STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060132	A. BUILDING: _____ B. WING _____	R-C 03/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE COTSWOLD	3610 RANDOLPH ROAD CHARLOTTE, NC 28211

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{D 000}	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted a follow-up survey on 03/02/16-03/04/16.	{D 000}	The following is the Plan of Correction for Brookdale Cotswold. This Plan of Correction is in regards to the Statement of Deficiencies dated March 18th, 2016. This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.	
{D 276}	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to implement physician orders for 1 of 6 sampled residents (Resident #4) with orders for blood pressure (BP) checks. The findings are: Review of Resident #4's current FL2 dated 01/19/16 revealed: -Diagnoses included dementia, DM Type II, HTN and chronic anemia. -An order for weekly and monthly blood pressure. Review of Resident #4's Resident Register revealed an admission date of 12/14/14. Review of Resident #4's January 2016 Medication Administration Record (MAR) revealed:	{D 276}		

Reviewed and Accepted 4-1-16 gbb

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{D 276}	Continued From page 1 -A computer generated entry to check blood pressure once weekly - notify MD if systolic blood pressure is greater than 210 or less than 80. -The blood pressure had been documented four times for the month of January 2016. Further review of the January 2016 MAR revealed: -B/P was documented as 138/72 on 01/01/16. -B/P was documented as 136/80 on 01/08/16. -B/P was documented as 132/78 on 01/15/16. -B/P was documented as 140/80 on 01/22/16. -The space designated for the blood pressure scheduled on 01/29/16 was blank. -There was no blood pressure documented for 01/29/16. Review of Resident #4's February 2016 MAR revealed: -A computer generated entry to check blood pressure once weekly - notify MD if systolic blood pressure is greater that 210 or less than 80. -The blood pressure had been documented one time for the month of February 2016. Further review of the February 2016 MAR revealed: -B/P was documented as 138/90 on 02/05/16. -The space designated for the blood pressure scheduled on 02/12/16 was blank. -The space designated for the blood pressure scheduled on 02/19/16 was blank. -The space designated for the blood pressure scheduled on 02/26/16 was blank. Interview on 03/02/16 at 3:45 pm with a Medication Aide (MA) revealed: -B/Ps were obtained as ordered by the MA assigned to that resident. -She did not know how the B/P ordered for	{D 276}	G.S. 131D-21(2) Declaration of Resident Rights and 10 NCAC 13F .0909 Resident Rights •The community shall verify that residents receive appropriate care and services in accordance with federal and state laws, rules and regulations through oversight, supervision, training and assessment/identification of care, medication, nutritional and/or safety needs. •Oversight and supervision of residents rights will be provided by Executive Director, Health and Wellness Director, Resident Care Coordinator, RN Case Manager, Supervisors and/or Designee(s). •Associate training and/or re-training of resident's rights will reflect the personalized care, preferences and safety needs of residents, including call light response time, Medication Administration and obtaining vital signs with competency validation through return demonstration as indicated by state regulations. •All associates received re-training on the community's policies regarding Resident Rights, care, communication, and responding to resident needs/call lights. This re-training was provided to all associates by the HWD, RN Case Manager and RCC on March 8th, 2016.	03/31/16

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{D 276}	Continued From page 2 Resident #4 were missed. Interview on 03/03/16 at 1:15 pm with a MA revealed: -B/Ps were checked and documented by the MA on duty. -She was unaware how the B/Ps ordered for Resident #4 were not obtained. Interview on 03/03/16 at 12:45 pm with the Health and Wellness Director (HWD) revealed: -B/Ps are completed by the medication aides. -MARs were inspected for completeness at the end of each month by the HWD and the Resident Care Coordinator (RCC). -She did not know how the blood pressures were missed for Resident #4. Attempted telephone interview with Resident #4's primary care physician was unsuccessful. Interview on 03/02/16 at 11:00 am with Resident #4 revealed: -He enjoyed living at the facility, even though it wasn't home. -Staff frequently checked his blood pressure, but he was unable to recall how often that occurred.	{D 276}	•Medication Administration re-training with a focus on Rights of Medication Administration, reading medication labels, obtaining vital signs and following directions indicated on the Medication Administration Record was offered to associates by the RNCM on March 4th, 2016 & March 8, 2016. Medication Administration classes will continue monthly and as needed thereafter. •Infection Control Training was conducted to staff member A by the RNCM on March 5th, 2016 and will occur annually. •Care and safety needs of residents will be determined through personal service assessment, collaboration of care associates, & community management. •Personal care will be provided according to the Personal Service Plan and will be monitored by observation of the residents and supervised by Health and Wellness Director, Resident Care Coordinator, Executive Director, Supervisor and/or Designee(s).	
{D 310}	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.	{D 310}		

