

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092115</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/22/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COVENTRY HOUSE OF ZEBULON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1225 W GANNON AVENUE ZEBULON, NC 27597</b>
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D 000	Initial Comments	D 000		
D 293	<p>10A NCAC 13F .0904(c)(4) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Home: (4) Menus shall be planned to take into account the food preferences and customs of the residents.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to assure that dietary menus were planned taking into account preference and customs of residents including residents that disliked eating tuna.</p> <p>The findings are:</p> <p>Observation of the lunchtime meal service on 06/21/2016 at 12:00 PM revealed: -The residents were served a fried tuna patty, mixed vegetables, scalloped potatoes, a roll, and some fresh fruit for dessert. -Some of the residents did receive baked chicken in place of the fried tuna patties. -Some of the residents were served ham sandwiches in place of the fried tuna patties and baked chicken. -Several of the resident's did not eat any of the tuna, chicken, or ham they were served.</p> <p>Confidential interview with a resident on 06/21/16 at 2:10 PM revealed:</p>	D 293		

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

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D 293	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-The resident felt that the food was not good and could be a lot better.</li> <li>-The resident felt the cooks either did not know how to cook or did not care how they prepared the food.</li> <li>-The tuna patty that was served at lunch today was hard and not palatable.</li> <li>-The resident felt the kitchen staff needed more help in preparing food and serving food.</li> <li>-Substitutes are not offered but you can get a substitute if you request one from the kitchen staff.</li> <li>-The resident does not remember telling any of the facility's management about the concerns with the food.</li> </ul> <p>Confidential interview with a second resident on 06/21/16 at 2:16 PM revealed:</p> <ul style="list-style-type: none"> <li>-The resident felt there was a lack of diversity, variety, and combinations of food being offered.</li> <li>-The resident was served tuna today for lunch and he does not eat any fish products.</li> <li>-The kitchen staff had been made aware that the resident does not eat any fish products.</li> <li>-The resident also only preferred carrots for vegetables.</li> <li>-His lunch plate today only had two carrots and a lot of greens.</li> <li>-He had made the kitchen staff aware that he only preferred carrots as vegetables.</li> <li>-He was only offered a ham sandwich when he told the kitchen staff that he did not get the right food.</li> <li>-He had to ask for some potato chips to go with his sandwich they were not offered to him with his sandwich.</li> <li>-He was not offered any baked chicken in place of the fried tuna patty only the ham sandwich, because the facility had run out of chicken.</li> </ul>	D 293		

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D 293	<p>Continued From page 2</p> <p>Confidential interview with a third resident on 06/21/16 at 2:53 PM revealed:</p> <ul style="list-style-type: none"> <li>-Most of the food served at the facility does not taste good.</li> <li>-Most of the food does not have any taste and some of it is just awful and uneatable.</li> <li>-The resident was not sure why the food was so bad.</li> <li>-The cooks were replaced about a year ago and since then the food has been terrible.</li> <li>-The cooks that are there now just do not know how to cook.</li> <li>-The resident said that all residents have to tell the kitchen staff that they want an alternate meal prior to the meal being served.</li> </ul> <p>Confidential interview with a fourth resident on 06/22/16 at 9:15 AM revealed:</p> <ul style="list-style-type: none"> <li>-Sometimes the food is ok but on most days the food is not good.</li> <li>-The kitchen staff does offer substitutes but it is always sandwiches or soup.</li> <li>-The substitutes are not offered but must be requested by the resident prior to the meal being served.</li> <li>-The resident does not remember notifying any of the management staff about the dislikes in food.</li> <li>-Most of the time the breakfast is good but all the other meals are not good.</li> <li>-She does not recall attending any resident meetings to discuss food likes and dislikes.</li> </ul> <p>Confidential interview with a fifth resident on 06/22/16 at 9:27 AM revealed:</p> <ul style="list-style-type: none"> <li>-Some days the food is good but most days the food is not eatable.</li> <li>-She felt that the breakfast meal was the best meal of the day.</li> <li>-The kitchen staff does offer substitutes but it must be requested prior to the meal being served</li> </ul>	D 293		

