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
	HAL034100	A. BUILDING: _____ B. WING _____	10/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT AT UNIVERSITY PLACE	1635 EAST 5TH STREET WINSTON SALEM, NC 27101

(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 conducted an annual survey on October 04, 2017 and October 05, 2017.	D 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State Law.	
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure medication administration records were accurate for 1 of 2 (Resident #1) sampled residents with a physician's order for sliding scale insulin (SSI). The findings are:	D 367	Care Manager (CM) corrected missing sliding scale insulin calculator for (Resident #1) while Surveyors on site. Surveyor made aware of correction. CM provided training to Medication Aides (MAs) regarding setting up sliding scale insulin calculator per resident's order. CM reiterated utilizing the Bucket System for all new orders. The CM or Executive Director (ED) (if CM not available) will perform random chart audits to verify all new orders are in EMAR system correctly and will verify sliding scale insulin calculator has been entered per Physician order. MAs will communicate any issues related to new orders immediately to CM or ED. Any identified issues will be reported to the Physican in a timely manner. ED will monitor for compliance.	10/6/17 10/13/17 Ongoing Ongoing

Division of Health Service Regulation

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

Jemmy Estrada Executive Director 11-3-17

Reviewed & Accepted Paulina Kay Pam 11-3-17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034100	A. BUILDING: _____ B. WING _____	10/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT AT UNIVERSITY PLACE	1635 EAST 5TH STREET WINSTON SALEM, NC 27101

(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 367	Continued From page 1 Review of Resident #1's current FL2 dated 08/28/17 revealed: -Diagnoses included diabetes mellitus Type 2, acute and subacute endocarditis, and hypothyroidism. -An order for Novalog (a fast acting insulin used to decrease elevated blood sugars) 4 units to be given daily at 8:00 am, 12 pm, and 5:00 pm. -Another order for additional Novalog to be given daily at 8:00 am, 12:00 pm, 5:00 pm, and at 8:00 pm and according to the sliding scale insulin (SSI) parameters as follows: Fingerstick Blood Sugar (FSBS) range 250 - 300 = give 1 unit. FSBS range 300 - 350 = give 2 units. FSBS range 351 - 400 = give 3 units. FSBS range 401 - 450 = give 4 units. FSBS range greater than 450 = give 5 units. Call Medical Doctor (MD) if blood glucose is high and does not decrease after insulin. Recheck 30 minutes after insulin. Review of Resident #1's August 2017 electronic Medication Administration Record (eMAR) revealed signed electronic entries for the 4 units of Novalog daily at 8:00 am, 12:00 pm and 5:00 pm. Further review of Resident #1's August 2017 eMAR revealed: -An entry for Novalog, use per sliding scale before meals and at bedtime (250 - 300 = give 1 unit, 300 - 350 = give 2 units, 351 - 400 = give 3 units, 401 - 450 = give 4 units, > 450 = give 5 units. Call MD if blood glucose is high and does not decrease after insulin. Recheck 30 minutes after insulin. -The entry was transcribed on the the eMAR for FSBS daily and scheduled at 8:00 am, 12:00 pm, 5:00 pm and 8:00 pm.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034100	A. BUILDING: _____ B. WING _____	10/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT AT UNIVERSITY PLACE	1635 EAST 5TH STREET WINSTON SALEM, NC 27101

(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 367	Continued From page 2 -There was a space provided on the eMAR for the initials of the Medication Aide (MA) who did the FSBS. -There was not a space provided on the eMAR for the for the amount of additional insulin administered. -Insulin per SSI was not documented for 53 out of 58 opportunities with examples were as follows: -On 08/03/17 at 8:00 am, the FSBS was 258, no units were documented as administered, and 1 unit should have been administered. -On 08/07/17 at 8:00 pm, the FSBS was 329, no units were documented as administered, and 2 units should have been administered. -On 08/10/17 at 12:00 pm, the FSBS was 430, no units were documented as administered, and 4 units should have been administered. -On 08/13/17 at 8:00 am, the FSBS was 353, no units were documented as administered, and 3 units should have been administered. -On 08/20/17 at 8:00 pm, the FSBS was 296, no units were documented as administered, and 1 unit should have been administered. Interview on 10/05/17 at 11:55 am with a MA revealed: -She usually worked on Resident #1's hallway. -She was aware of the order for 4 units of Novalog before every meal and at bedtime. -She was also aware of the SSI order for Novalog for Resident #1. -She was not aware the eMAR system did not have an entry for the amount of Novalog insulin given per the SSI order. -She had not informed anyone at the facility about the lack of entry space, because she had not noticed it. -The eMAR indicated the amount of insulin to be given, based on the sliding scale order. -She knew Resident #1 received the SSI as	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034100	A. BUILDING: _____ B. WING _____	10/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT AT UNIVERSITY PLACE	1635 EAST 5TH STREET WINSTON SALEM, NC 27101

(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 367	Continued From page 3 ordered, because she gave it to him. -She said Resident #1 was very involved in his care and was informed of the FSBS result every time the result was collected by staff. Interview on 10/05/17 at 11:45 am with a second MA revealed: -She occasionally worked on the hallway where Resident #1 resided. -She had administered the SSI as ordered when she had worked that hallway. -She felt certain Resident #1 "always" received the SSI as ordered. -She had not noticed there was no entry space on the eMAR to document the amount of additional Novalog administered as needed for Resident #1. -She put her initials in the eMAR to indicate the insulin was given, but did not notice there was no space to document the amount of insulin given. -She had not notified anyone at the facility about the "glitch" in the eMAR. Interview on 10/05/17 at 10:50 am with the Clinical Support Specialist revealed: -The facility was not aware the eMAR system did not allow the MAs to document additional Novalog as ordered for Resident #1. -The facility was responsible for order entry into the eMAR system for SSI. -The facility had failed to enter all the information necessary for documentation of the additional insulin given. -She felt the Novalog was administered as ordered, even if the eMAR did not have a space for the entry. -She had made the correction in the eMAR system, so the the entry was available for the additional Novalog for Resident #1. Interview on 10/05/17 at 9:10 with Resident #1	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034100	A. BUILDING: _____ B. WING _____	10/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT AT UNIVERSITY PLACE	1635 EAST 5TH STREET WINSTON SALEM, NC 27101

(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 367	Continued From page 4 revealed: -The staff at the facility check his FSBS four times every day. -The staff gave him 4 units of Novalog before meals and at bedtime. -The staff also gave him any additional Novalog needed, depending on what the FSBS was at that time. -"They always tell me what the reading is". -"They do a good job with my medicines". Interview on 10/05/17 at 11:30 am with the Resident Care Director (RCD) revealed: -The facility was not aware the eMAR system did not have a space to document the additional Novalog as ordered for Resident #1. -The error in the eMAR system had been corrected and now the staff administering the additional Novalog would have a space for the electronic entry. (So staff had not made her aware? Do they do eMAR audits? How often and who responsible?) -She was positive Resident #1 had received the additional Novalog as ordered, "because he would let us know if we missed anything". Interview on 10/05/17 at 11:35 am with the Administrator revealed: -She was was unaware the eMAR system did not have a entry for electronic documentation of the additional Novalog for Resident #1. -She was confident the staff administered the insulin as ordered by the physician. -The eMAR system had been corrected when the facility staff was aware of the omission.	D 367		