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
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 the Gaston County Department of Social Services conducted an annual survey on February 6-8, 2018.	D 000		
~~D 273~~	~~10A NCAC 13F .0902(b) Health Care~~ 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure referral and follw-up regarding the administration of daily morning medications (Zantac, Colace, Synthroid, Insulin, Pataday eye drops, Zoloft, Renvela, and vitamin D3) as ordered for 1 of 1 resident with orders for dialysis (Resident #2). The findings are: Review of Resident #2's current FL2 dated 9/11/17 revealed: -Diagnoses included uncontrolled diabetes, hypertension, coronary artery disease, hyperlipidemia, and chronic kidney disease stage 5. -An order for Zantac 75mg one tablet twice daily (a medication used to treat heartburn). -An order for Norvasc 5mg one tablet daily (a medication used to treat high blood pressure and chest pain). -An order for Coreg 12.5mg one tablet twice daily (a medication used to treat high blood pressure and heart failure).	D 273	All Residents being transported to appointments in morning or lunch med passes are to be given medication before transport leaves with resident for appointment. cs For resident going to dialysis log for transport given to	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Bunky Wooten Manager 3/13/18

Reviewed and Accepted
Date:3/23/18 cs

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 273	Continued From page 1 -An order for Colace 100mg one capsule twice daily (a medication used to treat constipation). -An order for Lasix 40mg 1 tablet twice daily (a medication used to treat fluid retention). -An order for Humalog 10 units inject three times daily before meals (a medication used to control blood sugar). -An order for Humalog per sliding scale at 7am and 5pm using the following scale: 151-200=2 units; 201-250=4 units; and 251-300=6 units; 301-350=8 units; 351-400=10 units, >400 add 12 units and call physician. -An order for Synthroid 50mcg tablet 1 tablet once daily Monday, Wednesday, and Friday only on an empty stomach (a medication used to treat hypothyroidism). -An order for Pataday 0.2% eye drops to be instilled into each eye once daily (a medication used to treat eye itching). -An order for Zoloft 50mg tablet daily (a medication used to treat depression). -An order for Renvela 800mg four tablets daily three times daily (a medication used to lower phosphorous in the blood). -An order for vitamin D3 2,000 units one tablet daily (a vitamin used to absorb calcium and promote bone growth). Interview with Resident #2 on 2/6/18 at 10:01am revealed he went to the dialysis center 3 days per week in the mornings on Monday, Wednesday, and Friday. Review of Resident #2's December 2017 electronic Medication Administration Record (eMAR) revealed: -An entry for levothyroxine (equivalent to Synthroid) 50mcg 1 tablet once daily at 6:30am Monday, Wednesday, and Friday. -An entry for sevelamer carbonate (equivalent to	D 273	Sign off each day that the Unas resident has taken meds and shot before leaving. Resident also eating small bowl of cereal before leaving for dialysis and taking bag lunch with them in case sugar drops while at dialysis. If resident refuses meds or shot before	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 273	Continued From page 2	D 273		

Renvela) 800mg four tablets daily three times daily at 7:30am and 12:00pm.
-An entry for Humalog 10 units inject three times daily before meals at 7:00am and 11:30am.
-An entry for acid reducer (equivalent to Zantac) 75mg one tablet, amlodipine besylate (equivalent to Norvasc) 5mg one tablet daily, carvedilol (equivalent to Coreg) 12.5mg one tablet twice daily, docusate sodium (equivalent to Colace) 100mg one capsule twice daily, furosemide 40mg 1 tablet twice daily, Pataday 0.2% eye drops to be instilled into each eye once daily, sertraline hcl (equivalent to Zoloft) 50mg tablet daily, and vitamin D3 2,000 units one tablet daily, to be administered at 8am.
-Medications scheduled at 6:30am-12:00pm were not administered on dialysis days of Monday Wednesday, or Friday with "Leave of Absence (LOA)" and "resident out of facility" being documented as reasons why the medication was not administered for the month of December 2017.

Review of Resident #2's electronically signed hospital discharge summary dated 1/23/18 revealed:
-There was a physician's order to discontinue Humalog and Zantac.
-There was a physician's for hydralazine 50mg one tablet every 8 hours for 30 days.

Review of Resident #2's physician's order dated 1/26/18 revealed:
-An order for Novolog 8 units inject three times daily before meals (a medication used to control blood sugar).
-An order for Novolog per sliding scale three times per day before meals using the following scale: 151-200=1 units; 201-250=2 units; and 251-300=3 units; 301-350=4 units; >350 add 5

Nursing staff to chart and not by physician.

