is in the 130/60 range." Telephone interview with Resident #5's Cardiologist nurse on 8/6/15 at 11:46am revealed: -Resident #5's physician was not in the office that week. -The nurse had asked another Cardiologist in the practice if missing doses of Coreg, Cardizem, and Imdur could cause the resident to have chest pain and heart palpitations and the physician stated 'yes this could definitely cause the resident to have symptoms of chest pain and heart palpitations.' Interview with Resident #5's family member on 8/6/15 at 3:07pm revealed: -"There had been some medication issues since [Resident #5] had [moved into the facility]." -"Lately" the medication issues seemed to be more of a failure on the part of the facility pharmacy to get the deliveries of the medications to the facility in a timely manner. -"Last month the [Administrator's name] showed me [on Resident #5's eMAR] where [Resident #5] had missed two doses of Coreg and went into atrial fib." -The Administrator had shown the family member where they had placed an order for a refill on the Coreg on 7/15/15 and then again on 7/19/15 and the medication had still not arrived on 7/20/15 and that was when Resident #5 had "went into atrial fib." -Resident #5 had told the family member she had to take 2 to 3 nitrostat tablets for chest pain on 7/20/15 and did not go to the hospital for evaluation. -The family member had contacted the facility pharmacy to relay the concerns over timeliness	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 6	{D 358}		

and importance of medication supply deliveries, but the "pharmacy won't talk to me anymore, cause I let them know heart meds need to get here."

Review of a memorandum regarding "After Hours/Emergency Back Up Services" from the facility's preferred pharmacy dated 5/2/14 revealed:
-A list of medications appropriate for back up services which included pain medications, anxiety medications, cardiac medications and anti-seizure medications.
-"Also, refilling standing medications would not be a function of the back up service" and "if you need these kind of items for the care of your patients, please assess your inventories during the week and reorder during regular pharmacy hours."
-Assessing inventories of standing medications "avoids delayed therapies and unnecessary cost for patients while maintaining continuity of care .."

Refer to interview with Staff B, Medication Aide, on 8/4/15 at 2:45pm.

Refer to interview with Staff C, Medication Aide, on 8/4/15 at 3:15pm.

Refer to interview with the Administrator on 8/5/15 at 2:48pm.

Refer to interview with the Administrator on 8/5/15 at 4:35pm.

B. Review of Resident #1's current FL2 dated 1/2/15 revealed:
-Diagnoses included: chronic kidney disease, congestive heart failure, coronary artery disease, hypertension, bilateral venous insufficiency