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{D 310}	Continued From page 3 This Rule is not met as evidenced by: Based on observation, record review and staff and resident interviews, the facility failed to assure 1 of 5 sampled residents (#1) with a physician's order for a therapeutic diet of controlled carbohydrates was served as ordered. The findings are: Review of Resident #1's current FL2 dated 12/29/15 revealed: -Diagnoses included diabetes, history of urinary tract infections, and pre-senile dementia. -A diet order for No Added Salt (NAS). -An order for finger stick blood sugar (FSBS) checks before breakfast and 2 hours after supper. Review of Resident #1's record revealed: -An admission date of 3/23/15. -A signed physician's diet order sheet dated 12/17/16 for carbohydrate controlled diet. -A physician's order dated 1/05/16 to change FSBS daily before eating. Review of the diet list posted in the kitchen revealed the diet for Resident #1 was listed as "controlled carbohydrate". Review of the therapeutic diet lunch menu to be served for the controlled carbohydrate diet on 3/02/16 revealed: -Resident was to be served 1/2 cup beet salad, 3 oz. chicken or 4 oz. baked fish served with 1/2 baked sweet potato, 1/2 cup steamed broccoli, and 3 oz. portion of sugar free cake or 1/2 c. fruit cocktail. Bread was to be omitted. Review of the posted lunch menu to be served to the residents on 3/02/16 revealed:	{D 310}	10A NCAC 13F .1004 (a) Medication Administration •Medication Technicians will administer medications and treatments as ordered by a licensed prescribing practitioner and in accordance with state regulations and the policies of the community. •Off-going Medication Technicians will complete a MAR Audit at the end of each shift to verify compliance at the end of their shift. Communication and documentation related to resident medication or care needs will be communicated during shift change & MAR review on each shift. •Medication Aides received re-training on expectations of Medication Administration with a focus on crushing medications, medication preparation, Rights of Medication Administration, obtaining vital signs and documentation on March 8th, 2016. •Monitoring of Medication Administration, Obtaining Vital Signs as ordered and Documentation will be completed daily for up to six weeks while in the community and will continue weekly thereafter. Monitoring by the HWD, RCC and/or Designee to verify accuracy will include proper administration of medications, review of medication labeling,	03/31/16

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{D 310}	Continued From page 4 -The residents were to be served pickled beets salad, baked salmon or chicken, baked sweet potato, and steamed broccoli. -Dessert options were listed as cake, sugar-free ice cream or fruit cocktail. Observation of the lunch meal on 3/02/16 at 12:00 pm revealed: -Servers took orders from the residents for what menu items they wished to be served for that meal. -Resident #1 was served cranberry juice, water, peaches in light syrup, baked chicken, baked sweet potato, broccoli, and cake. -Resident #1 refused the sugar-free ice cream dessert option; she requested and was served a non-diabetic slice of cake with icing by staff. -Resident #1 consumed 99% of her meal and 100 % of the non-diabetic slice of cake. Review of the nutritional analysis sheet provided revealed a 4 oz. slice of non-diabetic cake with icing contained 410 calories and 40.6 grams carbohydrates. Observation of the breakfast and lunch meals on 3/03/16 revealed Resident #1 was served meals as posted for carbohydrate controlled diet on the therapeutic diet list. Interview on 3/03/16 at 9:15 am with a Cook revealed: -She had worked at the facility as cook for 1 year. -She had prepared the cake for lunch 3/02/16, and it was not sugar-free. The sugar-free option was ice cream that day. Interview on 3/03/16 at 10:10 am with Resident #1 revealed: -She did not care for beets, and was offered	{D 310}	review of vital signs, preparation for medication being crushed and documentation on the Medication Administration Record (MAR). •An audit of all medication carts, resident charts and physician orders was completed in February 2016 by the HWD to verify current medication and treatment orders. An additional audit will be completed as part of the monthly Medication Administration Record (MAR) changeover at the end of March as well. This will be completed monthly for 6 months by the Health and Wellness Director, Resident Care Coordinator, RN Case Manager and/or Designee(s). •Medication Administration Training will continue monthly hereafter by the RN Case Manager. 10A NCAC 13F. 0902 (C)(3-4) Healthcare •The Health and Wellness Director (HWD), Resident Care Coordinator (RCC) and/or Designee will oversee and follow up on orders for residents requiring vital sign monitoring. •Medication Administration Records will be reviewed on a daily basis while in the community for up to 6 weeks then will occur weekly thereafter by the HWD and/or Designee. •Medication Aides received re-training on expectations of Medication Administration with a focus on obtaining vital signs and documentation on March 8th, 2016.	03/31/16