Transport will keep log book with sheet signed off regarding residents receiving meds before leaving for appts. will not by DOPC if problem w/ residents not receiving meds prior to appts. 3/14/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 273	Continued From page 3	D 273		

units and call physician.

Review of Resident #1's physician order dated 2/5/18 revealed Zantac 75mg one tablet twice daily.

Review of Resident #2's January 2018 eMAR revealed:
-An entry for levothyroxine 50mcg 1 tablet once daily at 6:30am Monday, Wednesday, and Friday.
-An entry for sevelamer carbonate 800mg four tablets daily three times daily at 7:30am and 12:00pm.
-An entry for Humalog 10 units inject three times daily before meals at 7:00am and 11:30am.
-An entry for Novolog 8 units inject three times daily before meals at 7:00am and 11:30am.
-An entry for acid reducer 75mg one tablet, amlodipine besylate 5mg one tablet daily, carvedilol 12.5mg one tablet twice daily, docusate sodium 100mg one capsule twice daily, furosemide 40mg 1 tablet twice daily, Pataday 0.2% eye drops to be instilled into each eye once daily, sertraline hcl 50mg tablet daily, and vitamin D3 2,000 units one tablet daily, to be administered at 8am.
-Medications scheduled for 6:30am-12:00pm were not administered on dialysis days of Monday Wednesday, or Friday with "LOA", "hospital" and "resident out of facility" being documented as reasons why the medication was not administered for the month of January 2018.

Review of Resident #2's record revealed Resident #2 was admitted to the hospital for high potassium levels on 1/18/18 and discharged back to the facility on 1/23/18.

Review of Resident #2's February 2018 eMAR revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 273	Continued From page 4	D 273		

-An entry for levothyroxine 50mcg 1 tablet once daily at 6:30am Monday, Wednesday, and Friday.
-An entry for sevelamer carbonate 800mg four tablets daily three times daily at 7:30am and 12:00pm.
-An entry for Humalog 10 units inject three times daily before meals at 7:00am and 11:30am.
-An entry for Novolog 8 units inject three times daily before meals at 7:00am and 11:30am.
-An entry for acid reducer 75mg one tablet, amlodipine besylate 5mg one tablet daily, carvedilol 12.5mg one tablet twice daily, docusate sodium 100mg one capsule twice daily, furosemide 40mg 1 tablet twice daily, Pataday 0.2% eye drops to be instilled into each eye once daily, sertraline hcl 50mg tablet daily, and vitamin D3 2,000 units one tablet daily, to be administered at 8am.
-Medications scheduled 6:30am-12:00pm were not administered on dialysis days of Monday, Wednesday, or Friday with "resident out of facility" being documented as reasons why the medication was not administered for the month of February 2018.

Interview with Resident #2 on 2/7/18 at 1:54pm revealed:
-His medications were not administered on the mornings of dialysis because he was not in the building during the administration times.
-The medication aides did not give him his medications to take with him to dialysis.
-When he asked about taking his morning medications before dialysis he was told by someone at dialysis and his primary care provider (PCP) that "I don't have to take medication because dialysis will clean my blood and removed them".
-"I noticed my eyes are drier when I don't get my eye drops"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 273	Continued From page 5	D 273		

-"I have issues with being constipated and when given the Colace, I feel better"

Interview with a 1st shift Medication Aide (MA) on 2/8/18 at 10:33am revealed:
-He had been employed at the facility for 3 years as a MA.
-His shift normally began at 6am.
-Resident #2 never received his morning medications because he left the facility prior to medications administration times due to leaving to go to dialysis.
-He administered medications according to the eMAR and documented that Resident #2 was out of the facility when at dialysis.
-His medications were never sent with him to dialysis.
-He had not been instructed to send medication with Resident #2 prior to him leaving to go to dialysis.
-If medications were sent with Resident #2, they would be listed in the LOA log book.
-When his shift began, Resident #2 would be leaving to go to dialysis.