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 7 ulcerations, and glaucoma. -A physician's order for Fentanyl (used to treat pain) 25mcg/hr patch every 3 days. Review of Resident #1's Care Plan dated 3/6/15 revealed: -The resident was totally dependent on staff for all activities of daily living except eating. -The resident was under the care of hospice. -The resident Fentalyl patch was for pain due to edema problems and congestive heart failure. Review of Resident # 1's record revealed a physician's order dated 2/6/15 for morphine sulfate 0.25ml (5mg) every 2 hours as needed for pain. Review of Resident #1's June 2015 eMAR revealed: -An entry for Fentanyl 25mcg/hr apply 1 patch every 3 days, remove old patch scheduled for 7am-3pm shift. -An entry for morphine sulfate 20mg/ml give 0.25ml every 2 hours as needed for pain. -On 6/4/15 7am to 3pm shift, Fentanyl 25mcg/hr patch documented as not administered, "pharmacy to deliver." -On 6/7/15 7am to 3pm shift was the next scheduled dose, documented as administered at 8:03am. -For the month of June, there were only two documented doses of morphine sulfate on 6/13/15 at 12:59pm and 6/28/15 at 12:49pm. Review of a pharmacy delivery sheet dated 6/5/15 revealed Resident #1 received 5 Fentanyl 25mcg/hr patches in the facility, but there was no documented date as to when the medication was actually received by the facility.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 8 Observation of Resident #1's medications on hand on 8/6/15 at 8:30am revealed there were 4 Fentanyl 25mcg/hr patches available for use. Interview with Staff B, Medication Aide, on 8/6/15 at 8:40am revealed: -Resident #1 "usually lets us know when he's in pain.." -Resident #1 had an as needed order for morphine sulfate for pain control as well as the Fentanly patch. Telephone interview with Resident #1's family member on 8/6/15 at 3:05pm revealed: -The resident was being "well cared for" by facility staff. -"Staff had called us in the past concerning excruciating back pain, but the doctor took care of that." -Alot of the pain the resident experienced was due to immobility. Refer to interview with Staff B, Medication Aide, on 8/4/15 at 2:45pm. Refer to interview with Staff C, Medication Aide, on 8/4/15 at 3:15pm. Refer to interview with the Administrator on 8/5/15 at 2:48pm. Refer to interview with the Administrator on 8/5/15 at 4:35pm. C. Review of Resident #4's current FL2 dated 7/30/15 revealed diagnoses included: -Hypertension -Parkinson's Disease -Degenerative Joint Disease	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 9 1. Review of Resident #4's standing order dated 11/26/14 revealed: -By facility policy the resident's physician was to be notified if blood pressures readings were obtained outside the following parameters: 'If no parameters are set [by physician], we will use resting guidelines of: Systolic BP >180 or <85. Diastolic BP >100 or <50." Review of a fax communication with Resident #4's physician dated 5/8/15 revealed: -'Please see attached [blood pressure] results.' -'Resident's lisinopril was increased on 4/1/15 from 5mg daily to 5mg [every] 12 hours.' -'Please advise' -Documented physician response: 'Are all these [blood pressures] seated with feet dangling? If yes increase lisinopril to 10mg [every] 12 hours, If no check [blood pressures] before a meal while sitting up with feet dangling [every day] and send results in 1 week.' Review of a verbal telephone order for Resident #4 dated 5/11/15 revealed lisinopril 10mg every 12 hours. Review of Resident #4's May 2015 eMAR from 5/17/15 to 5/31/15 revealed: -An entry for lisinopril 10mg every 12 hours at 8am and 8pm. -On 5/17/15, 5/19/15, and 5/21/15 at 8am, 2 tablets were documented as administered. -On 5/25/15 at 8pm, 4 tablets were documented as administered. -For all other documented administrations, 1 tablet was documented as administered for 26 occurrences out of 30 opportunities. -Blood pressure range from 5/17/15 to 5/31/15 was 107/68 to 210/96. -Examples of documented blood pressures from	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 10 5/17/15 to 5/31/15 (on 5/18/15 at 6:22am 196/96, on 5/19/15 at 6:24am 192/99, 5/19/15 at 6:18am 193/95, on 5/31/15 at 6:37am 210/96). (Normal blood pressure is considered 120/80 according to the National Institute of Health.) Observation of Resident #4's medication on hand in the medication cart on 8/5/15 at 9:40am revealed: -3 boxes of lisinopril 5mg tablets dispensed by a local pharmacy not the facility contracted pharmacy. Review of Resident #4's June 2015 eMAR revealed: -An entry for lisinopril 10mg every 12 hours at 8am and 8pm. -1 10mg tablet of lisinopril was documented as administered for 41 occurrences out of 44 opportunities. -On 6/21/15 at 8pm, lisinopril was documented as not administered "waiting on refill from doctor." -On 6/22/15 at 8pm, lisinopril was documented as not administered "waiting on script." -Blood pressure range from 6/1/15 to 6/30/15 was 111/55 to 211/103. -Examples of documented blood pressures from 6/1/15 to 6/22/15 (on 6/6/15 at 6:27am 183/89, on 6/10/15 at 6:47am 184/103, on 6/20/15 at 6:17am 197/89, 6/20/15 at 1:30pm 194/91). Review of a prescription for Resident #4 dated 6/22/15 revealed lisinopril 5mg 1 tablet every 12 hours sent to local pharmacy for refill.. Interview with Staff A, Medication Aide, on 8/5/15 at 9:40am revealed: -She routinely administered medications to Resident #4.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 11 -There was no other lisinopril available for Resident #4 on the cart other than the 5mg tablets. -She had been giving the resident one 5mg tablet when she administered the medication to the resident. Interview with the Administrator, who was filling in as a Medication Aide, on 8/5/15 at 4:50pm revealed: -She routinely administered medications to Resident #4. -She gave two 5mg tablets of lisinopril to Resident #4 when she administered the medication. -Resident #4 preferred to use a local pharmacy for her medications rather than the facility pharmacy. -She was unsure why the local pharmacy had filled the script with 5mg tablets instead of 10mg tablets, because she knew lisinopril came in 10mg tablet strength. Telephone interview with Resident #4's family member on 8/5/15 at 8:00am revealed the family member had no complaints or concerns with the resident's medications. Telephone interview with Resident #4's physician on 8/6/15 at 1:16pm revealed: -There was no documentation in Resident #4's record that blood pressure readings had been faxed or called to her office since 4/15/15. -She was aware Resident #4 had problems with high blood pressure and it was a concern to her if Resident #4 had received lisinopril 5mg instead of lisinopril 10mg as ordered. Based on observations, staff interviews, and record review on 8/5/15, it was determined	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 12 Resident #4 was not interviewable. Refer to interview with Staff B, Medication Aide, on 8/4/15 at 2:45pm. Refer to interview with Staff C, Medication Aide, on 8/4/15 at 3:15pm. Refer to interview with the Administrator on 8/5/15 at 2:48pm. Refer to interview with the Administrator on 8/5/15 at 4:35pm. 2. Review of a physician's order for Resident #4 dated 7/10/14 revealed methenamine 500mg daily (used to help prevent and treat urinary tract infections). Review of Resident #4's May 2015 eMAR revealed: -An entry for methenamine 1 gm take 1/2 tablet daily at 9am. -Methenamine was documented as administered from 5/17/15 to 5/31/15 14 occurrences out of 15 opportunities. Review of Resident #4's June 2015 eMAR revealed: -An entry for methenamine 1 gm take 1/2 tablet daily at 9am. -Methenamine was documented as administered daily from 6/1/15 to 6/30/15 at 9am except for 6/22/15 (no reason documented as to why dose not administered on 6/22/15). Review of Resident #4's current FL2 dated 7/30/15 revealed a physician's order for methenamine 1gm take 1/2 tablet daily.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 13 Review of Resident #4's July 2015 eMAR revealed: -An entry for methenamine 1 gm take 1/2 tablet daily at 9am. -Methenamine was documented as administered daily from 7/1/15 to 7/30/15 at 9am. Review of Resident #4's August 2015 eMAR revealed: -An entry for methenamine 1gm take 1/2 tablet dialy at 9am. -Methenamine was documented administered daily from 8/1/15 to 8/4/15 at 9am. Observation of Resident #4's medication on hand in the medication cart on 8/5/15 at 9:40am revealed: -Methenamine 1gm tablets in a bottle dispensed by a local pharmacy not the facility pharmacy. -The tablets had not been cut in half. Interview with Staff A, Medication Aide, on 8/5/15 at 9:40am revealed: -She routinely administered medications to Resident #4. -She had been giving the resident one 1gm tablet when she administered the medication to the resident. Telephone interview with Resident #4's family member on 8/5/15 at 8:00am revealed the family member had no complaints or concerns with the resident's medications. Telephone interview with Resident #4's physician on 8/6/15 at 1:16pm revealed she was very concerned Resident #4 had been receiving methenamine 1gm instead of 500mg daily dose as ordered, because the medication was "hard" on the resident's kidneys.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 14 Based on record review, observation of Resident #4 on 8/5/15, she was determined not to be interviewable. Refer to interview with Staff B, Medication Aide, on 8/4/15 at 2:45pm. Refer to interview with Staff C, Medication Aide, on 8/4/15 at 3:15pm. Refer to interview with the Administrator on 8/5/15 at 2:48pm. Refer to interview with the Administrator on 8/5/15 at 4:35pm. D. Review of Resident #2's current FL2 dated 5/14/15 revealed: - Admission date of 5/30/14. - No admitting diagnoses. - A handwritten comment "see attached list" for medication orders. Review of a May 2015 computer-printed electronic medication administration record (eMAR) for Resident #2, printed 5/12/15 and filed in the resident record behind the FL2, revealed the following medication orders: - Colace (a laxative to prevent constipation) 100 milligrams (mg) take one capsule (cap) by mouth (po) at bedtime. - Zocor (a statin medication to lower cholesterol) 200mg take one tablet (tab) po at bedtime. - Depakote (an anti-seizure medication used as a mood stabilizer in dementia patients) extended release (ER) 500mg take 2 tabs po at bedtime. - Ramipril (an antihypertensive medication) 10mg take one cap po every day. - Femara (a medication used in breast cancer	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 15	{D 358}		