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{D 310}	Continued From page 5 applesauce or peaches instead at lunch on 3/02/16. The kitchen usually served a vegetable salad or carrot salad, but "I was not offered that". -She wanted cake for dessert even though it was not sugar free. "It was only 3 or 4 bites." -"My physician said if something looks good and I want it, I should take it. I watch myself. At lunch, I did not take a roll, and I did not want the sugar-free ice cream or pudding offered". -Most of the servers would not offer a sweet if it was not sugar-free. They usually served her fruit. -Breakfast was her favorite meal. Interview on 3/03/16 at 1:05 pm with the Dietary Service Manager (DSM) revealed: -He had worked at the facility for 6 years as the DSM. -He usually offered more than one menu option to the residents. -If a resident did not want beet salad, vegetable soup was available as a substitution or choice. -"Residents were to have a choice to have what they wanted to eat, even if it wasn't on their physician ordered diet. The residents are adults". -If a resident wanted an item not on their ordered diet, he expected the staff to offer the appropriate diet options. It should be documented in the resident's log by staff when the resident refused their diet. -He was aware at times Resident #1 wanted a non-diabetic dessert as she did 3/02/16 at lunch. He prepared a smaller slice of cake for her when the staff requested it. "She had not taken a roll, so we gave her the cake. She wants what she wants". Interview on 3/03/16 at 1:30 pm with a Resident Aide (RA) revealed: -She had worked at the facility for 4 years. -All staff assisted in the dining room as	{D 310}	•To assist with compliance, an audit of charts and physician orders was completed by 3/31/16 to verify current orders as it relates to vital sign monitoring. This will be completed on a monthly basis for 3 months by the Health and Wellness Director, Resident Care Coordinator and/or Designee(s). •Prescribed monitoring of resident vital signs and subsequent needs will be documented in the resident record. To assist with compliance, the Health and Wellness Director, Resident Care Coordinator and/or Designee will review the resident records monthly for 3 months. G.S. 131D-4.5 B (a) ACH Infection Prevention Requirements •The Executive Director (ED), Health and Wellness Director (HWD), Resident Care Coordinator (RCC), Business Office Coordinator (BOC) and/or Designee completed and audit of current associate files in Feb 2016 to verify compliance with in the area of Continuing Education (CEs) hours. A revised compliance tracking tool was implemented upon completion for associates who require the Annual Infection Control Training.	03/31/16

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{D 310}	Continued From page 6 necessary. -If a resident wanted something off their ordered diet, the staff was to let the resident know it was not diabetic, and offer another option, and obtain it from the cook. -She tried to encourage a sugar free dessert options for Resident #1, but "it was her right to have what she wanted. I would serve her a smaller sized portion of the non-diabetic item". Interview on 3/04/16 at 8:00 am with the Health and Wellness Director (HWD) revealed: -She had served Resident #1 the cake at lunch 3/02/16 even though it was not on her prescribed diet. She had served a 1/2 portion because the resident was insistent, and "she wants what she wants". -She documented in Resident #1's record and faxed a notification to Resident #1's physician. -She could not find a facility or corporate policy "regarding allowing smaller pieces of cake or pie for diabetics". Review of Resident #1's record revealed: -A fax physician's order dated 3/03/16 and time stamped 6:38 am for "Resident may have a glass of cranberry juice with each meal as desired" in response to a message faxed from the HWD on 3/03/16 at 6:00 am about Resident #1 "refused to follow carb control diet as ordered-insisted on having extra cranberry juice against recommendations on 3/02/16". -An entry note in Resident #1's resident log dated 3/03/16 6:00 am: "Late entry for 3/02/16 1:00 pm documenting Resident #1 refused to follow carb controlled diet and insisted on being served cranberry juice and a non- sugar-free dessert. She was served 1/2 portion of dessert". -There was no other documentation of non-compliance with diet documented.	{D 310}	•Staff member "A" received retraining on Infection Control on March 5th, 2016, prior to the next scheduled shift. Training was completed by the RN Case Manager. •The BOC or Designee will monitor the tracking tool on a monthly basis to assist with compliance. Records of training will be maintained in Business Office. •The BOC or Designee will notify HWD, RCC or Designee if an associate has not met the required Continuing Education hour rule requirement. The HWD, RCC or Designee will review the associate's needs, schedule applicable training, and competency, or will take measures to remove associate from their assignment/position until the required training is complete. •The HWD, RCC and/or Designee will coordinate monthly in-services for associates to obtain required CE hours, including Infection Control.	