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D 293	<p>Continued From page 3</p> <p>or you have to eat what is being served.</p> <ul style="list-style-type: none"> <li>-She was told before that if she did not like the food that was being served and she did not request a substitution prior to the meal being served then she will not be given a substitute.</li> <li>-She does not recall going to any resident meetings to discuss food likes and dislikes.</li> </ul> <p>Interview with a cook on 06/22/16 at 9:42 AM revealed:</p> <ul style="list-style-type: none"> <li>-She serves what is listed on the menu to serve because that is what food that staff has available to prepare.</li> <li>-The residents request the food they would like if they do not want what is on the menu and she always tries to accommodate the resident's request.</li> <li>-The only substitute offered if they do like what is on the menu is a sandwich.</li> <li>-They are also given chips with their sandwich if they request a substitute.</li> <li>-They offer ham, turkey, and peanut butter and jelly sandwiches as substitutes.</li> <li>-If the resident does not want what is listed on the menu or the alternate (sandwich and chips) then they are not offered anything else to eat.</li> <li>-The residents do have to request an alternate meal prior to the meal being served so the kitchen staff knows how many alternate meals to prepare.</li> <li>-The resident can ask for an alternate during the meal if they do not like the food but they will have to wait until all other residents are served before they get there food prepared.</li> <li>-She does not recall any of the residents complaining to her about the food being bad.</li> <li>-Most of the residents at the facility do not like Tuna or fish products.</li> <li>-The activities director has had council meetings with all the residents in regards to food likes and</li> </ul>	D 293		

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D 293	<p>Continued From page 4</p> <p>dislikes but no one has complained about any of the food in the meetings.</p> <p>Interview with the Activities Director on 06/22/16 at 9:54 AM revealed:</p> <ul style="list-style-type: none"> <li>-She does have monthly resident council meetings to discuss food likes and dislikes.</li> <li>-These meetings are held once a month towards the end of the month.</li> <li>-She has had some complaints in the meetings in regards to food.</li> <li>-There were many of the residents that complained about eating fish and tuna.</li> <li>-They mostly did not like tuna being served unless it was tuna salad and only wanted baked or fried fish.</li> <li>-She has reported these concerns that the residents have given to the Executive Director who is also the dietary manager at the facility.</li> <li>-She was not sure why they were still serving tuna on the menus since so many of the residents do not like tuna.</li> </ul> <p>Attempted interview with the Executive Director (ED) on 06/22/16 at 10:00 AM revealed the ED was not available for interview.</p> <p>Interview with the Director of Operations on 06/22/16 at 10:12 AM revealed:</p> <ul style="list-style-type: none"> <li>-The Executive Director is responsible for making sure complaints in regards to food dislikes are taken care of.</li> <li>-If there was a situation that the Executive Director could not handle then she would contact him and he would take care of the problem.</li> <li>-There have been no complaints about food dislikes that have been made that he is aware of.</li> <li>-He will be checking in to the complaints food dislikes and taking care of the problem.</li> </ul>	D 293		

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D 364	Continued From page 5	D 364		
D 364	<p>10A NCAC 13F .1004(g) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (g) The facility shall ensure that medications are administered to residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record reviews, the facility failed to assure medications for blood pressure, gastrointestinal problems, depression and seizure disorders and/or nerve pain were administered to residents within one hour before or one hour after scheduled medications for 2 of 7 residents (Residents #1 and #4) observed during medication administration.</p> <p>The findings are:</p> <p>Observation of a Medication Aide (MA) on 6/21/16 at 9:14 AM until 9:23 AM revealed: - She was administering medications scheduled at 7:30 AM and 8:00 AM to residents. - The MA was documenting administration in the 7:30 AM and 8:00 AM area of the residents' Electronic Medication Administration Records (eMARs).</p> <p>Interview with the MA on 6/21/16 at 9:15 AM revealed: -She was running behind on passing out morning medications. -She usually finished all of the morning medication pass at 9:30 AM.</p> <p>A. Review of Resident #1's current FL2 dated</p>	D 364		