treatment) 2.5mg take one tab po every day.
- Pristiq (an antidepressant) 100mg take one tab po at bedtime.
- Ventolin (an inhaled bronchodilator medication) 90 micrograms (mcg) inhale 2 puffs po 2 times a day.
- Metoprolol tartrate (an antihypertensive) 50mg 1 tab po twice a day.

Review of Resident #2's resident record face sheet revealed:
- Admission date of 5/30/14.
- Diagnoses including chronic obstructive pulmonary disease (COPD), hypertension (HTN), hyperlipidemia (HLD), frontal lobe temporal dementia with severe short term memory loss and depression.

Review of Resident #2's care plan dated 10/6/15 revealed the resident required extensive assistance with medication administration.

Review of Resident #2's May 2015 eMAR from 5/18/15 through 5/31/15 revealed:
- Colace not administered on 5/31/15 at 8pm, with the additional documented comment in the medication notes of the eMAR "not available" by Staff E (missed one dose).
- Zocor not administered on 5/31/15 at 8pm, with the additional documented comment in the medication notes of of the eMAR "not available" by Staff E (missed one dose).

Review of Resident #2's June 2015 eMAR revealed:
- Ramipril as discontinued (D/C) on 6/8/15 at 9am and a new order directly underneath it at the same time, dose and frequency
- The new order for Ramipril with a missing dose on 6/8/15 and the next dose given on 6/9/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 16 (missed one dose). Further review of Resident #2's June 2015 eMAR revealed: - Depakote ER not administered from 6/22/15 through 6/24/15 at 8pm. - The additional comment in the medication notes dated 6/22/15 at 8pm of "not available" by Staff E. - The additional comment in the medication notes dated 6/23/15 at 8pm of "waiting on pharmacy" by Staff C. - The additional comment in the medication notes dated 6/24/15 at 8pm of "waiting on pharmacy to deliver" by the Administrator. Review of a laboratory report for Resident #2 dated 6/6/15 revealed a valproic acid level that was essentially within normal limits (this test is used to monitor the therapeutic drug level of Depakote in the blood). Review of a faxed medication order request time stamped 6/8/15 revealed: - A request for Depakote ER 500mg tab. - The comment "refill too soon- will send 6/15" in capital letters in a grey box. Review of a copy of a handwritten prescription for Resident #2 dated 6/25/15 revealed: - Depakote ER at the same dose, time and frequency as compared to the most recent order, for 30 tabs and 3 refills, signed by a physician assistant. - A copy of a fax transmittal sheet to the pharmacy, time stamped 6/25/15 and attached to the copy of the handwritten prescription, revealed the Administrator as the sender, the block checked for "need backup" and handwritten comments "pls [please] send from back-up TODAY!"	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 17 Further review of the Resident #2's June 2015 eMAR revealed: - The order for Depakote ER D/C on 6/25/15 with a new order directly underneath it at the same time, dose and frequency - The new order for Depakote with a missing dose on 6/25/15 and the next dose documented as administered on 6/26/15 (missed four doses from 6/22/15 through 6/25/15). Review of Resident #2's July 2015 eMAR revealed: - Femara documented as not administered on 7/6/15 at 9am, with the additional documented comment in the medication notes of the eMAR of "w[a]iting for pharmacy delivery" by Staff B (missed one dose). - Ventolin documented as not administered on 7/6/15 at 9am, with the additional documented comment in the medication notes of the eMAR of "w[a]iting for pharmacy delivery" by Staff B (missed one dose). - Pristiq documented as not administered on 7/9/15 at 8pm, with the additional documented comment in the medication notes of the eMAR of "waiting on pharmacy" by Staff C (missed one dose). - Metoprolol documented as not administered on 7/31/15 at 8pm, with the additional documented comment in the medication notes of the eMAR of "waiting on script" by Staff F (missed one dose). Review of physician orders for Resident #2 dated 7/9/15 revealed the comment "con't [continue] meds." Review of Resident #2's August 2015 eMAR revealed: - Metoprolol as a missed dose on 8/1/15 at 9am,	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 18	{D 358}		

with no additional documented comment in the medication notes of the eMAR (missed one dose).
- Zocor documented as not administered on 8/3/15 at 8pm, with the additional documented comment in the medication notes of the eMAR of "med[ication] not in cart" by Staff B (missed one dose).

Review of a memorandum regarding "After Hours/Emergency Back Up Services" from the facility's preferred pharmacy dated 5/2/14 revealed:
- A list of medications appropriate for back up services which included pain, anxiety, cardiac and anti-seizure medications.
- "Also, refilling standing medications would not be a function of the backup service" and "if you need these kind of items for the care of your patients, please assess your inventories during the week and reorder during regular pharmacy hours."
- Assessing inventories of standing medications "avoids delayed therapies and unnecessary cost for patients while maintaining continuity of care ..."

