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
	FCL046021	A. BUILDING: ______ B. WING ______	R 01/31/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEPHENSON FAMILY CARE HOME	**316 EAST RICHARD STREET AHOSKIE, NC 27910**

(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
C 000	Initial Comments The Adult Care Licensure Section and Hertford County Department of Social Services conducted an annual and follow-up survey on January 31, 2017.	C 000		
C 284	10A NCAC 13G .0904(e)(4) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (e) Therapeutic Diets in Family Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure therapeutic diets were served as ordered for 1 of 3 residents that had an order for a no added salt diet. The findings are: Review of Resident #1's current FL-2 dated 12/15/16 revealed: -Resident #1's diagnoses included Hypertension, dyslipidemia, controlled Type II Diabetes, and schizophrenia. -There was an order for a no added salt (NAS) diet. Review of the therapeutic menu on 01/31/17 revealed: -A Regular Diet Menu was the only therapeutic menu posted in the facility. -A NAS Diet Menu was not available in the facility. Interview with the Administrator on 01/31/17 at 10:00am revealed:	C 284		

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

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C 284	Continued From page 1 -She cooked all of the meals at the facility. -All of the residents were on a regular diet. Observation of the lunch meal on 01/31/17 at 12:05pm revealed Resident #1 was served 1 and ½ cup of beef stew, cornbread, about ½ cup of peaches, and about 8 ounces of water and tea. Interview with Resident #1 on 01/31/17 at 1:50pm revealed: -He was not sure if he was on any special diet. -He ate the same food as the other residents at the facility. -He was allowed to have salt to his understanding. -No one had told the resident he should not add salt to his food. Interview with the Administrator on 01/31/17 at 1:55pm revealed: -She used the regular diet menu for all residents in the facility. -She was responssible to check the orders for all residents in the facility. -She did not know Resident #1 had a diet order for a NAS diet. -There was no therapeutic menu in the facility for a NAS diet. -There was no diet list in the facility. -She would contact the dietician to get a copy of a NAS diet for the facility. -She cooked with salt but salt was not on the table when she served the residents. Interview with a nurse for the Primary Care Provider for Resident #1 on 1/31/17 at 2:05pm revealed: -Resident #1 was supposed to be on a NAS diet due to his hypertension. -The facility should assure no salt shaker should	C 284		

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C 284	Continued From page 2 be available for Resident #1 to add salt at the table.	C 284		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family 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 reviews, the facility failed to assure two blood pressure medications were administered as ordered for 1 of 3 sampled residents (#2) with a known history of hypertension. The findings are: Review of Resident #2's current FL-2 dated 12/30/16 revealed: -The resident's diagnoses included schizoaffective disorder bipolar type, alcohol use disorder severe, hypertension, extrinsic asthma unspecified. -There were medication orders for Hydrodiuril 25 mg daily and Zestril 10 mg daily. (Hydrodiuril and Zestril were used to treat high blood pressure). Review of the Hospital Discharge Summary for Resident #2 dated 12/29/16 revealed:	C 330		

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C 330	Continued From page 3 -The resident was to continue taking Hydrodiuril 25 mg 1 tablet by mouth daily. -Hydrodiuril 25 mg was last given on 12/29/16 at 8:49 a.m. -The next scheduled dose was 12/30/16 for Hydrodiuril 25 mg. -The resident was to continue taking Zestril 10 mg 1 tablet by mouth daily. -Zestril 10 mg was last given on 12/29/16 at 8:50 a.m. -The next scheduled dose was 12/30/2016 for Zestril 10 mg. Review of Resident Register for Resident #2 revealed the resident was admitted to the facility on 12/30/16. Review of Resident #2's record revealed there was no medication administration record (MAR) available for December 2016. Review of the Resident #2's January 2017 MAR revealed there were no computer generated or handwritten entry for the administration of Hydrodiuril 25 mg daily or Zestril 10 mg daily. Observation of medications on hand for Resident #2 revealed there was not a supply of Hydrodiuril or Zestril available in the facility. Review of pharmacy dispensing records dated 01/01/17 - 01/31/17 revealed no blood pressure medications had been dispensed for Resident #2. Review of Physician's After Visit Summary for Resident #2 dated 1/25/17 revealed: -The resident was last seen on 1/25/17 at 11:00 a.m. by the physician. -No medication changes were recommended and no medications were listed on the visit summary.	C 330		

