Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026064	A. BUILDING: ______ B. WING ______	12/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE SUITES	240 ANN STREET FAYETTEVILLE, NC 28301

(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 Cumberland County Department of Social Services conducted an annual survey on December 14-16, 2016.	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: TYPE B VIOLATION Based on observations, interviews and record review, the facility failed to administer a medication (Lasix) to 1 of 5 residents (#2) as ordered by the primary care physician. The findings are: Review of Resident #2's current FL-2 dated 5/15/16 revealed diagnoses included diabetes mellitus, chronic obstructive pulmonary disease (COPD), hypertensive heart disease with heart failure, and pulmonary hypertension. -There was a physician's order for Lasix 40 milligrams (mg) take one tablet daily (used to treat fluid retention in the body). Resident #2's Resident Register revealed the resident was admitted to the facility on 3/15/11.	D 358	A. The Resident Care Coordinator will review all medication administration records against the FL2, transfer summary or hospital discharge summary for newly admitted and re-admitted residents to ensure complete orders are written and are accurate in the EMAR system. 1. If a discrepancy is noted, the Resident Care Coordinator will immediately notify the prescribing practitioner for verification or clarification of order(s) and/or treatment(s). 2. The Resident Care Coordinator will fax the corrected order(s) to the pharmacy and review the corrected order(s) in the EMAR system to ensure accuracy and compliance. 3. The Resident Care Coordinator is responsible and accountable for these actions.	12-31-16

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sharon Stimpto	Executive Director	1-23-17

Approved & Acknowledged
K. Wright 1/24/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026064	A. BUILDING: ______ B. WING ______	12/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE SUITES	240 ANN STREET FAYETTEVILLE, NC 28301

(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 Review of Resident #2's "Resident Assessment Plan" dated 4/25/16 revealed no documentation of edema. Review of Resident #2's Licensed Health Professional Support (LHPS)reviews dated 11/10/16 and 8/8/16 revealed: -The residents' legs had bilateral trace edema with no redness or warmth. -There was "no edema noted" on the resident's skin. Review of Resident #2's physician's orders revealed: -There was a current order dated 6/28/16 for Lasix 40 mg take one tablet daily. -There was no order to discontinue the Lasix. Review of Resident #2's August 2016 Medication Administration Record (MAR) revealed: -Lasix 40 mg tablet take 1 tablet daily was transcribed on the MAR. -Lasix was documented as administered at 9:00 a.m. from 8/1-8/26/16 and from 8/28-8/30/16. -Lasix was not documented as administered on 8/27/16, because the resident was out of the facility at an appointment. -The Lasix was discontinued and the "Stop Date" was 8/30/16. Review of Resident #2's September 2016 MAR, October 2016 MAR, November 2016 MAR and December 2016 MAR from 12/1-12/16/16 revealed Lasix was not transcribed on the MARs. Observation of Resident #2's medications on hand revealed Lasix was not on hand. Observation of Resident #2 on 12/14/16 at 11:45	D 358	Continued from page 1 B. The Resident Care Coordinator will 1. Verify need for clarification. 2. Ensure order(s) have been faxed to pharmacy immediately. 3. Ensure orders have been entered in the EMAR system correctly without discrepancies. 4. Ensure orders are placed in the resident's chart in chronological order with the most recent order in front. 5. If the Resident Care Coordinator is not in the building, the Med Tech is to fax the orders to the pharmacy immediately so the resident may start their medications as soon as possible. The Med Tech will put the orders in the Resident Care Coordinator's mail box and notify the Resident Care Coordinator by phone.	12-31-16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026064	A. BUILDING: ____ B. WING ____	12/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE SUITES	240 ANN STREET FAYETTEVILLE, NC 28301