Review of Resident #2's medication supply agreement revealed:
- The statement "state law requires all assisted living facilities have the necessary medications on hand to provide medication assistance to a resident according to his/her specific prescriptions. With this in mind it is imperative we always maintain adequate supplies of medications to meet this obligation."
- The statement "in the event any medication is unavailable to dispense according to schedule the resident reserves the right to contact our emergency pharmacy provider and secure the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 19	{D 358}		

needed medications."
- An agreement statement "to allow [facility] to contact the emergency pharmacy provided as needed in the even medication supplies are unavailable to meet prescribed schedules."
- A signature on the resident/responsible party line with the date of 5/30/14.
- A signature on the facility representative's line with the date of 8/12/14.

Review of Resident #2's medication supply agreement, preferred pharmacy agreement revealed:
- The facility contracted with a preferred pharmacy.
- The service of the contracted pharmacy of "delivery of medications directly to the residence to include new prescriptions, re-orders and changes."
- The service of "emergency 24-hour pharmacy services, including on-call pharmacist, 24 hours a day."
- An agreement that the resident acknowledged they would be "serviced by our preferred pharmacy."
- A signature on the resident line with the date of 5/30/14.
- A signature on the facility representative's line with the date of 8/12/14.

Confidential interview with a staff member revealed:
- The facility ran out of medications "sometimes."
- One problem was getting physicians outside of the facility to write new prescriptions for new medications and for refills.
- Medication aides were good about noticing when medication were close to running out.

Interview with Resident #2 on 8/4/15 at 3:15pm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 20	{D 358}		

revealed:
- She used an inhaler, definitely in the morning, and the medication aide would get it to her in her room or in the hallway.
- The inhaler helped her breathe and she definitely wanted it when it was ordered to be given.
- She could not recall missing any doses of her inhaler.
- She denied having any breathing problems.

Telephone interview with the physician assistant 8/5/15 at 9:33am revealed:
- She had not seen Resident #2 and the last time she was scheduled to do so the resident refused to see her.
- She was not sure who the provider was that might have seen Resident #2, prior to her arrival at the facility approximately three months ago.
- If a medication was prescribed to the resident she should have been receiving it as ordered.
- She could not recall signing a prescription for a renewal of Depakote for the resident.

Telephone interview with a representative from the contracted pharmacy for the facility, on 8/5/15 at 1:47pm revealed:
- The facility used a fax machine to communicate to the pharmacy refills and new prescriptions.
- Prescriptions could be sent from the facility or from a physician's office.
- The Pharmacy would link in their computer records every document received to the specific drug being ordered and filled for that resident.
- The facility's deadline for submitting medication orders was 4pm for routine delivery the same day.
- Routine deliveries were made Tuesdays through Fridays and on other days medications could be either be express mailed to the facility or the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 21 backup pharmacy would be used. - The backup pharmacy was a local pharmacy that would make decisions regarding the filling of prescriptions. - A pharmacist was on call after the preferred pharmacy closed to review new orders sent after 4pm. - The decision to use the backup pharmacy was the call of the facility. - Some medications such as antibiotics, anti-seizure and antihypertensives should be filled by the backup pharmacy and the pharmacy provided a list to all their facilities explaining which medications would be called into back up pharmacies. - Pharmacy staff called "keyers" received faxed orders from the facility and entered them into the eMAR. - Oral medications were packaged in bubble packs which had a line corresponding the last 8 tablets or capsules, providing a prompt for staff to consider requesting a refill or obtaining a new prescription if required. - If a medication is requested too soon for refill the pharmacy placed the medication on a "tickler list" as a reminder to refill it when the appropriate time came. Continued telephone interview with a representative from the contracted pharmacy for the facility, via phone on 8/5/15 at 1:47pm and specific to Resident #2's medications revealed: - Review of pharmacy computer records for May 2015 revealed that a request to refill Colace and Zocor was received on Friday, 5/29/15 at 7:33pm and they were delivered to the facility on 6/1/15 (consistent with missing doses for both medications on 5/31/15). - Her review of pharmacy computer records for June 2015 revealed that a new order, given a	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 22	{D 358}		

new prescription number, was received for Ramipril and on the eMAR this new order would appear under the old, D/C (discontinue) order (consistent with the missing dose on 6/8/15).
- Review of pharmacy computer records for June 2015 revealed that Depakote was requested on 6/8/15 but it was too soon so a refill was filled on 6/24/15.
- The most current Depakote prescription for Resident #2 in the pharmacy computer records was dated 6/25/15.
- Depakote was one of those medications a facility should not run out of.
- Review of pharmacy computer records for July 2015 revealed that a request was received for Ventolin on 7/3/15 and filled 7/6/15 (consistent with the missing dose on 7/6/15 at 9am).
- The pharmacy took 7/3/15 as a holiday for the 4th of July weekend, they had a backup pharmacist in place during the weekend and a reminder of this was provided to their facilities in the medication tote delivered earlier that week.
- Review of pharmacy computer records for July 2015 revealed that a 30 day supply of Femara was filled on 7/5/15 but was unable to determine when it was delivered (consistent with the missing dose on 7/6/15)
- Review of pharmacy computer records for July 2015 revealed that a request was received for a Pristiq refill on 7/7/15 and filled 7/8/15 (consistent with the missing dose on 7/9/15).
- Review of pharmacy computer records for July 2015 revealed that a refill request for Metoprolol was received on 7/30/15 and filled 7/31/15 at 8:19pm (consistent with the missing dose on 7/31/15 at 8pm).
- Review of pharmacy computer records for August 2015 revealed that if the resident's metoprolol was sent by commercial express shipment she would have received it the following

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 23	{D 358}		

morning (consistent with the missing dose on 8/1/15).
- Review of pharmacy computer records for August 2015 revealed that a request for Zocor was received 7/31/15 at 8pm and processed on 8/3/15 (consistent with the missing dose on 8/3/15 at 8pm).