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{D 310}	Continued From page 7 -There was no physician's order in Resident #1's record to allow for the occasional non-diabetic food. Review of Resident #1's blood sugar logs for February 2016 and March 2016 revealed: -FSBS results for 2/01/16 to 2/29/16 revealed Resident #1's blood sugar ranged from 88 to 389. -FSBS results for 3/01/16 to 3/04/16 revealed Resident #1's blood sugar ranged from 125 to 291. Interview on 3/04/16 at 8:10 am with the Executive Director (ED) revealed: -She expected the diet to be served as ordered by the residents' physician, "however the residents are adults and have the right to eat what they want in reason". -Our staff was to notify the physician if the residents did not follow their prescribed diets. Interview on 3/04/16 at 11:35 am with Resident #1's primary care physician's nurse revealed: -The facility had notified the office 3/03/16 that Resident #1 was not following the carbohydrate controlled diet as ordered. -It was ok for Resident #1 to have the occasional non-diabetic food.	{D 310}	10 A NCAC 13 F .0904 (e)(4) Nutrition and Food Service •An audit of all diet documentation was completed to ensure that diet orders are present and that there is a corresponding therapeutic diet menu for each diet. The Diet Manual has been updated to reflect all current diets, alternatives and therapeutic needs. •All Staff received re-training regarding requirements for therapeutic diets available in community. This training included Carbohydrate Controlled Diets, appropriate substitutions, and communication when resident's request and alternative diet. This training was completed on March 8th, 2016. •Menus will be reviewed weekly by the Dining Services Manager to verify that meals are healthy, balanced and meet rule requirements. Substitutions will be documented accordingly.	03/31/16
{D 338}	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by:	{D 338}	•An updated Nutrition Tracker has been implemented in March 2016 which reflects each residents diet order, preferences, and therapeutic needs. This will be updated monthly by the Health and Wellness Director and posted in the kitchen for utilization by the Dining Services staff.	

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{D 338}	Continued From page 8 FOLLOW-UP TO TYPE A2 VIOLATION The Type A2 Violation is abated. Non-compliance continues. THIS IS A TYPE B VIOLATION Based on observations, interview and record review, the facility failed to assure each of the 63 residents received a reasonable response to his or her requests from the facility staff in reference to call light notifications. The findings are: On 03/02/16 during initial tour of facility between 9:40 am and 11:30 am revealed: -Each resident had a pendant when activated would alert the call light system. -Each Medication Aide (MA) and Resident Care Aide (RCA) had a walkie talkie that received the notification when the call light system was activated. -A resident stated that "it doesn't do any good" to use the call light system, "they take too long to respond". The resident stated that she had waited over an hour for a response to the call light. -Another resident stated she usually had to wait 30 to 60 minutes for a response to her call light, but she had waited for up to 2.5 hours for a response to the call light. She said response times were worse on the weekends and at night. On 03/02/16 at 10:15 am, the call light system was activated and staff responded in less than one minute. Interview on 03/02/16 at 3:45 pm with a MA revealed: -The MA and RCA assigned to each floor carried	{D 338}	•A manager will be present in the dining room during meals daily for a minimum of 4 weeks. The manager will review diets, food quality, service and resident satisfaction.	

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{D 338}	Continued From page 9 a walkie talkie. -The walkie talkie would alarm every time the call light system was activated. -The MA or PCA would deactivate the alarm using a reset pendant after the resident need was addressed. -Sometimes the alarm was not really deactivated, that the MA or PCA would think that they had reset the call light system, but it would not really be reset and the time for that particular call light would continue to calculate. Review of the call light system notifications from 02/01/16 through 03/01/16 revealed: -The events documented included Pendant Alarm, Replace Battery, and Bath E-Call. -A total of 1071 call light events for the time period. -Response time ranged from 1 minute to 59 hours and 53 minutes. -There were 100 responses that were greater than 30 minutes. -Some of the greater than 30 minutes response time events documented included call light system notifications from vacant rooms, those were removed from the count. -Some of the events included Replace Battery notifications from the pendants, those were removed from the count. -Some of the events included Bath E-Call notifications, which meant the battery needed to be replaced in the bathroom call bell, those were removed from the count. -82 Pendant Alarm notifications remained with response times greater that 30 minutes. Further review of the call light notifications from 02/01/16 through 03/01/16 revealed: -02/02/16, 02/04/16, 02/05/16, 02/07/16, 02/12/16, 02/15/16, 02/18/16 and 02/25/16 had 0	{D 338}		

