Division of Health Service Regulation							
		(X1) PROVIDER/SUPPLIER/CLIA			Est.	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. HULLDING		<u> </u>	COMPLETED		
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		HAL011003	B WNG	·	Market Company of the	03/09/2017	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY, STATE, ZIP CODE							
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BECKY'S REST HOME # 2 316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732							
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(X4) ID PREFix			IF) PREFIX	PROVIDER'S PLAN OF CORRECTION (X5) FEACH CORRECTIVE ACTION SHOULD BE COMPLETE			
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D 000	Initial Comments	nitial Comments					
	The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual survey on March 8-9, 2017.		100 10000000				
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	10A NCAC 13F .1004 Medication Administration			ter de str	CXX CXXXXX	Thurscal !	
	 (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. 		-	medica	meechm	contin's	
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				to appropriate Primary Care Physician For signature and reviews. Throughout the month,			
				Action 1	1 1 TVL	300 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			1	Throady	ell send	rompleted	
	This Rule is not met as evidenced by Based on observations, interviews, and record reviews, the facility failed to administer atorvastatin and Levemir insulin as prescribed to 1 of 3 sampled residents (Resident #3).			we we	to MAI	2 00000	
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	Review of Resident #3's current Ft.2 dated 10/7/16 revealed diagnoses included Diabetes Type II, Chronic Kidney Disease, and Coronary Artery Disease. Review of Resident #3's Resident Register revealed an admission date of 6/17/15. 1. Review of Resident #3's current Ft.2 dated 10/7/16 revealed physician's order for atorvastatin (used to treat high cholesterol) 40mg 1/2 tablet daily at bedtime.		1	compare	ed water	curent	
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Division of Health Service Regulation							

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING HAL011003 03/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD **BECKY'S REST HOME #2** FLETCHER, NC 28732 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)**PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 358 Continued From page 1 D 358 Review of Resident #3's physician order dated 12/30/16 revealed increase atorvastatin to 40mg daily. Observation of Resident #3's medication supply in the facility on 3/8/17 at 1:30pm revealed: -A bottle of atorvastatin 40 mg tablets. -The label directions were atorvastatin 40mg 1 tablet daily at bedtime. Review of Resident #3's December 2016 Medication Administration Record (MAR) revealed: -A computer generated entry for atorvastatin 40mg take 1/2 tablet (20mg) daily at 8pm. -The atorvastatin 20mg was documented as administered daily from 12/1/16 to 12/31/16 for 31 occurrences out of 31 opportunities. Review of Resident #3's January 2017 MAR -A computer generated entry for atorvastatin 40mg take 1/2 tablet (20mg) daily at 8pm. -The atorvastatin 20mg was documented as administered daily from 1/1/17 to 1/31/17 for 31 occurrences out of 31 opportunities. Review of Resident #3's February 2017 MAR revealed: -A computer generated entry for atorvastatin 40mg take 1/2 tablet (20mg) daily at 8pm. -The atorvastatin 20mg was documented as administered daily from 2/1/17 to 2/28/17 for 28 occurrences out of 28 opportunities. Review of Resident #3's March 2017 MAR revealed: -A computer generated entry for atorvastatin 40mg take 1/2 tablet (20mg) daily at 8pm. -A handwritten note out beside the entry

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C HAL011003 B. WING 03/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD **BECKY'S REST HOME #2** FLETCHER, NC 28732 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 358 Continued From page 2 D 358 documented "Rewritten below." -A handwritten entry for atorvastatin 40mg 1 tablet daily at 8pm. -The atorvastatin 20mg was documented as administered on 3/1/17 at 8pm. -The atorvastatin 40mg was documented as administered daily from 3/2/17 to 3/7/17 for 6 occurrences out of 6 opportunities. Review of Resident #3's Pharmacy Review dated 2/17/17 revealed the change in physician order dated 12/30/16 for atorvastatin 80mg 1/2 tablet daily was identified as a recommendation for facility staff. Review of Resident #3's Active Medication List from a primary care provider visit dated 2/16/17 revealed: -Atorvastatin 80mg take 1/2 a tablet daily at -The Active Medication List was not signed by a physician. Interview with Resident #3 on 3/8/17 at 8:20am and 3/9/17 at 11:00am revealed: -Resident #3 received his medications timely. -The resident's routinely had lab work through his primary care physician to monitor his cholesterol levels. -"It had been real good, but recently it's been going up." -"My last lab was okay again." Interview with the Resident Care Coordinator on 3/9/17 at 11:22am revealed: -They had been unaware of the change of order for the atorvastatin dated 12/30/16 for Resident #3 -Resident #3 was now receiving the correct dose. -"I was taking the active med lists from the VA