Interview with Administrator and the Regional Director of quality and education on 8/6/15 at 4:54pm revealed:
- The local commercial pharmacy is contracted with our preferred pharmacy as the backup pharmacy.
- The local commercial pharmacy was very small and did not carry many medications and if the medication was not common it was more of a challenge to get filled.
- She had been aware of the delay in getting the Depakote refilled for Resident #2 in June 2015 with the challenge being this occurred over a weekend.

Refer to interview with Staff B, Medication Aide, on 8/4/15 at 2:45pm.

Refer to interview with Staff C, Medication Aide, on 8/4/15 at 3:15pm.

Refer to interview with the Administrator on 8/5/15 at 2:48pm.

Refer to interview with the Administrator on 8/5/15 at 4:35pm.

E. Review of Resident #9's current FL2 dated 9/15/14 revealed:
- An admission date of 8/8/11.
- Diagnoses including moderate mental retardation, hypertension (HTN) and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 24 hypercholesterolemia. Review of Resident #9's FL2 dated 9/15/14 revealed the following medications: - Atenolol (an antihypertensive) 25 milligrams (mg) one tablet (tab) by mouth at bedtime. - Simvastatin (a statin drug used to lower cholesterol) 10mg 1 tab by mouth daily. - Tramadol (an opioid analgesic) hydrochloride (HCL) 50mg 1 tab by mouth three times a day. - Calcium Carbonate (a supplement) 600mg 1 tab by mouth twice a day. - Mirtazapine (an antidepressant) 30mg 1 tab by mouth at bedtime. - Nystatin (an antifungal) powder 100,000 units apply under abdominal folds after showers on Tuesday, Thursday and Saturday on 7-3 shift. - Omeprazole delayed release (DR) 40mg 1 capsule by mouth daily. - Sodium Bicarbonate (an antacid) 650mg 1 tab by mouth three times a day. - An order for monthly blood pressure monitoring. Review of Resident #9's Care Plan dated 10/26/14 revealed her requiring extensive assistance with medication administration. Review of Resident #9's resident medication supply agreement revealed: - No resident or facility representative signatures on designated lines. - A handwritten statement signed by the power of attorney, dated 7/8/11, noting the name of a local pharmacy (which was not the facility's preferred pharmacy) as the pharmacy provider and "can provide any emergency medication." Review of May 2015 computer-printed electronic medication administration record (eMAR) for Resident #9 from 5/18/15 through 5/31/15	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 25 revealed: - Atenolol not administered on 5/23/15, 5/24/15, 5/25/15, 5/26/15, 5/28/15, 5/29/15 and 5/31/15. - Documented comments in the medication notes section of the eMAR for the dates 5/23/15 through 5/26/15 for atenolol as "waiting on pharmacy." - Documented comment in the medication notes section of the eMAR for 5/28/15 for atenolol as "waiting on script." - Documented comment in the medication notes section of the eMAR for 5/29/15 for atenolol as "Patient refused medication." - Documented comment in the medication notes section of the eMAR for 5/31/15 for atenolol as "not available." Review of June 2015 eMAR for Resident #9 revealed: - Atenolol documented as not administered from 6/1/15 through 6/10/15. - Documented comments in the medication notes section of the eMAR for 6/1/15 through 6/10/15 for atenolol included "not available," "waiting on pharmacy" and "not in stock." - Simvastatin not administered 6/4/15 through 6/10/15. - Documented comments in the medication notes section of the eMAR for 6/4/15 through 6/10/15 for simvastatin included "not available," "waiting on pharmacy," "not in stock" and "patient refused medication" for the 6/9/15 dose. - Tramadol HCL not administered on 6/29/15 (for two separate opportunities) and 6/30/15 (for one opportunity). - Documented comments in the medication notes section of the eMAR for tramadol HCL for 6/29/15 through 6/30/15 included "waiting on pharmacy to refill," "waiting on MD [physician] to write new [pre]script[ion]" and "waiting for refill order."	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 26 Review of physician orders signed on 6/1/15 for Resident #9 included renewals of atenolol, simvastatin, calcium carbonate, mirtazapine, sodium bicarbonate, omeprazole and tramadol HCL. Review of a fax cover sheet dated 6/29/15 revealed: - No fax transmission date/time stamp. - "Can you please fax a refill order to [community pharmacy] for [Resident #9's name] Tramadol HCL 50mg tabs we are currently out of them ..." Review of July 2015 eMAR for Resident #9 revealed the following medications not administered: - Sodium Bicarbonate on 7/1/15 and 7/2/15. - Nystatin on 7/4/15. - Simvastatin on 7/11/15 and 7/13 through 7/15/15. - Calcium Carbonate on 7/13/15. - Omeprazole on 7/13/15. - Mirtazapine on 7/15/15. - Documented comments in the medication notes section of the eMAR for these medications included "waiting on pharmacy," "waiting for doctor to refill," "waiting on refill from doctor," "not in stock" and "not available." - A blood pressure of 120/90 recorded on 7/26/15. Review of August 2015 eMAR for Resident #9 to date revealed the following medications not administered: - Sodium Bicarbonate on 8/2/15 at 6pm and 10pm. - Tramadol HCL on 8/3/15 at 9pm. - Simvastatin on 8/4/15. - Comments in the medication notes section for these medications included "waiting on	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 27 pharmacy" and "not in stock." Observation of Resident #9 8/4/15 at 12:06pm revealed: - Calm affect, but not conversant except one to two word replies to simple questions. - No visible signs or complaints of acute discomfort. - Resident receiving her 12:00pm medications from a medication aide at the medication room. Observation and record review on 8/4/15 at 12:06pm revealed Resident #9 was determined to be uninterviewable. Interview with the Administrator (accompanied by the regional Director of Quality and Education) on 8/6/15 at 4:54pm revealed: - Resident #9's physician had an office in a nearby town and the facility had difficulty with getting prescriptions from him. - Resident #9 used a community pharmacy different from the contracted pharmacy used by the facility. - She