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D 364	<p>Continued From page 6</p> <p>3/2/16 revealed diagnoses included depression, cough, anemia, dysphagia, hypertension, dyspnea, atrial fibrillation, pacemaker, pulmonary hypertension, mitral valve prolapse syndrome, cardiomyopathy, reflux esophagitis, dementia, cellulitis, dyslipidemia and chronic obstructive pulmonary disease.</p> <p>Observation of medication administration to Resident #1 on 6/21/16 at 9:23 AM revealed the Medication Aide (MA) administered:</p> <ul style="list-style-type: none"> <li>-Metoprolol 37.5 mg (used to treat heart problems and/or high blood pressure).</li> <li>-Tylenol 650 mg (used to treat pain).</li> <li>-Tegretol 100 mg (used to treat seizures and/or nerve pain).</li> <li>-Ferrous Sulfate 325 mg (used to treat anemia).</li> <li>-Prilosec 40 mg (used to treat acid reflux).</li> <li>-DuoNeb treatment (used to treat and prevent wheezing and shortness of breath).</li> </ul> <p>Review of Resident #1's eMAR for June 2016 revealed resident was to receive:</p> <ul style="list-style-type: none"> <li>-Tylenol 650 mg 3 times a day for 14 days at 8:00 AM, 2:00 PM and 8:00 PM.</li> <li>-Tegretol 100 mg 2 times a day at 8:00 AM and 8:00 PM.</li> <li>-Ferrous Sulfate 325 mg 2 times a day at 8:00 AM and 8:00 PM.</li> <li>-DuoNeb treatments 3 times a day at 8:00 AM, 2:00 PM and 8:00 PM.</li> <li>-Metoprolol 37.5 mg every morning at 8:00 AM and Metoprolol 25 mg at 8:00 PM.</li> <li>-Prilosec 40 mg once daily 30 minutes before breakfast at 7:30 AM.</li> </ul> <p>Review of Resident #1's eMAR Administration History for June 2016 revealed:</p> <ul style="list-style-type: none"> <li>-Tegretol 100 mg schedule for 8:00 AM was documented as administered 18 times between</li> </ul>	D 364		

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D 364	<p>Continued From page 7</p> <p>9:03 AM and 10:02 AM.</p> <p>-Tylenol 650 mg scheduled for 8:00 AM was documented as administered 6 times between 9:03 AM and 10:02 AM.</p> <p>-Ferrous Sulfate 325 mg scheduled for 8:00 AM was documented as administered 18 times between 9:03 AM and 10:02 AM.</p> <p>-DuoNeb treatment scheduled for 8:00 AM was documented as administered 20 times between 9:03 AM and 10:03 AM.</p> <p>-Metoprolol 25 mg scheduled for 8:00 AM was documented as administered 21 times between 9:03 AM and 10:02 AM.</p> <p>-Prilosec 40 mg scheduled for 7:30 AM was documented as administered 20 times between 8:35 AM and 10:02 AM.</p> <p>-All medication dosages administered matched the physician's orders.</p> <p>Interview with Resident #1 on 6/21/16 at 2:15 PM revealed:</p> <p>-She rarely ate breakfast because she just did not want it.</p> <p>-She was not sure what time she received her medications daily.</p> <p>-The staff at the facility did not have a certain time to do anything.</p> <p>-There was a lot of improvement that was needed with everything at the facility.</p> <p>-She had a breathing condition that required her to take medication for breathing.</p> <p>-She had not had any breathing problems in over a month.</p> <p>-She utilized a breathing machine to inhale medication three times a day.</p> <p>-She did not recall ever having to use her prescribed, as needed Albuterol inhaler (opens airways to allow more oxygen to the lungs).</p> <p>Refer to the interview on 6/21/16 at 12:17 PM</p>	D 364		

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D 364	<p>Continued From page 8</p> <p>with the Medication Aide (MA).</p> <p>Refer to the interview on 6/21/16 at 12:55 PM with the Resident Care Coordinator (RCC).</p> <p>Refer to the interview on 6/22/16 at 9:00 AM with the Chief Operations Officer (COO).</p> <p>Refer to the interview on 6/22/16 at 11:25 AM with the Primary Care Provider (PCP).</p> <p>B. Review of Resident #4's current FL2 dated 5/18/16 revealed: -Diagnoses included hypertension, cerebral vascular accident, diabetes mellitus type 2, multi-infarct dementia, closed fracture of surgical neck of humerus, orthostatic hypotension, acute lacunar infarct, cyclical vomiting syndrome and essential hypertension benign. -There was no order for blood pressure checks.</p> <p>Observation of medication administration to Resident #4 on 6/21/16 at 9:14 AM revealed the Medication Aide (MA) administered: -Metoprolol 12.5 mg (used to treat heart problems and/or high blood pressure). -Protonix 40 mg (used to treat acid reflux). -Tums 1,000 mg (used to calcium replacement and/or heartburn). -Cymbalta 30 mg (used to treat depression). -Quinapril 40 mg (used to treat heart problems and/or high blood pressure).</p> <p>Review of Resident #4's eMAR for June 2016 revealed resident was to receive: -Metoprolol 12.5 mg 2 times a day at 8:00 AM and 8:00 PM. -Protonix 40 mg 2 times a day at 8:00 AM and 8:00 PM. -Tums 1,000 mg 3 times a day at 8:00 AM, 2:00</p>	D 364		

