Division of Health Service Regulation

PRINTED: 10/25/2017 FORM APPROVED

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER IDENTIFICA	SUPPLIER/CLIA TION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
FCL045			118	B. WNG		10/11/2017
NAME OF PROVIDER OR SUPPLIER SOUNDVIEW ASSISTED LIVING # 3			STREET ADDRESS, CITY, STATE, ZIP CODE  178 KENDRICK COURT  FLAT ROCK, NC 28731			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECE		SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL  TAG  CROSS-REFERENCED TO THE APPROPRIATION  DEFICIENCY)		D BE COMPLETE	
C 000	The Adult Care Licenannual survey on Oct	ober 11, 2017.		C 000	Med tech supervisional compare han	à-
ivision of Hea	10A NCAC 13G .1004(a) Medication Administration  10A NCAC 13G .1004 Medication A(a) A family care home shall assure preparation and administration of me prescription and non-prescription and by staff are in accordance with:  (1) orders by a licensed prescribing which are maintained in the resident (2) rules in this Section and the facility and procedures.  This Rule is not met as evidenced be Based on observations, interviews, a reviews, the facility failed to administ ER as ordered for 1 of 3 sampled res (Resident #2).  The findings are:  Review of Resident #2's current FL2 3/28/17 revealed:  -Diagnoses included hypertension, of and schizoaffective disorder.  -An order for atenolol (used to treat in 50mg 1 tablet twice daily).  Review of Resident #2's order dated revealed discontinue atenolol and be metoprolol ER (used to treat hypertension).  Review of Resident #2's July 2017 et Medication Administration Record (et revealed:		dministration that the edications, d treatments practitioner 's record; and ity's policies  y: and record er metoprolof sidents  dated steoarthritis, hypertension)  7/19/17 gin nsion)  ectronic MAR)		printed prescriptions will be clarified if handwriting is und staff will ensure med tech supervisive cines a copy of orders. Orders will required to be remained approved by a supervisor before available for administration the electronic	lear. Hear. that ior all be newed being
BORATORY	RECTOR'S OR PROVIDERS	JPPLIER REPRESE	NATIVE'S SIGNATURE	• (	I d man both	IN O GAYE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER	SUPPLIER/CLIA TION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		FCL045118		B. WING			10/11/2017	
NAME OF	PROVIDER OR SUPPLIER		STREET	ODRESS, CITY, STATE	E, ZIP CODE		or the Contract of the Contrac	
SOUNDY	IEW ASSISTED LIVING #	3		DRICK COURT DCK, NC 28731				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEF	DED BY ELLI	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
C 330	Continued From page  An entry for atended scheduled at 8am an noted out to the right. The atended 50mg wadministered twice da 8am.  An entry for metoproscheduled at 8am.  The metoprolol ER 1 administered once da The metoprolol ER water DR/RN orders or An entry for metoprodally scheduled at 8ar.  The metoprolol ER 1 administered twice date to 7/31/17 at 8pm.  Review of Resident #2 September 2017 eMA-An entry for metoprolol ER 10 administered twice date with a scheduled to be 8pm.  The metoprolol ER 10 administered twice date with a entry for metoprolol ER 10 administered twice date with a entry for metoprolol ER 10 administered twice date with a entry for metoprolol ER 10 administered twice date 8am.  Observation of Reside hand on 10/11/17 at 10-There was 1 bubble per 100mg tablets in the manufactor of the side hand on 10/11/17 at 10-There was 1 bubble per 100mg tablets in the manufactor of the side hand on 10/11/17 at 10-There was 1 bubble per 100mg tablets in the manufactor of the side hand on 10/11/17 at 10-There was 1 bubble per 100mg tablets in the manufactor of the side hand on 10/11/17 at 10-There was 1 bubble per 100mg tablets in the manufactor of the side hand on 10/11/17 at 10-There was 1 bubble per 100mg tablets in the manufactor of the side hand on 10/11/17 at 10-There was 1 bubble per 100mg tablets in the manufactor of the side hand on 10/11/17 at 10-There was 1 bubble per 100mg tablets in the manufactor of the side hand on 10/11/17 at 10-There was 1 bubble per 100mg tablets in the manufactor of the side hand on 10/11/17 at 10-There was 1 bubble per 100mg tablets in the manufactor of the side hand on 10/11/17 at 10-There was 1 bubble per 100mg tablets in the manufactor of the side hand on 10/11/17 at 10-There was 1 bubble per 100mg tablets in the manufactor of the side hand on 10/11/17 at 10-There was 1 bubble per 100mg tablets in the manufactor of the side hand on 10/11/17 at 10-There was 1 bubble per 100mg tablets in the manufactor of the side hand on 10/11/17 at 10-There was 1 bubble per 100mg ta	50mg 1 tablet d 8pm with discoff the entry. I was documented aily from 7/1/17 and ER 100mg to a man and 8pm.  100mg was documented to 7/26/17.  101 ER 100mg to and 8pm.  100mg was documented to 7/24/11.  102's August 201's Rs revealed:  101 ER 100mg to administered at a man and 8pm.  102's October 201's administered at a man and 8pm.  100mg was documented to a man and 8pm.  100mg was documented at a man and 8pm.	d to 7/14/17 at to 7/14/17 at to 7/14/17 at the tablet dally the tablet twice the tablet tw	C 330	DEFICIENC	*)		