was aware of the atenolol missing for the dates noted. Refer to interview with Staff B, Medication Aide, on 8/4/15 at 2:45pm. Refer to interview with Staff C, Medication Aide, on 8/4/15 at 3:15pm. Refer to interview with the Administrator on 8/5/15 at 2:48pm. Refer to interview with the Administrator on 8/5/15 at 4:35pm. _____	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 28 Interview with Staff B, Medication Aide, on 8/4/15 at 2:45pm revealed: -The facility did not have automatic cycle fill from their pharmacy. -Routine pharmacy deliveries occurred daily Tuesday through Friday and sometimes on Saturdays "usually by 10:30am." -"On the weekends, we have to call [the pharmacy on call backup phone number] and they call us back. Sometimes it takes them a couple hours to call us back to find out [what medicine is needed] and get it arranged with the [local backup pharmacy] for us." -"If its [a medication] that requires a hard script [the facility pharmacy] will not call it to the [local backup pharmacy]. During the week we have to physically take the [hard script] to [the local backup pharmacy ourselves]." Interview with Staff C, Medication Aide, on 8/4/15 at 3:15pm revealed: -"When we get down to the blue strip on the bubble pack we pull [the strip] and put it on a reorder sheet that gets faxed to the pharmacy the next day." -The Medication Aide who pulls the strip makes a refill request within the eMAR system. -The next day the Administrator looks at the paper trail and double checks the refill request entered by the Medication Aide in the eMAR system. Interview with the Administrator on 8/5/15 at 2:48pm revealed: -"We need a local pharmacy." -"Our pharmacy is 6 hours away." -The facility pharmacy will refill a medication and put it in the tote and since they fill the entire script insurance would not let us get but a couple doses of medication from our backup pharmacy.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 29 -So "we end up going without the med for several days" because our deliveries are Tuesday through Friday. -If we get an order for a new medication on Friday, we may not get the medication delivered until Tuesday from our pharmacy. Interview with the Administrator on 8/5/15 at 4:35pm revealed: -The pharmacy will only refill 3 days out due to insurance restrictions. -"Because [named insurance] will only allow up to 3 day supply of med before refilling." -Internally the Medication Aides on 3rd shift were assigned to check medication supplies for all residents weekly. -On Monday nights, staff checked the medication supply of residents who resided on 100 hall. -On Tuesday nights, staff checked the medication supply of residents who resided on 200 hall. -On Wednesday nights, staff checked the medication supply of residents who resided on 300 hall. _____ A plan of protection was provided by the facility on 8/5/15 and included: -The facility will complete an immediate medication cart audit on 3rd shift to ensure all medications are available for administration on all residents. -Any medications that need to be filled, refilled will immediately be ordered from the facility backup pharmacy. -Medication cart audits will be monitored by the Administrator each week to ensure the cart audits have been performed properly and no medications are in danger of being missed. -If a resident is at any time in danger of missing a medication, the Administrator or designated	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 358}	Continued From page 30 personnel will be contacted immediately to start plan of getting medications in the facility within that day. DATE OF CORRECTION PROVIDED BY THE FACILITY FOR THE UNABATED TYPE B VIOLATION AUGUST 21, 2015.	{D 358}		
{D 367}	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure accurate documentation of medication administration on 3 of 7 sampled residents' Medication Administration	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 367}	Continued From page 31 Records (MARs). (Residents #2, #3, #4.). The findings are: A. Review of Resident #2's current FL2 dated 5/14/15 revealed: - Admission date of 5/30/14. - No admitting diagnoses. - A handwritten comment "see attached list" for medication orders. Review of Resident #2's resident record face sheet revealed: - Admission date of 5/30/14. - Diagnoses included chronic obstructive pulmonary disease (COPD) and nicotine addiction. Review of May 2015 computer-printed electronic medication administration record (eMAR) for Resident #2, printed 5/12/15 and filed in the resident record behind the FL2, revealed a medication order for Ventolin (an inhaled bronchodilator medication) 90 micrograms inhale 2 puffs by mouth 2 times a day (at 9am and 8pm). Review of Resident #2's care plan dated 10/6/15 revealed the resident required extensive assistance with medication administration. Review of Resident #2's May 2015 eMAR from 5/18/15 through 5/31/15 revealed: - Ventolin was not documented as administered on 5/18/15, 5/20/15, 5/21/15, 5/22/15, 5/25/15 and 5/30/15. - Except for the missed dose on 5/25/15 at 9am all the missed doses occurred at the 8pm administration time. - All the missed 8pm doses of Ventolin were	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 367}	Continued From page 32	{D 367}		

documented in the medication notes of the eMAR as due to "patient refused medication" (for a total of 5 missed doses).
- All the medication notes for the missed 8pm doses in May 2015 were entered by Staff E.

Review of Resident #2's June 2015 eMAR revealed:
- Ventolin was not documented as administered on 6/1/15, 6/2/15, 6/3/15, 6/4/15, 6/5/15, 6/8/15, 6/9/15, 6/10/15 (both morning and evening), 6/12/15, 6/14/15, 6/15/15, 6/17/15, 6/18/15, 6/19/15, 6/22/15 (both morning and evening), 6/26/15 and 6/27/15.
- Except for the missed morning doses on 6/10/15 and 6/22/15 at 9am all the missed doses occurred at the 8pm administration time.
- Except for the 6/2/15 dose at 8pm (no reason documented), all the missed 8pm doses were documented in the medication notes of the eMAR as due to "patient refused medication" (for a total of 17 missed doses).
- All the medication notes for the missed 8pm doses in June 2015 were entered by Staff E.