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D 364	<p>Continued From page 9</p> <p>PM and 8:00 PM. -Cymbalta 30 mg every morning at 8:00 AM and 60 mg every evening at 8:00 PM. -Quinapril 40 mg 2 times a day at 8:00 AM and 8:00 PM.</p> <p>Review of Resident #4's eMAR Administration History for June 2016 revealed there were 11 days that 8:00 AM medications were administered between 9:14 AM and 10:16 AM.</p> <p>Refer to the interview on 6/21/16 at 12:17 PM with the Medication Aide (MA).</p> <p>Refer to the interview on 6/21/16 at 12:55 PM with the Resident Care Coordinator (RCC).</p> <p>Refer to the interview on 6/22/16 at 9:00 AM with the Chief Operations Officer (COO).</p> <p>Refer to the interview on 6/22/16 at 11:25 AM with the Primary Care Provider (PCP).</p> <p>Interview on 6/21/16 at 12:17 PM with the same Medication Aide (MA) revealed: -She had been a MA for around 4 years. -She had worked at the facility 2 different times, this last time for 8 months as a MA. -She was trained by another MA that worked there. -The Resident Care Coordinator (RCC) was in charge of the Medication Aides. -She started her shift around 6:45 AM. -She would immediately start passing medications to all residents at the facility at 6:45 AM. -Everyone in the facility had scheduled 8:00 AM medications (census 39). -She always started passing medications on 200 Hall, then moved to 400 Hall and then 300 Hall.</p>	D 364		

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D 364	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-She was usually behind and going past 9:00 AM when she passed medications to the residents on 300 Hall.</li> <li>-There were times that she gave 300 Hall residents their medications while in the dining room for breakfast which then they would be administered before 9:00 AM.</li> <li>-She knew that 8:00 AM medications were supposed to be given out between 7:00 AM and 9:00 AM.</li> <li>-She remembered someone at the facility (unknown) had told her she needed to have the morning medication pass completed by 10:00 AM.</li> <li>-It was difficult for the morning MA to pass all the 8:00 AM medications out in the 7:00 AM to 9:00 AM time frame.</li> <li>-Today, (6/21/16) was a typical day, it was not busy.</li> </ul> <p>Interview on 6/21/16 at 12:55 PM with the Resident Care Coordinator (RCC) revealed:</p> <ul style="list-style-type: none"> <li>-She was in charge of the Medication Aides (MA).</li> <li>-When a new MA was hired, they would be trained by a MA that was already working there.</li> <li>-She was aware medications scheduled for 8:00 AM should be passed out between 7:00 AM and 9:00 AM.</li> <li>-The MA usually finished her morning medication pass around 9:30 AM.</li> <li>-She had not considered that since every resident (census 39) had 8:00 AM medications, that the MA would not be able to get the medications administered before 9:00 AM.</li> <li>-She did not know that passing 8:00 AM medications after 9:00 AM was occurring frequently in the facility.</li> </ul> <p>Interview on 6/22/16 at 9:00 AM with the Chief Operations Officer revealed:</p>	D 364		

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NAME OF PROVIDER OR SUPPLIER  <b>COVENTRY HOUSE OF ZEBULON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1225 W GANNON AVENUE ZEBULON, NC 27597</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 364	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>-He was standing in for the Executive Director who was out of the office.</li> <li>-He was familiar with how the MA's were trained.</li> <li>-The MA's were supervised by the RCC.</li> <li>-When a new MA was hired, they would be placed on a medication cart with another MA for 2 weeks.</li> <li>-After 2 weeks the MA would be supervised/shadowed for the 3rd week to ensure the MA was trained.</li> <li>-He was aware that 8:00 AM medications should be administered by 9:00 AM.</li> <li>-He was not aware the MA's were passing medications late, outside of the time frame.</li> <li>-He was not aware that all residents in the facility had 8:00 AM medications.</li> <li>-The other facilities he managed had 8:00 AM and 9:00 AM medications.</li> <li>-He thought that when the facility switched pharmacies (time unknown) that may have been when the medication times were changed.</li> <li>-He had contacted the pharmacy and had the times changed so there would be a 8:00 AM and 9:00 AM medication pass.</li> </ul>	D 364		