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{D 338}	Continued From page 10 call bell notifications with a response time greater than 30 minutes. Further review of the call light notifications revealed: -Monday 02/01/16 had 1 Pendant Alarm notification with a response time of 11 hours and 17 minutes. -Saturday 02/03/16 had 6 notifications with response times ranging from 30 minutes to 53 minutes. -Monday 02/08/16 had 2 notifications with response times ranging from 51 minutes to 5 hours and 45 minutes. -Tuesday 02/09/16 had 1 notification with a response time of 4 hours and 47 minutes. -Wednesday 02/10/16 had 1 notification with a response time of 30 minutes. -Thursday 02/11/16 had 1 notification with a 43 minute response time. -Saturday 02/13/16 had 4 Pendant Alarm notifications with a greater than 30 minutes response time that ranged from 33 minutes to 2 hours 20 minutes. -Sunday 02/14/16 had 1 notification with a response time of 44 minutes. -Tuesday 02/16/16 had 2 notifications with response times ranging from 32 minutes to 40 minutes. -Wednesday 02/17/19 had 2 notifications with response times ranging from 31 minutes to 41 minutes. -Friday 02/19/16 had 1 notification with a response time of 56 minutes. -Saturday 02/20/16 had 10 Pendant Alarm notifications with response times ranging from 36 minutes to 2 hours and 57 minutes. -Sunday 02/21/16 had 12 notifications with response times ranging from 36 minutes to 2 hours 15 minutes.	{D 338}		

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{D 338}	Continued From page 11 -Monday 02/22/16 had 4 notifications with response times ranging from 46 minutes to 3 hours 14 minutes. -Tuesday 02/23/16 had 2 notifications with response times ranging from 30 minutes to 54 minutes. -Wednesday 02/24/16 had 2 notifications with response times great than 30 minutes ranging from 46 minutes to 1 hour and 2 minutes. -Friday 02/26/16 had 8 notifications with response times ranging from 32 minutes to 2 hours and 28 minutes. -Saturday 02/27/16 had 8 Pendant Alarm notifications with response times ranging from 39 minutes to 2 hours and 5 minutes. -Sunday 02/28/16 had 7 notifications with response times ranging from 35 minutes to 2 hours and 5 minutes. -Monday 02/29/16 had 3 notifications with response times ranging from 50 minutes to 4 hours and 2 minutes. -Tuesday 03/01/16 had 2 Pendant Alarm notifications with greater than 30 minute response times ranging from 31 minutes to 1 hour and 14 minutes. Interview on 03/03/16 at 12:06 with the Maintenance Director revealed: -Each MA and RCA assigned to each floor carried a walkie talkie that alarmed when the call light system was activated. -The MA and RCA could silence an alarm with the walkie talkie, but the walkie talkie and the pendant must be used to properly deactivate the call light system. -Some MAs and RCAs perhaps were simply silencing the alarm with the walkie talkie and not deactivating call light system with both the walkie talkie and the pendant, allowing the system to provide inaccurate time totals for response times.	{D 338}		

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{D 338}	Continued From page 12 Interview on 03/03/16 at 12:45 pm with the Health and Wellness Director revealed: -The MA and RCA both carried a walkie talkie that would alarm when the call light system was activated. -The alarm could be silenced with the walkie talkie, but that would not reset the alarm. -The pendant and the walkie talkie must be used together to actually reset the alarm and stop the clock for additional response time. -The walkie talkie would not realarm if the call light system was not properly reset, the clock would keep adding time to the response time. -Sometimes the reset of the call light system simply did not work, she had not cleared it properly when she had reset it herself. Interview on 03/03/16 at 9:20 am with the Executive Director revealed: -She reviewed the call light system notification daily and verbally reported the findings to staff daily in the stand up meetings, which were held twice daily at 10:00 am and 2:30 pm. -The facility considered any response time greater than 10 minutes to be excessive. -Staff were expected to respond to the call light system with 10 minutes. -There had been an improvement since December in the response times to the call light system. -Each floor was assigned a MA and a RCA who each carried a walkie talkie. -When a resident mashed the button on the pendant, the walkie talkies utilized by the MA and the RCA assigned to that floor were activated and would remain activated until cleared via the walkie talkie by the MA or the RCA. -The call light system also activated a console that would remain activated until properly cleared	{D 338}		