Telephone interview with Resident #2's Family Nurse Practitioner on 2/8/18 at 9:36am revealed:
-She was not concerned about Resident #2 not receiving his morning medications prior to dialysis.
-She knew Resident #2 was missing the morning medication pass, "He has been doing this for years"
-"His thyroid levels are fine, I'm fine with him missing his medication"
-The facility could have the medication times changed to be administered before he leaves.
-"The dialysis process will just take the medications right back out of him".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 273	Continued From page 6	D 273		

Telephone interview with the charge nurse of Resident #2's Nephrologist on 2/8/18 at 9:21 am revealed:
-It would be "ok" for Resident #2 to receive his medications in the morning prior to going to dialysis.
-It would be "ok" to hold vitamins and blood pressure medications prior to going to dialysis as vitamins were water soluble and blood pressure medication could cause Resident #2's blood pressure to drop to low.
-Resident #2's phosphorous levels should range between 3.5-5.5 and they have been elevated for the past year ranging between 6-8; not taking sevelamer carbonate could cause the levels to be elevated.
-He was aware Resident #2 was not receiving medications prior to going to dialysis as a copy of the eMAR is reviewed monthly.
-He has spoken with Resident #2 about the importance of his compliance with medication orders in the past.
-He was concerned that Resident #2, not receiving thyroid medication could cause his levels to be off.
-Orders were sent 2/8/18 with specific instructions for how medications should be administered before going to dialysis.

Interview with the Resident Care Coordinator (RCC) on 2/8/18 at 11:30am revealed:
-She did not know Resident #2 was not receiving medications on Monday, Wednesday, or Friday prior to going to dialysis.
-She thought Resident #2 received his medications prior to going to dialysis each day by the 1st shift MA's.
-She was responsible for reviewing the eMAR periodically and completing chart audits, however she only checked to be sure all medications were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 273	Continued From page 7 listed. -There was no order to hold medications prior resident going to dialysis. She expected the 1st shift MA's to send medications with residents who are on dialysis, if they would not be present during the administration times. Interview with the Facility Manager on 2/8/18 at 12:44pm revealed: -She did not know Resident #2 had not received his medications prior to going to dialysis. -She expected RCC to review eMAR for accuracy, but understood that it may be too much for one person to review. -She expected MAs to send medications with residents when they are going to be out of the facility. Interview with the Administrator on 2/8/18 at 1:28pm revealed: -He did not know Resident #2 was not receiving his medications prior to going to dialysis. -He expected staff to follow order of the physician and if residents were going to be out of the facility, medications should be sent with them. Attempted interview with Resident #2's Endocrinologist on 2/8/18 at 9:12am was unsuccessful.	D 273		
D 285	10A NCAC 13F .0904(a)(4) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (a) Food Procurement and Safety in Adult Care Homes: (4) There shall be at least a three-day supply of perishable food and a five-day supply of	D 285		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 285	Continued From page 8	D 285		

non-perishable food in the facility based on the menus, for both regular and therapeutic diets.

This Rule is not met as evidenced by:
Based on observations, interviews and record review, the facility failed to assure that there was at least a three day supply of perishable food, including milk, to serve 75 residents according to the menu.

The findings are:

Interview on 2/6/18 at 9:00am with the Manager revealed current census at the facility was 75 residents.

Review of the facility's weekly menu on 2/6/18 at 3:00pm revealed 8 ounces of milk was on the menu for breakfast, lunch and dinner daily.

Observation of the milk inventory on 2/6/18 at 4:00pm revealed:
-17 gallons of 2% milk were in the refrigerator.
-11 gallons of 2% milk had expiration dates 2/6/18.
-6 gallons of 2% milk had expired on 1/28/18.

Interview with the Dietary Manager (DM) on 2/6/18 at 4:05pm revealed:
-The DM was responsible for ordering the milk.
-She ordered milk weekly, and received delivery on Wednesdays.
-She ordered based on "who she knows likes milk," not on the census.
-She did not state how many resident's "like milk." "It changes."
-She did not respond when asked if she knew that the facility should have a 3 day supply of milk on hand for everyone.
The DM reported she kept enough for the

