

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/06/2017
NAME OF PROVIDER OR SUPPLIER CHUNN'S COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 67 MOUNTAIN BROOK ROAD ASHEVILLE, NC 28805		
(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 Buncombe County Department of Social Services conducted an annual survey on December 5 and 6, 2017.	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: Based on observations, record reviews, and interviews, the facility failed to assure medications were administered as ordered by a licensing prescribing practitioner for 1 resident (Resident #2) with an order for Levemir 8 units daily. The findings are: Review of Resident #2's current FL2 dated 6/19/17 revealed: -Diagnoses included Type II diabetes. -An order for Levemir 100 units/ML, inject 5 units daily in the morning. (Levemir is a long acting insulin used to lowers blood sugar.) -A physician order to check blood sugars before meals and at bedtime. Review of Resident #2's Resident Register	D 358		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CHUNN'S COVE ASSISTED LIVING

**67 MOUNTAIN BROOK ROAD
ASHEVILLE, NC 28805**

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D 358	Continued From page 1 revealed an admission date of 4/12/17. Review of subsequent physician orders revealed an order dated 8/28/17 to increase Levemir from 5 units every morning to 8 units every morning. Review of Resident #2's Medication Administration Records (MAR) for August 2017 through December 2017 revealed: -Entries for Levemir 5 Units every morning. -Levemir 5 Units was documented as being administered on each MAR. -There were no entries for Levemir 8 units every morning on the MAR. -Entries for blood sugar checks to be recorded daily at 7:30am, 11:30am, 4:30pm, and 8:00pm. Observation of the medications on hand available for administration for Resident #2 on 12/5/17 at 2:30pm revealed 1 bottle of Levemir in a box labeled to inject 5 units daily in the morning. Interview with the first shift staff, Medication Aide, (Staff A) on 12/5/17 at 2:35pm revealed the current dose of Levemir to her knowledge was 5 units every morning. Review of the documented FSBS readings from 8/1/17 through 8/31/17 revealed FSBS ranged from 205 to 564. Review of the documented FSBS readings from 9/1/17 through 9/30/17 revealed FSBS ranged from 206 to 388. Review of the documented FSBS readings from 10/1/17 through 10/31/17 revealed FSBS ranged from 206 to 361. Review of the documented FSBS readings from	D 358	<p>Physician orders were rectified to EMAR by 12/31/17 Admin/RCR, with chart review for accuracy.</p> <p>New monthly physician orders will be reviewed by Admin & signed by MR by 01/31/18</p> <p>Admin/RCR will perform daily audits for any missed medications for 1 month, then weekly for on-going.</p> <p>Admin/RCR will conduct daily clinical meetings to include a review of all New physician orders to ensure all orders are on EMAR correctly and implemented accordingly.</p> <p>Medication administration will continue to be reviewed in monthly QA meetings by Admin/RCR.</p>	1/31/18 On-going 1/31/18 On-going

Division of Health Service Regulation
STATE FORM

6899

SE1J11

If continuation sheet 2 of 5

Reviewed and Accepted B Boggs 1-9-2018

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D 358	<p>Continued From page 2</p> <p>11/1/17 through 11/30/17 revealed FSBS ranged from 201 to 345.</p> <p>Review of the documented FSBS readings from 12/1/17 through 12/4/17 revealed FSBS ranged from 204 to 330.</p> <p>Review of documented Hemoglobin A1c (HgbA1c levels indicates a person's average blood glucose level over the past few months with recommended ranges) revealed: -4/21/17 of 8.3 (Normal HgbA1c ranged between 6.5 to 7 for diabetics) -5/24/17 of 8.2. -12/7/17 of 8.1.</p> <p>Review of the Pharmacy Medication Review Reports dated 7/16/17 and 10/25/17 revealed: -No recommendations noted. -Documentation on both as blood sugars increased "often".</p> <p>Second interview with first shift staff, Medication Aide, Staff A, on 12/6/17 at 10:15am revealed: -The Resident Care Coordinator (RCC) who was in charge of medication order changes in August 2017 no longer worked at the facility. -The facility had been without an RCC until "just recently" when they hired a new RCC who was being trained. -Since the former RCC left, the current process was the Executive Director (ED) or shift supervisors were responsible for sending all new orders to the pharmacy and assuring they were updated on the MARs. -She did recall "some time ago" that the former RCC told her there was an increase in Resident #2's Levemir insulin, but then she never saw the order. -When she asked the former RCC about the</p>	D 358			

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D 358	<p>Continued From page 3</p> <p>order, the former RCC stated "well we did not get an order so I guess it did not change."</p> <p>Interview with the Executive Director (ED) on 12/6/17 at 9:35am revealed:</p> <ul style="list-style-type: none"> -She had spoken to the Nurse Practitioner (NP) last night (12/5/17) and she wrote a new order to increase the Levemir to 8 units every morning. -The NP wrote an order to have a current HgbA1c lab completed. -She started her position at the facility in September 2017 as a Nurse Consultant and was then hired as the ED of the facility. -She could not confirm what happened with the Levemir order from 8/28/17 because she was not "here" and most of the staff who were at the facility in July 2017 were no longer employed. -She called the pharmacy on 12/5/17 and they did not have the physician order to increase the Levemir to 8 units every morning. <p>Telephone interview with the NP for Resident #2 on 12/6/17 at 10:25am revealed:</p> <ul style="list-style-type: none"> -She was not aware Resident #2 was not receiving the increased Levemir dose until she received a telephone call on 12/5/17 from the ED at the facility. -She wrote a new prescription on 12/5/17 to increase Levemir to 8 units every morning. -She did not recall the specific reason why the Levemir was increased in July 2017, but more than likely it was a result of an HgbA1c level or an increase in FSBS readings. -She was not concerned that the Levemir had not been increased. -She did not think there had been or could be any negative consequences for this resident. <p>Interview with Resident #2 on 12/6/17 at 10:30 am revealed:</p>	D 358			

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D 358	<p>Continued From page 4</p> <ul style="list-style-type: none"> -She was not aware of how much insulin she received daily. -Staff checked her FSBS four times daily. -She had been feeling fine and had no complaints of headaches, dizziness or changes. -She did have to get "extra insulin sometimes if her sugars were too high." <p>Review of the facility Policy and Procedures (Revised 10/26/17) for Medication Management revealed:</p> <ul style="list-style-type: none"> -Medication Aides/Supervisors should fax the orders to the pharmacy. -Administrator/Designee will routinely follow-up to see if medication are correct on the MAR. 	D 358			