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Division	of Health Service Regu	lation	,	i.		FOR	APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER AND PLAN OF CORRECTION IDENTIFICA		(X1) PROVIDER SUPPLIES IDENTIFICATION NUM	BED.	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL045118	B. WI	/G		10/-	11/2017
NAME OF P	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS,	TTY, STATE, ZIP CODE			
SOUNDVIEW ASSISTED LIVING # 3		2	178 KENDRICK C				
			FLAT ROCK, NO	28731			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEF (EACH DEFICIENCY MUST BE PRECE REGULATORY OR LSC IDENTIFYING		ULL PR	D EFIX (E AG CRO	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO DSS-REFERENCED TO THE APPR DEFICIENCY)	CTIVE ACTION SHOULD BE INCED TO THE APPROPRIATE	
C 330	Continued From page	2	C 3:	0			
	9/27/17.	with a dispense date were for metoprolol Ef wice daily.	of				
	pressures from 7/13/ -From 7/13/17 to 7/31 to 174/114. -From 8/1/17 to 8/31/ 178/123. -From 9/1/17 to 9/30/	2's documented daily 17 to 10/11/17 reveale /17, the range was 10 17, the range was 116 17, the range was 93/6	d: 8/70 /78 to				
	184/109. -From 10/1/17 to 10/11/17, the range to 168/107.		14/77				
	Interview with the Administrator on 1 11:45am revealed: -"On 7/19/17 an order was received metoprolol 100mg daily."		at				
	-"It was filled and adn 7/24/17." -"On 7/24/17 during a Consultant had the st	drug review, the RN aff fax the report of co	nsult				
	and the order was mis changed to 100mg tw		and				
	dated 7/24/17 revealed	2's pharmacy review e d "Per 7/19/17 visit no aff name] to review da	te				
	Interview with Resider 11:55am revealed: -"I'm doing pretty good -The resident denied a dizziness.						
Nuislan of Hag		rith Resident #2's Nurs	se				

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lealth Service Rec	gulation	74			FOI	RM APPROV
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER IDENTIFICATION  FCL045		SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DAT	E SUBVEY
		ON NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		18	B. WNG			
VIDER OR SUPPLIER	3700	STREET	ADDRESS, CITY, STATE	ZID CODE		0/11/2017
ASSISTED LIVING			IDRICK COURT	C, ZIF QOUE		
ASSISTED LIVING	#3		OCK, NC 28731			
(X4) ID SUMMARY STATEMENT OF DEF( PREFIX (EACH DEFICIENCY MUST BE PRECE TAG REGULATORY OR LSC IDENTIFYING		PROVIDER'S PLAN UP COR		PRRECTION		
		FORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLET DATE
ontinued From pag	ge 3		C 330			
ractitioner's Nurse	on 10/11/17 at 2	:05pm				
an electronic presc	ription for Reside	nt #2 had				
en sent to the fac	ility pharmacy on	7/19/17 for				
metoprolol ER 100mg 1 tablet daily.		7710/17 101				
tesident #2's most	current metoprol	ol order,				
according to their records, was meto		prolof ER				
Omg once daily.						
he would speak w	rith the Nurse Pra	ctitioner who				
dered the metopro	results with horse	Resident				
esident #2 had rec	eived metoprolol	FR 100mg				
ice dally since 7/2	4/17.	Er roomg				
lephone interview	with the facility p	harmacy on				
/11/17 at 2:26pm i	revealed:					
-They had received an electronic prescription Resident #2 on 7/19/17 for metoproloi ER 1		scription for				1
esident #2 on 7/19/ ce 1 tablet every d	/17 for metoprolo	IER 100mg				
hen on 7/24/17 the	by had received a	fev of a				
ndwritten order for	metoprolol FR	iax VI a				
he pharmacy had	dispensed metop	rolol ER				
0mg 60 tablets for 5/17, and 9/27/17.	Resident #2 on 8	B/7/17,				
looks like the orde	er was once a da	y. We have				
is twice a day."						
hey discontinued t	the once a day or	n 7/24/17				
d changed it to twi	ce a day."					
he actual order is						
they couldn't read led and clarified."	the order they s	nould nave				
ephone interview	with Resident #2'	s Nurse				
actitioner's Nurse of	on 10/13/17 at 9:3	31am				
ealed Resident #2	s Nurse Practition	ner "said if				
patient has not ha	ad any adverse e	ffects as of				
then it has not ne	gatively affected	her health."				
patient l	has not ha as not ne	nas not had any adverse e as not negatively affected	nas not had any adverse effects as of as not negatively affected her health."	has not had any adverse effects as of as not negatively affected her health."	has not had any adverse effects as of as not negatively affected her health."	has not had any adverse effects as of as not negatively affected her health."