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{D 338}	Continued From page 13 by the MA or the RCA. -Sometimes staff had difficulty getting the call light system to clear, there was a "glitch" in the system. On 03/04/16, the facility RN submitted Plan of Correction as follows: -RCAs and MAs will respond to call lights in an appropriate and timely manner to meet the needs of the residents. -A designated associate will be monitoring the call lights through the main call system in support of the responses made by the RCAs and the MAs. -The RCC, MA and/or designee will be assigned per shift to coordinate the call light responses in a timely manner. - An in-service will be conducted on Tuesday, March 8, during the staff meeting related to call light response times and meeting the needs of the residents. -Additional walkie talkies have been put in place and will be used by the concierge, community nurses and the ED to assist in monitoring call lights daily. -Management will review the call light responses daily to ensure team members are appropriately responding to call lights in a timely manner. -From the call light review, appropriate actions will be taken to endure the lights are responded to timely and resident needs are met. -Documentation will be available on the Call Light Response Time Report to reflect follow-up and actions taken. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, APRIL 18, 2016.	{D 338}		

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{D 358}	Continued From page 14	{D 358}		
{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 A2 VIOLATION The Type A2 Violation is abated. Non-compliance continues. THIS IS A TYPE B VIOLATION Based on observation, interview, and record review, the facility failed to assure medications were administered as ordered by the licensed prescribing practitioner and in accordance with the facility's policies and procedures for 1 of 5 sampled residents (#5) related to errors with medications for high blood pressure, heart rhythm disorders, psychotic behaviors, bladder spasms, and iron supplementation. The findings are: A. Review of Resident #5's current FL-2 dated 1/19/16 revealed diagnoses included hypertension, type II diabetes, dementia/Alzheimer's Type, frontal lobe dementia, depression, hyperlipidemia, and anxiety.	{D 358}		

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{D 358}	Continued From page 15 Review of Resident #5's Resident Register revealed the resident was admitted to the facility on 5/24/11. 1. Review of Resident #5's subsequent physician' orders revealed an order dated 2/09/16 for diltiazem 90mg - 2 tablets (=180mg) daily dated (used to treat high blood pressure). Observation on 3/04/16 at 7:47 am of the medication pass revealed: -Resident #5 was in the dining room. -The Medication Aide (MA) prepared 1 tablet of diltiazem 90mg and moved on to pull the remaining medications. -He was not aware that a medication error had been made and did not identify the error prior to administering the medication. Review of the March 2016 Medication Administration Record revealed an entry for diltiazem 90 mg - two tablets daily and documented as administered on 3/4/16 at 7:30 am. Based on record review and observation on 10/16/15, Resident #8 was determined not to be interviewable. Interview with the MA on 3/04/16 at 7:58 am revealed: -Some days the resident was able swallow and other days she had more difficulty. -He was sure that he gave her two on other days he administered medication but overlooked it because he was nervous. Interview with the Memory Care Coordinator on 3/04/16 at 9:22 am revealed: -She did was responsible for monitoring	{D 358}		

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{D 358}	Continued From page 16 medication administration and monitoring the MAs. -She was aware that Resident #5 had an order for diltiazem 90mg two tablets because she requested the change because the diltiazem 180mg was a large capsule that was not to be crushed. -She did not know if the MA was giving one or two tablets.. Interview with a representative from the consulting pharmacy on 3/03/16 at 8:34 am revealed: -The diltiazem 90mg - 2 tablets (180mg) daily was dated 1/18/16 but it was not faxed to the pharmacy until 1/20/16. -On 1/20/16 60 diltiazem 90mg were filled. -On 2/22/16 60 diltiazem 90mg were filled. 2. Review of Resident #5's current FL-2 dated 1/19/16 revealed: -An order for metoprolol 50mg ER 1 tablet daily (a slow release medication used to treat high blood pressure). -An order for diltiazem 24 hr CD 160 mg 1 tab daily (a slow release medication used to treat high blood pressure). -An order for Seroquel 50mg 1 tablet daily (a medication used to treat psychotic behaviors). -An order for ferrous sulfate 325mg 1 tablet daily (a slow release supplement used to treat low iron levels). -An order for oxybutynin ER 5mg 1 tablet daily (a slow release medication used to treat bladder spasms). Review of Resident #5's Record revealed: -Subsequent physician orders that included an order to crush meds and place in applesauce or pudding unless otherwise contraindicated dated	{D 358}		