(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 a.m. revealed: -The resident was sitting in the dining room. -Swelling was observed in the right and left feet and both lower legs. -The resident told the Personal Care Aide (PCA) she was not feeling well. -A PCA had taken the resident out of the dining room and took the resident to her room. Observation of Resident #2 in her room on 12/15/16 at 11:26 p.m. revealed: -Both of the resident's feet were swollen. -The resident was using oxygen. Interview with Resident #2 on 12/15/16 at 11:26 pm. revealed: -She was not feeling well. -When she laid in the bed, staff propped-up her feet. -Her feet had been swollen for the past week. Observation of Resident #2 on 12/16/16 at 2:42 p.m. revealed: -The resident was asleep in her room, laying in the recliner with her legs propped up. -The resident's legs and feet were swollen. Interview with Resident #2 on 12/16/16 at 3:58 p.m. revealed: -The last time she had Lasix was in September or October 2016. -She did not know why the medication was stopped. -She had shortness of breath and she used her oxygen continuously. -The swelling in her feet have not changed in the last 2 to 3 months. -The doctor always looked at her feet. -She went to the doctor every month. -She went to the doctor in November 2016.	D 358	Continued from page 2 The Resident Care Coordinator, who approves all orders, will inital and date the order(s) before filing. The Resident Care Coordinator will ensure order(s) are placed in the resident's chart. C. The Resident Care Coordinator and designated medication staff will audit 12-15 charts weekly for medication accurancy. The RCC and ED will assure staff assisting with audits are trained to assure original orders match the MAR, and the original orders and the MAR match the medication in the cart. Auditing will be documented on an audit form and kept in the QA file. 1. If a discrepancy is noted, the Resident Care Coordinator will immediately notify the prescribing practitioner for verification or	1-15-17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026064	A. BUILDING: ______ B. WING ______	12/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE SUITES	240 ANN STREET FAYETTEVILLE, NC 28301

(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 -She had not had any emergency room visits in the last 2 to 3 months. Telephone interview with Resident #2's primary care physician's nurse on 12/16/16 at 12:18 p.m. revealed: -The resident had a current order for Lasix 40 mg daily dated 5/16/16, which was good for one year. -The Lasix was used to help decrease swelling in the residents' legs and feet. -The resident was seen by the primary care physician on 10/17/16 due to edema. -The resident was supposed to be using Lasix as ordered. -The primary care physician was not aware the resident had not received Lasix since 8/31/16. Telephone interview with a Pharmacist from the facility's local pharmacy on 12/16/16 at 12:55 p.m. revealed: -The pharmacy only completed the profile information for Resident #2's Quick MARs for medication administration. Completing the profile information included adding physicians' orders to the MAR. -Resident #2s' medications were not filled at the pharmacy. -Resident #2 had an order for Lasix 40 mg daily dated 8/30/15. -The order was discontinued, because it expired on 8/30/16. So the order was dropped from the electronic MARs. -There was also a current order dated 6/28/16 for Lasix 40 mg daily in Resident #2's profile, but somehow the order had not "rolled over" to the Quick MAR. -The Pharmacist was not aware the current order had not "rolled over" to the Quick MAR. -The Lasix should not have "fallen off" of the Quick MAR.	D 358	Continued from page 3 clarification of order(s) and/or treatment(s). 2. The Resident Care Coordinator will fax the corrected order(s) to the pharmacy and review the corrected order(s) in the EMAR system to ensure accurancy and compliance. D. Only the Resident Care Coordinator is allowed to approve order(s) in the EMAR system. E. For training by Omnicare pharmacists - monthly in-services for the next three months regarding medication management, documentation, discontinuing, transcribing, documenting, and auditing to assure accurancy. routine in-services by the pharmacy will be then given quartely. F. All Omnicare pharmacy audits will be reviewed by the Resident Care Coordinator and the Executive Director.	 12-31-16 12-31-16 was the first in-service.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026064	A. BUILDING: ______ B. WING ______	12/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE SUITES	240 ANN STREET FAYETTEVILLE, NC 28301

(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	D 358		

-The Pharmacist did not know why the current order had not rolled over to the Quick MAR.

Telephone interview with a Pharmacist from Resident #2's local pharmacy on 12/16/16 at 1:40 p.m. revealed:
-The resident received medications from the pharmacy.
-The resident had an order dated 4/6/16 for Lasix 20 mg take 2 tablets daily.
-The Lasix was filled on 4/6/16 and 180 tablets were dispensed, which was a three month supply.
-There was another order dated 5/16/16 for Lasix 20 mg take 2 tablets daily.
-The Lasix was last filled on 8/12/16 and 180 tablets were dispensed, which was a three month supply.
-The Lasix was never discontinued.

Interview with a Medication Aide (MA) on 12/16/16 at 2:30 p.m. revealed:
-Resident # 2 had always had swelling in her feet.
-The swelling in Resident #2's feet had not changed in the last 2 to 3 months.
-Resident #2 not getting the Lasix had not made any difference in the swelling in the resident's feet.
-She did not know why Resident #2 no longer received Lasix.
-The medication was not on hand.
-The resident's physician had not been notified of Resident #2 not having medication on hand.
-The resident's physician should have been notified within 3 days of resident not having the medication on hand.
-All staff were responsible for notifying the resident's physician about resident not having medications available.

Interview with a second MA on 12/16/16 at 3:50

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026064	A. BUILDING: ____ B. WING ____	12/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE SUITES	240 ANN STREET FAYETTEVILLE, NC 28301

(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	D 358		

p.m. revealed:
-Resident #2 did have swelling in her feet and legs.
-Staff reminded the resident to keep her feet propped up.
-She was unsure if the resident was on medications to help decrease the swelling.