Dietary manager ordering ample supply of regular and skim milk for number of residents in facility. DM keeping inventory of skim milk used to insure proper diet being followed on each shift @ meal times. She is to sure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 285	Continued From page 9 resident's who wanted milk. -"It was my responsibility to check the refrigerator for expired milk." -The PCA's are supposed to pour the milk for the resident's. They do not pour the correct milk for the No Concentrated Sweets (NCS) diet. - "I always have milk that is wasted." " I let the Resident Care Coordinator know." The PCAs are her (RCC) responsibility. -"I am not responsible for them (PCAs)." Review of facility receipts for milk purchased for December 2017 and January 2018 revealed: -36 gallons of 2% milk were ordered on 12/6/17 and 12/20/17. - 4 gallons of skim milk were ordered on 12/13/17, 1/10/18 and 1/17/18. -32 gallons of 2% milk were ordered on 12/27, 1/3/18, 1/24/18, and 1/30/18 -28 gallons of 2% milk were ordered on 1/10/18 and 1/17/18 -Based on current census, 29 gallons of milk were to be on hand for a three day supply as indicated on the regular and therapeutic diet menu. Interview on 2/7/18 at 4:30pm with resident revealed: -"Staff gave milk to residents they know want milk." -"I have milk on my cereal in the morning." -Resident does not request milk at any other time. Interview on 2/7/18 at 4:37pm with second resident revealed: -"I don't like milk so they never give it to me. -"They usually have served it at supper." Interview on 2/8/18 at 10:13am with resident revealed:	D 285	report to DOPC weekly to be signed off on. To ensure staff knows which residents need NCS or regular diet. Updated list has been posted in Kitchen for PCA. Cards made for residents stat w/ diet coded cards @ table so staff knows what to give each resident. (used stars	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 285	Continued From page 10 -She typically gets milk at breakfast but no other meal. -"I would drink milk at every meal if it was offered." Interview on 2/8/18 at 10:19am with resident revealed; -Milk is typically offered only at breakfast, not other meals. -He would probably not accept it if offered at lunch and dinner. -"People can request it if they like." Interview on 2/8/18 at 11:00am with the Manager revealed: -"I did not know we did not have skim milk for the NCS therapeutic diets." -"I did not know we did not have a 3 day supply of milk." -The DM orders the milk that we need based for the facility. Interview on 2/8/18 at 11:30am with the Administrator revealed: -"I did not know we had to have a 3 day supply of milk for all the residents." "I thought it was only for the residents who requested milk regularly."	D 285	(color coded) Milk to be given out @ lunch as listed on menus. 3/16/18	
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 310	Continued From page 11	D 310		

This Rule is not met as evidenced by:
Based on observations, record reviews and interviews, the facility failed to assure therapeutic diets were served for 4 of 4 sampled residents: Resident #2 with No Concentrated Sweets (NCS) diet; Resident #4 with a textured modified diet; Resident #5 with an NCS diet, and Resident #9 with an NCS pureed diet and honey thickened liquids with physician orders for therapeutic diets.

The findings are:

1. Review of Resident #4's FL2 dated 05/06/17 revealed diagnoses included gastroesophageal reflux disease, glaucoma, blindness, excema, history of back pain and history of colon cancer.

Review of Resident #9's (3/31/17) hospital discharge paperwork, on 02/08/18 at 12:00pm, revealed a diagnosis of aspiration pneumonia

Review of Resident #4's Physician's Diet Order sheet dated 06/08/17 revealed a physician's order for a texture modified diet, regular ground.

Review of the therapeutic diet list posted in the kitchen on 02/06/18 revealed Resident #4 was to be served a ground diet.

Review of the texture modified diet (soft) menu for lunch on 02/06/18 revealed residents on a soft diet were to be served ground glazed pork roast, whipped potatoes, capri vegetable blend, apricots and pears, and a wheat dinner roll with margarine.

Interview on 02/06/18 at 10:30am with the Dietary Manager (DM) revealed:
-She had worked at this facility for 15 years.
-She was trained by the previous dietary

Discussed w/ DM and cooks that any grind diets would need to be made sure to be ~~Supp~~ substituted if it was whole potatoes or french fries/ sweet potatoes etc. Staff to make sure to follow substitute protocal for this.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 310	Continued From page 12	D 310	Staff that serves trays to be aware when taking food trays of what is approved or not for that resident. Notify DM of wrong food on tray before delivering to resident.	

manager, including preparation of therapeutic menus and therapeutic substitutions.
-She and the cook were responsible for plating food to be served.
-She had a plastic box in the kitchen in front of the serving line where she kept 4 inch by 6 inch cards which contained the name and diet of each resident.
-The Personal Care Aides (PCAs) removed a resident's card from the box, placed the card on the tray, and informed her and the cook which diet to plate.
-She or the cook handed the plate to the PCAs and they delivered the tray to the resident.
-She plated the therapeutic diets first.
-There was a diet sheet posted on the wall near the serving line with the current list of diets for each resident.