Review of Resident #2's July 2015 eMAR revealed:
- Ventolin was not documented as administered on 7/6/15 (both morning and evening), 7/7/15, 7/8/15, 7/10/15, 7/11/15, 7/13/15, 7/15/16 and 7/16/15.
- The missed dose on 7/6/15 at 9am was documented in the medication notes of the eMAR as due to "w[a]iting for pharmacy delivery."
- Except for the missed morning dose on 7/6/15 at 9am all the missed doses occurred at the 8pm administration time.
- All the missed 8pm doses were documented in the medication notes of the eMAR as due to "patient refused medication" (for a total of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 367}	Continued From page 33	{D 367}		

missed doses).
- All the medication notes for the missed 8pm doses in July 2015 were entered by Staff E.

Review of Resident #2's August 2015 eMAR to current date revealed no missing doses of Ventolin, either at the 9am or the 8pm administration times.

Interview with Resident #2 on 8/4/15 at 8:40am revealed:
- "Sometimes [the Medication Aides] forget to give me my inhaler."
-The resident was unsure the name of the medication given via inhaler, but "I only have one inhaler."

Interview with Resident #2 on 8/4/15 at 3:15pm revealed:
- She used one inhaler, definitely in the morning, with the medication aide either meeting her in the hallway on her way to the porch to smoke or by bringing it to her room.
- She was not going to quit smoking, but the inhaler did help her breathe and she definitely wanted it when it was ordered.
- She could not recall ever refusing her inhaler but also could not recall if it was ordered to be given to her at nighttime or bedtime.

Interview with Staff E on 8/6/15 at 11:30am was not possible as the Administrator revealed Staff E no longer worked at the facility and no phone number was provided.

Phone interview with Staff F (a second shift medication aide) on 8/6/15 at 11:40am was unsuccessful.

Telephone interview with Staff C on 8/6/15 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 367}	Continued From page 34 12:07pm revealed: - She was a medication aide who worked second shifts and was familiar with Resident #2. - Resident #2 was "her own person" and particular about her care. - Resident #2 received an inhaler on her shift and she usually gave it after the resident returned from smoking to provide maximum effect. - Resident #2 had never refused her inhaler for her but had been known for refusing other care needs like shower assistance. - She had a "certain way" she worked with Resident #2 to increase compliance with ordered care. - If any resident refused anything it would be passed on to the next shift. - If any resident showed a pattern of refusals it would be reported to the Administrator or the doctor. Interview with the Administrator (accompanied by the Regional Director of Quality and Education) on 8/6/15 at 4:54pm revealed: - Resident #2 refused showers but not necessarily medications. - Resident #2 refused her inhaler "the other day." - Resident #2 routinely took her chlorpromazine with a very small amount of water, resulting in complaints of a burning sensation only made worse by then using her inhaler. - Documented resident refusals of the inhaler might reflect Staff E's approach with the resident. - Staff E no longer worked at the facility. - If a resident refused ordered care 3 times in a row the doctor was to be notified, per their policy. B. Review of Resident #3's current FL2 dated 7/6/15 revealed: - No admission date. - Diagnoses includied glaucoma, "legally blind,"	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 367}	Continued From page 35 back pain, peripheral neuropathy, edema, anxiety and depression. - Current level of care checked as home and recommended level of care checked as domiciliary. Further review of Resident #3's current FL2 dated 7/6/15 revealed the following scheduled medication orders: - Sertraline Hydrochloride (an antidepressant) 100 milligrams (mg) 2 by mouth every day. - Furosemide (a diuretic) 20mg 1 by mouth every day. - Levothyroxine (a medication for treating hypothryroidism) 100mcg 1 by mouth every day. - Omeprazole (a medication for treating acid reflux) 40mg 1 by mouth every day. - Tamsulosin (used in the treatment of prostate disorders) 0.4mg 1 by mouth every day. - Metolazone (a diuretic) 5mg 1 by mouth every day. - Bupropion (an antidepressant) 754mg 1 by mouth every day. - Gabapentin (used to treat nerve pain) 400mg 1 by mouth six times a day. - Brimonidine tartrate (used to treat glaucoma) 0.1% drops 1 drop into each eye twice a day. - Dorzolamide/Timolol (used to treat glaucoma) 1 drop both eyes every day. - Latanoprost (used to treat glaucoma) 0.005% drops 1 drop both eyes at bedtime. - Aspirin (used to prevent clots leading to heart attacks) 81mg 1 by mouth every day. - Calcium Carbonate (a supplement) 1250mg 1 by mouth every day. - Multivitamin (a supplement) by mouth every day. Review of a resident record face sheet for Resident #3 revealed an admission date of 7/20/15.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 367}	Continued From page 36 Review of a progress note on Resident #3 dated 7/20/15 at 10pm revealed his arrival to the facility. Review of May 2015 computer-printed electronic medication administration record (eMAR) for Resident #3 for the period of 7/21/15 through 7/31/15 revealed: - No documented medication administration from 7/21/15 through 7/23/15. - The only medications documented as administered on 7/24/15 included his daily furosemide dose, daily levothyroxine dose, daily sertraline dose, daily tamsulosin dose, gabapentin commencing at 1pm and brimonidine and dorzolamide/timolol eye drops at 8pm. - All medications given on 7/25/15 as ordered except metolazone (with the documented comment in the medication notes in the eMAR of "on hold"). Interview with Resident #3 on 8/5/15 at 11:30am revealed: - He arrived at the facility late during the evening but could not remember the date. - He could not recall if he missed any medications the first few days he was at the facility as there were lots of people "coming and going." - His family member who accompanied him to the facility brought all his medications from home, but he "never saw them again." Telephone interview with a representative from the contracted pharmacy for the facility on 8/5/15 at 1:47pm revealed: - New admissions to the facility are managed by the facility which tells the pharmacy what the resident has ordered and sending only what is asked for. - Her review of pharmacy computer records for	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 367}	Continued From page 37 Resident #3 revealed a copy of the FL2 orders dated 7/17/15 with the note "not in facility yet." - Further review of pharmacy computer records for Resident #3 revealed an "order check [orders received by pharmacy and placed in the eMAR]" dated 7/24/15. - Further review of pharmacy computer records for Resident #3 revealed a delivery of medications dated 7/27/15. - Further review of pharmacy computer records for Resident #3 revealed the resident's ordered eye drops were filled only once on 7/31/15, which meant the facility must have been using eye drops brought in from home upon admission prior to this date. Interview with the Administrator 8/5/15 at 4pm revealed: - She might have an order change for Resident #3 and she would look for a temporary MAR from his admission. - The facility had a process of inventorying of medications brought in by a newly admitted resident from home. - This inventory was compared to the FL2 and any required clarification orders were written out if there were discrepancies between the two documents. - For medications brought in that were not ordered, family are asked to either take them back home or the facility could have them destroyed. Interview with the Administrator (accompanied by the Regional Director of Quality and Education) on 8/6/15 at 4:54pm revealed she was still trying to find a paper MAR for Resident #3. C. Review of Resident #4's current FL2 dated 7/30/15 revealed diagnoses included:	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 367}	Continued From page 38 -Hypertension -Parkinson's Disease -Degenerative Joint Disease Review of a verbal telephone order for Resident #4 dated 5/11/15 revealed: -Lisinopril 10mg every 12 hours. -The physician signed the order on 5/19/15. Review of Resident #4's May eMAR from 5/17/15 to 5/31/15 revealed: -An entry for lisinopril 10mg every 12 hours at 8am and 8pm. -On 5/17/15, 5/19/15, and 5/21/15 at 8am, 2 10mg tablets were documented as administered. -On 5/25/15 at 8pm, 4 10mg tablets were documented as administered. -For all other documented administrations, 1 10mg tablet was documented as administered for 26 occurrences out of 30 opportunities. Observation of Resident #4's medication on hand in the medication cart on 8/5/15 at 9:40am revealed: -3 boxes of lisinopril 5mg tablets dispensed by a local pharmacy not the facility pharmacy. Interview with Staff A, Medication Aide, on 8/5/15 at 9:40am revealed: -She routinely administered medications to Resident #4. -There was no other lisinopril available for Resident #4 on the cart other than the 5mg tablets. -She had been giving the resident one 5mg tablet when she administered the medication to the resident. Interview with the Administrator, who was filling in as a Medication Aide, on 8/5/15 at 4:50pm	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 367}	Continued From page 39	{D 367}		