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C 330	Continued From page 4 Interview with the Administrator on 01/31/17 at 11:45 a.m. revealed: -Resident #2 had only been at the facility since 12/30/2016 and she was not "too familiar with him." -Resident #2 came from community hospital to her facility. -She knew he had problems with blood pressure but was unsure why he came to the facility without the medications to treat high blood pressure. -She was aware the January MAR was different from the medications received from the pharmacy for Resident #2. -She administered all the medications she received from the pharmacy for Resident #2. -She did not receive any Hydrodiuril or Zestril from the pharmacy for Resident #2. -She called the doctor's office for the facility and scheduled an appointment for Resident #2 for his medications. Observation of the Administrator on 01/31/17 at 11:45am revealed Resident #2 had a blood pressure reading of 146/97. Interview with the pharmacy technician for the facility's pharmacy on 1/31/17 at 2:15 p.m. revealed: -The pharmacy had not received prescriptions for the two blood pressure medications for Resident #2. -The pharmacy did not have a copy of Resident #2's FL2. -The pharmacy had no record of contact from the facility regarding any missing blood pressure medications for Resident #2. Interview with Resident #2 on 1/31/17 at 11:53	C 330		

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C 330	Continued From page 5	C 330		

a.m. revealed:
-He took blood pressure medications every day before he was admitted to this facility.
-He could not name the blood pressure medications he had taken but he knew there was two different medications.
-He felt "fine and was not dizzy."
-He had not received any blood pressure medications since he had been at the facility.
-He thought his medications had changed and that was why he did not ask about his blood pressure medications.
-He knew his blood pressure would "quickly shoot up high and then come back down" mostly in the mornings.
-The resident was unable to specify his previous blood pressure readings.

Interview with the Administrator on 01/31/17 at 2:00pm revealed:
-There was no system for the facility to check the MARs for accuracy.
-She had a contract with the pharmacy and the pharmacy was responsible for making sure the MARs were accurate.
-She was aware the Resident #2 did not have the blood pressure medication current FL-2 as ordered on his FL-2 but she could not specific when she became aware.
-She was going to start double checking the MARs for all residents including Resident #2.
-She did not know how Resident #2's blood pressure was doing because he did not have an order to check his blood pressure and had no medications on hand to administer.

Observation on 01/31/17 at 2:00pm revealed Resident #2 had a blood pressure reading of 114/83.

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C 330	Continued From page 6 Telephone interview with a nurse at Resident #2's primary physician's office on 01/31/17 at 2:05pm revealed: -Resident #2 was seen by the physician on 01/25/17. -Resident #2 was a poor historian and Resident #2 was not sure what medications he was taking when the resident came for the appointment. -Resident #2 was not accompanied by any staff from the facility during his office visit on 01/25/17 who could verify what medications Resident #2 took at he facility. -The physician's office reviewed Resident #2's medications based on the current FL-2 dated 12/30/16 for Resident #2. -The physician was not aware of any discrepancies between the medication orders on the FL2. -The physician was not aware Resident #2 had not been taking the Hydrodiuril or Zestril. -The nurse could not recall any contact with the Administrator to clarify if Resident #2's medication orders for Hydrodiuril or Zestril. -It was the physician's expectation for Resident #2 to take the blood pressure medications as listed on the FL-2. -The physician would call in the prescriptions for Hydrodiuril and Zestril for Resident #2 to the pharmacy. Interview with the Administrator on 1/31/17 at 2:20pm revealed she would follow up with the physician for the blood pressure medications and get them from the pharmacy. ______________________ Based on observations, interviews, and reviews, the facility's failure to administe two blood pressure medications for 1 month as ordered by the physician was detrimental to the health and	C 330		

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C 330	Continued From page 7 well-being of Resident #2 which constitutes a Type B violation. ________________________ The plan of protection submitted by the facility on 01/31/17 revealed: -The facility will administer all medications for the residents as ordered by the physician. -The Administrator will monitor all medication orders for accuracy and any discrepancies will clarified with the physician and/or pharmacy within 24 hours. -All attempts of medication order clarification will be documented immediately in the residents' records. -The administrator will review all residents' records to make sure all medication orders are clear and complete by 02/05/17. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 17, 2017.	C 330		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's 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 reviews, the facility failed to assure each resident received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations	C 912		

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C 912	Continued From page 8 as related to failure to administer medications as ordered by the physician. The findings are: Based on observations, interviews and record reviews, the facility failed to assure two blood pressure medications were administered as ordered for 1 of 3 sampled residents (#2) with a known history of hypertension. [Refer to Tag D330 10A NCAC 13G .1004(a) Medication Administration (Type B Violation).]	C 912		