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С HAL011003 B. WING 03/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD BECKY'S REST HOME # 2 FLETCHER, NC 28732 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 358 Continued From page 3 D 358 (Veterans Administration) as the new orders." -"That's all I was getting back from the VA when I requested clarification." -The facility pharmacy "just depends on me to send them the current orders to print out our MARs." -Resident #3 received his medications mail order, not from the facility pharmacy. Attempted telephone interview with Resident #3's primary care physician on 3/9/17 at 10:37am was not returned by exit. 2. Review of Resident #3's current FL2 dated 10/7/16 revealed a physician's order for Levemir insulin (long acting insulin used to control blood sugar over 24 hours) 38 units daily at bedtime. Review of Resident #3's Active Medication List from a primary care provider visit dated 11/23/16 revealed: -Levemir insulin 40 units daily at bedtime. -The Active Medication List was not signed by a physician. Review of Resident #3's December 2016 Medication Administration Record (MAR) revealed: -A computer generated entry for Levemir insulin 38 units daily at 8pm. -A handwritten "40" was written over the 38 unit computer generated entry. -The Levemir 40 units was documented as administered from 12/1/16 to 12/31/16 for 28 occurrences out of 31 opportunities (no doses were documented administered on 12/9/16. 12/16/17, and 12/24/16.) Review of Resident #3's January 2017 MAR revealed:

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING HAL011003 03/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD **BECKY'S REST HOME #2** FLETCHER, NC 28732 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 358 Continued From page 4 D 358 -A computer generated entry for Levemir insulin 40 units daily at 8pm. -The Levemir 40 units was documented as administered from 1/1/17 to 1/31/17 for 30 occurrences out of 31 opportunities (no dose was documented administered on 1/6/17). Review of Resident #3's physician order dated 2/16/17 revealed increase Levemir insulin to 45 units each evening. Review of Resident #3's February 2017 MAR revealed: -A computer generated entry for Levemir insulin 40 units daily at 8pm. -The entry had a handwritten line drawn through it and a handwritten note out beside it of changed 2/16/17. -The Levemir 40 units was documented as administered from 2/1/17 to 2/15/17 for 15 occurrences out of 15 opportunities. Review of Resident #3's March 2017 MAR revealed: -A computer generated entry for Levemir insulin 40 units daily at 8pm. The entry was marked through. -A handwritten entry for Levemir insulin 45 units daily at 8pm. -The Levemir 45 units was documented as administered from 3/1/17 to 3/7/17 for 6 occurrences out of 7 opportunities (no dose was documented administered for 3/4/17.) Review of Resident #3's fingerstick blood sugar testing (FSBS) results from 12/1/16 to 3/7/17 revealed: -Resident #3 received FSBS testing 3 times a day 7:30am, 11:30am, and 4:30pm. -December 2016: 7:30am range was 188-321,

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: Ç HAL011003 03/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD **BECKY'S REST HOME #2** FLETCHER, NC 28732 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE. REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 358 Continued From page 5 D 358 11:30am range was 158-371, 4:30pm range was -January 2017; 7:30am range was 181-304, 11:30am range was 149-350, 4:30pm range was 98-307. -February 2017: 7:30am range was 204-319, 11:30am range was 197-451, 4:30pm range was 176-278. -March 2017: 7:30am range was 240-315. 11:30am range was 248-382, 4:30pm range was Review of Resident #3's Pharmacy Review dated 2/17/17 revealed the change in physician order dated 2/16/17 to increase Levemir dose to 45 units daily at bedtime was identified as a recommendation for facility staff. Interview with Resident #3 on 3/8/17 at 8:20am and 3/9/17 at 11:00am revealed: -Resident #3 received his medications timely. -"I'm diabetic and get four shots a day and a ton of oral meds to go with it." -"My insulin has been increased, but it needs to be increased more." -"I see a diabetic nurse at the VA every month." -"They have been doing gradual increases to my insulin to not cause hypoglycemia." Interview with the Resident Care Coordinator on 3/9/17 at 11:22am revealed: -"I was taking the active med lists from the VA (Veterans Administration) as the new orders." -"That's all I was getting back from the VA when I requested clarification.' -The facility pharmacy "just depends on me to send them the current orders to print out our MARs." -Resident #3 received his medications mail order, not from the facility pharmacy.

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ C B. WING _____ HAL011003 03/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD **BECKY'S REST HOME # 2** FLETCHER, NC 28732 (X4) ID SUMMARY STATEMENT OF LIFT CRENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LISC IDENTIFYING INFORMATION) TAG DEFICIENCY) D 358 Continued From page 6 D 358 Attempted telephone interview with Resident #3's primary care physician on 3/9/17 at 10:37am was not returned by exit.