revealed:
-She routinely administered medications to Resident #4.
-She gave two 5mg tablets of lisinopril to Resident #4 when she administered the medication.
-Resident #4 preferred to use a local pharmacy for her medications rather than the facility pharmacy.
-She was unsure why the local pharmacy had filled the script with 5mg tablets instead of 10mg tablets, because she knew lisinopril came in 10mg tablet strength.

Review of Resident #4's June eMAR revealed:
-An entry for lisinopril 10mg every 12 hours at 8am and 8pm.
-1 tablet was documented as administered for 41 occurrences out of 44 opportunities.
-On 6/21/15 at 8pm, medication was documented as not administered "waiting on refill from doctor."
-On 6/22/15 at 8pm, medication was documented as not administered "waiting on script."

Review of a prescription for Resident #4 dated 6/22/15 revealed lisinopril 5mg 1 tablet every 12 hours sent to local pharmacy for refill.

Telephone interview with Resident #4's family member on 8/5/15 at 8:00am revealed the family member had no complaints or concerns with the resident's medications.

Based on record review, observation of Resident #4 on 8/5/15, she was determined not to be interviewable.

2. Review of Resident #4's current FL2 dated 7/30/15 revealed a physician's order for methenamine 1gm take 1/2 tablet by mouth

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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 367}	Continued From page 40 daily. Review of Resident #4's August 2015 eMAR revealed: -An entry for methenamine 1gm take 1/2/tablet daily at 9am. -Methenamine was documented administered from 8/1/15 to 8/4/15 4 occurrences out of 4 opportunities. Observation of Resident #4's medication on hand in the medication cart on 8/5/15 at 9:40am revealed: -Methenamine 1gm tablets dispensed by a local pharmacy not the facility pharmacy. -The tablets had not been cut in half. Telephone interview with Resident #4's family member on 8/5/15 at 8:00am revealed the family member had no complaints or concerns with the resident's medications. Interview with Staff A, Medication Aide, on 8/5/15 at 9:40am revealed: -She routinely administered medications to Resident #4. -She had been giving the resident one 1gm tablet when she administered the medication to the resident. Telephone interview with Resident #4's physician on 8/6/15 at 1:16pm revealed she was very concerned Resident #4 had been receiving methenamine 1gm instead of 500mg daily dose as ordered, because the medication was very hard on the resident's kidneys. Based on record review, observation of Resident #4 on 8/5/15, she was determined not to be interviewable.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045092	A. BUILDING: _____ B. WING _____	R-C 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR WEST	1825 PISGAH DRIVE HENDERSONVILLE, NC 28791

(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
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to medication administration. The findings are: Based on observation, interview, and record review, the facility failed to assure medications were administered as prescribed for 6 of 7 sampled residents (Resident #1, #2, #4, #5, #9) for a total of 22 different medications. [Refer to Tag D 358 10A NCAC 13F .1004(a) Medication Administration (Unabated Type B Violation)].	D912		