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{D 358}	Continued From page 17 2/09/16. -Subsequent physician orders for diltiazem 90mg - 2 tablets (=180mg) dated 2/09/16. -Subsequent physician orders for Seroquel XR 50mg tablet 1 tab everyday. Observation of the pharmacy's medication labels revealed: -Metoprolol 50mg tablet ER 24h, "Do not CHEW or CRUSH before swallowing." -Seroquel XR 50mg tab SR 24H, "Medication has boxed warning SWALLOW WHOLE-DON'T CHEW OR CRUSH." -Ferrous sulfate 325mg, "This medication has boxed warning information!! No NOT CHEW or CRUSH. Swallow whole." -Oxybutynin ER 5mg tablet, "Do NOT CHEW OR CRUSH before swallowing." Review of Resident #5's January 2016 Medication Administration Record (MAR) revealed: -An entry to crush meds and place in applesauce or pudding unless otherwise contraindicated. -An entry for metoprolol 50mg ER documented as administered every day from 1/01/16 - 1/31/16 at 7:30 am. -An entry for diltiazem 24hr CD 160mg 1 tab daily documented as administered every day from 1/01/16 - 1/22/16 at 7:30 am. -An entry for diltiazem 90mg take two tablets daily documented as administered every day from 1/23/16 - 1/22/16 at 7:30 am. -An entry for Seroquel XR 50mg 1 tablet daily documented as administered every day from 1/01/16 - 1/31/16 at 9:00 am (a slow medication used to treat psychotic behaviors). -An entry for ferrous sulfate 325mg 1 tablet daily documented as administered every day from 1/01/16 - 1/31/16 at 7:30 am.	{D 358}		

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{D 358}	Continued From page 18 -An order for oxybutynin ER 5mg 1 tablet daily documented as administered every day from 1/01/16 - 1/31/16 at 9:00 pm. Review of Resident #5's February 2016 MAR revealed: -An entry to crush meds and place in applesauce or pudding unless otherwise contraindicated. -An entry for metoprolol 50mg ER documented as administered every day from 2/01/16 - 2/29/16 at 7:30 am. -An entry for diltiazem 90mg take two tablets daily documented as administered every day from 2/01/16 - 2/29/16 at 7:30 am. -An entry for Seroquel XR 50mg 1 tablet daily documented as administered every day from 2/01/16 - 2/29/16 at 9:00 am. -An entry for ferrous sulfate 325mg 1 tablet daily documented as administered every day from 2/01/16 - 2/29/16 at 7:30 am. -An order for oxybutynin ER 5mg 1 tablet daily documented as administered every day from 2/01/16 - 2/29/16 at 9:00 pm. Review of Resident #5's March 2016 MAR revealed: -An entry to crush meds and place in applesauce or pudding unless otherwise contraindicated. -An entry for metoprolol 50mg ER documented as administered every day from 3/01/16 - 3/03/16 at 7:30 am. -An entry for diltiazem 90mg take two tablets daily documented as administered every day from 3/01/16 - 3/03/16 at 7:30 am. -An entry for Seroquel XR 50mg 1 tablet daily documented as administered every day from 3/01/16 - 3/03/16 at 9:00 am. -An entry for ferrous sulfate 325mg 1 tablet daily documented as administered every day from 3/01/16 - 3/03/16 at 7:30 am.	{D 358}		

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{D 358}	Continued From page 19 -An order for oxybutynin ER 5mg 1 tablet daily documented as administered every day from 3/01/16 - 3/03/16 at 9:00 pm. Interview with a Medication Aide on 3/03/16 at 7:55 am revealed: -The diltiazem CD 180mg was changed to diltiazem hcl 90 mg 2 tablets daily so they could crush the tablets. -Resident #5 was on a pureed diet and she had orders to crush her medications. -The MAs crushed all of Resident #5's medications including: metoprolol 50mg ER, Seroquel 50mg ER, ferrous sulfate 325mg and oxybutynin ER 5mg and put them in applesauce to ease administration. Further review of Resident #5's March 2016 MAR revealed: -An entry to crush meds and place in applesauce or pudding unless otherwise contraindicated. -An entry for metoprolol 50mg documented as administered twice daily 3/04/16 at 9:00 am. -An entry for diltiazem 90mg take two tablets daily documented as administered 3/04/16 at 7:30 am. -An entry for Seroquel 25mg 1 tablet twice daily documented as administered 3/04/16 at 9:00 am. -An entry for ferrous sulfate 220mg/5ml - give 7.5 ml at bedtime. -An order for oxybutynin 5mg 1 tablet twice daily documented as administered from 3/04/16 at 9:00 pm. Interview with a MA on 3/04/16 at 7:42 am revealed: -Some of the MAs were crushing Resident #5's medication. -He had crushed Resident #5's medications in the past, but they changed the orders so that the medication could be crushed and mixed.	{D 358}		