Interview with a third MA on 12/16/16 at 5:25 p.m. revealed:
-Two weeks ago, Resident #2's legs were swollen. The resident did not want to go to the hospital. The MA had placed pillows under the resident's legs to elevate her feet.
-Resident #2 was not on Lasix or anything to help decrease the swelling in the legs.
-She had been working at the facility since June 2016 and she was unsure if the resident had ever been on Lasix.

Interview with a PCA on 12/16/16 at 4:15 p.m. revealed:
-Resident #2's feet were more edematous now than they were 3 months ago.
-Resident #2 was more confined to her room due to her breathing problems.

Interview with a second PCA on 12/16/16 at 4:30 p.m. revealed:
-The swelling in Resident #2's feet had not changed over the last 2 to 3 months.
-Resident #2 only walked in her room.
-She used a wheel chair outside of the room.

Telephone interview with Resident #2's Responsible Party on 12/16/16 at 4:18 p.m. revealed:
-The resident had edema on her shins.
-The resident had not been eating and feeling well within the past week, because the resident

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026064	A. BUILDING: ______ B. WING ______	12/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE SUITES	240 ANN STREET FAYETTEVILLE, NC 28301

(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		

had not been breathing well.
-He did not have any problems with the resident receiving medications as ordered by the primary care physician.

Interview with the Resident Care Coordinator (RCC) on 12/16/16 at 2:55 p.m. revealed:
-The pharmacist must have a discontinued order from the resident's physician in order to take the medication off the electronic MARs.
-The pharmacist placed the discontinue orders in the electronic system.
-The facility must have a copy of the medication order in order to approve the medications or reject the medications.
-She was not aware of the Lasix being stopped for Resident #2.

Interview with the Resident Care Manager (RCM) on 12/16/16 at 5:50 p.m. revealed:
-He randomly picked 6 residents to do medication audits monthly.
-The medication audits included matching current orders to MARS to medication labels.
-Resident #2 had been off Lasix at least for the past three months.

Interview with the RCM on 12/16/16 at 7:00 p.m. revealed:
-He was not aware Resident #2 had not received the Lasix as ordered by the primary care physician.
-If he had been aware the resident had not received Lasix, he would have notified the resident's primary care physician.

Interview with the Administrator on 12/16/16 at 6:14 p.m. revealed:
-The RCM was responsible for making sure resident's medications were administered as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026064	A. BUILDING: ______ B. WING ______	12/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE SUITES	240 ANN STREET FAYETTEVILLE, NC 28301

(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	D 358		

ordered.
-The RCM and the RCC randomly selected and reviewed 6 resident records monthly.
-The RCM and RCC reviewed all of the resident's records yearly.
-She was not aware Resident #2 had not received Lasix as ordered by the primary care physician. If she had been aware, she would have had staff to notify the physician to clarify the order.

The facility failed to administer a medication as ordered by the primary care physician for 1 of 5 residents (#2). The resident failed to get 80 doses of her diuretic medication. The resident had edema in both legs. The failure of the facility results in detriment to the health, safety, and welfare of the resident.

The facility submitted a Plan of Protection dated 12/16/16, as follows:
-As soon as possible or by 12/19/16, the Resident Care Manager (RCM) will contact Resident #2's Power of Attorney (POA) to get a clarification order for Resident #2's Lasix from the primary care physician, because the POA was taking the resident to an appointment with the primary care physican on 12/19/16.
-The Medication Aides will receive training on verifying orders on the Quick Medication Administration Records (MARs) by 12/29/16.
-The RCM and the Resident Care Coordinator (RCC) will review 5 residents' records daily to check medication orders to make sure all of the records have been reviewed and orders implemented.
-The RCM and RCC will monitor and clarify all orders as received from the resident's physicians.
-The RCM and RCC will review all of the residents orders monthly to make sure orders are being implemented as ordered by the resident's

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026064	A. BUILDING: ______ B. WING ______	12/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE SUITES	240 ANN STREET FAYETTEVILLE, NC 28301

(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 primary care physician. -The Administrator will follow-up monthly with the RCM and RCC on medication administration. -The MAs will have training on medication administration every three months. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 30, 2017	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 observations, interviews and record review, the facility failed to assure 1 of 5 residents (#2) 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 observations, interviews and record review, the facility failed to administer a medication (Lasix) to 1 of 5 residents (#2) as ordered by the primary care physician. [Refer to Tag D358, 10A NCAC 13F .1004 (a). (Type B Violation)]	D912		