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{D 358}	Continued From page 20 -He knew if medications could be crushed because the MAR would include this information. Interview with the Memory Care Coordinator at 3/04/16 at 9:22 am revealed: -It was an oversight that Resident #5's slow released medications were not changed to immediate release form. -The speech therapist recommended crushing her pills, aspiration precautions and supervision at meals because she pocketed her food in her cheeks and would then aspirate, but she did not have swallowing difficulties if she did not pocket her food. -She was not aware that the MAs were crushing all of Resident #5's slow release medications. Interview with a pharmacist at the consulting pharmacy on 3/04/16 at 9:00 am revealed: -If slow or extended release medications were crushed there could not be a consistent blood level and this could increase potential side effects of each medication. -Every person would react differently, but the side effects could become more severe or more frequent over time if extended release tablets were crushed. -Some of the effects could be severe. The facility provided a Plan of Protection on 3/04/16: -Effective immediately, residents will receive medications as ordered. -Prior to their next shift, staff will be retrained on the expectations of medication administration with a focus on "crushable meds", pharmacy labels, and the rights of medication administration. -Training will be completed by the RN Case Manager, Health and Wellness Director and/or the District Director of Clinical Services.	{D 358}		

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{D 358}	Continued From page 21 -Retraining on medication administration will be completed on 3/08/16 during community "All Staff' meeting. -Medication Aide in-services will continue monthly. -Audits of all resident MARs and medications will be conducted to ensure accuracy of medication administration. -Random medication pass evaluations will be completed by the community nurses to ensure compliance going forward. DATE OF CORRECTION FOR THE TYPE B VIOLATION SHALL NOT EXCEED, MAY 6, 2016.	{D 358}		
{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 record review and interviews, the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to medication administration. The findings are: A. Based on observation, interview, and record review, the facility failed to assure medications	{D912}		

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{D912}	Continued From page 22 were administered as ordered by the licensed prescribing practitioner and in accordance with the facility's policies and procedures for 1 of 5 sampled residents (#5) related to errors with medications for high blood pressure, heart rhythm disorders, behavioral issues and iron supplementation. [Refer to Tag 0358, 10A NCAC 13F .1004(a)Medication Administration (Type B Violation).] B. Based on observations, interview and record review, the facility failed to assure each of the 63 residents received a reasonable response to his or her requests from the facility staff in reference to call light notifications. [Refer to Tag 0338, 10A NCAC 13F .0909 Resident Rights (Type B Violation).]	{D912}		
{D934}	G.S. 131D-4.5B. (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5	{D934}		

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{D934}	Continued From page 23 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 2 sampled Medication Aides (Staff A) received annual in-service training for infection control, safe practices for injections and glucose monitoring. The findings are: A. Review of Staff A's personnel record revealed: -Staff A had passed her Medication Exam on 3/01/12. -Staff A was validated on 4/05/14 using the Medication Clinical Skills Checklist. -There was no documentation that Staff A had completed the annual infection control training. Interview with the on 11/9/15 at 10:30 am revealed: -The facility had an approved infection control program that incorporated the state approved course and company standards. -She was aware that some staff were missing documents and training requirements to assigned job duties. -She was pulling staff and Regional Directors into the community to complete an audit of all personnel files. Attempted Interview with Staff A was unsuccessful. Staff A was observed administering medications on 3/03/16 between 7:35 am and 7:55 am. Interview with the Health and Wellness Director on 3/03/16 at 3:30 pm revealed: -Staff A was scheduled to take the infection control training. -She may have not been able to go to the training	{D934}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060132	A. BUILDING: _____ B. WING _____	R-C 03/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{D934}	Continued From page 24 because she was in nursing school. -She had been administering medications. Interview with the Administrator on 3/03/16 at 3:25 pm revealed: -She thought that Staff A had taken the infection control training. -She did not know that she had not taken the training. -Staff A was scheduled to take the training, but did not know why Staff A did not already taken the infection control training. -Staff A had been administering medications.	{D934}		