Observation on 02/06/18 from 12:00pm to 12:45pm of the lunch meal service in the dining hall revealed:
-A Personal Care Aid (PCA) brought Resident #4's plate to his table.
-Resident #4 was served ground pork roast, ground vegetables, red skin potato wedges; ground apricots and pears; a wheat dinner roll with margarine.
-The Dietary Manager (DM) was notified by the surveyor Resident #4 received red skin potato wedges instead of whipped potatoes.
-The PCA removed the plate from the resident before he ate the potatoes.
-The dietary cook whipped a portion of potatoes.
-In 7 minutes the PCA returned the plate to Resident #4 with the potato wedges removed and whipped potatoes added.

Interview on 02/06/18 at 1:15pm with the DM revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 310	Continued From page 13	D 310		

-The DM reported the PCA " miscommunicated to her" the plate she was requesting was for a ground diet.
-The plate had the correct ground menu items, with the exception of the serving of red skin potatoe wedges.
-She stated the cards in her box had the correct diets for the residents.
-She plated the red skin potatoes on the ground diet plate with the ground pork and the ground capri vegetables.
-She reviewed substitutions before each meal on the menus in her office where she kept the menus in a binder.
-She and the cook were supposed to look at the menu in the binder before serving meals for proper substitutions.

Telephone interview on 02/08/18 at 12:30pm with Resident #4's Physician Assistant (PA) revealed:
- "I am not concerned at this time that the substitution for red skinned potatoes was not followed on 2/6/18 for Resident #4, since I have had no reports of choking or swallowing incidents from the facility for this resident."
-"I do expect facility to serve proper diet orders,...and to my knowledge they have."

2. Review of Resident #9's current FL2 dated 01/08/18 revealed:
-Diagnoses included hypertension, congestive heart failure, dementia, depression, unsteady gait, type 2 diabetes mellitus.
-An order for a No Concentrated Sweets (NCS), Pureed, No Added Salt (NAS) diet.

Review of Resident #9 Physician's Diet Order sheet dated 12/11/17 revealed a physician's order for a NCS, Pureed, NAS diet and honey thickened liquids.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 310	Continued From page 14	D 310		

Review of DM's list of diet orders for the residents, posted on kitchen wall across from the serving station, listed Resident #9's diet as NCS Pureed NAS diet.

Review of Resident #9's electronic Medication Administration Record (eMAR) for February 2018 revealed a physician's order dated 04/11/17 for thickener, 36 ounces, honey thickened consistency with all beverages.

Observation on 02/06/18 from 12:00pm to 12:45pm of the lunch meal service in the dining hall revealed:
-PCAs poured water, sweet tea and unsweetened tea in the kitchen area, and placed on carts.
-Residents were served drinks by PCAs from the push cart.
-Unsweetened tea was designated with a wooden stirrer in the glass.
-A PCA placed unsweetened tea with ice, and water with ice, at Resident #9's place setting.
-No honey thickener was added to the liquids.
-The medication aide (MA) was notified by the surveyor that thickener was not added to Resident #9's unsweetened tea.

Interview on 02/06/18 at 12:20pm with MA revealed:
-He had never thickened liquids for Resident #9.
-He did not think she had an order for thickener because it is not on the MAR.

Observation on 02/06/18 at 12:25pm with MA revealed:
-He opened a new container of Thick It with dispense date listed as 1/12/18.
-He mixed 1 tablespoon of thickener into an 8 ounce glass of unsweetened tea.

For any resident on thicken liquids no PCA will be allowed to give liquids only medTech or SIC.

Pharmacy to send only the premeasured packets to facility.

Training Class on thicken liquids to be scheduled for staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 310	Continued From page 15 -He did not refer to instructions on the label of the container for proper consistency. -Instructions for honey consistency required 1.5 tablespoons to be added to unsweetened tea. Observation on 02/06/18 at 12:45pm in the dining room revealed: -The MA returned to the dining room and offered Resident #9 honey thickened unsweetened tea. -Resident #9 had completed her meal and was leaving the dining room. -She refused the beverage. Interview on 02/06/18 at 12:10pm with a PCA revealed: -She served Resident #9 unsweetened tea with ice, and water with ice at the lunch meal. -She did not know Resident #9 had an order for thickened liquids. -Resident #9 never received thickened liquids. -Resident #9 had sodas in her room provided by a family member which she drank without thickener. -If a resident had an order for thickened liquids, the MA would add the thickener to the resident's drink and the MA would serve it to the resident in the dining room. Interview on 02/06/18 at 2:40pm with a second PCA revealed: -If a resident was on thickened liquids, the MA gave the thickener to the PCA. - The PCA thickened the beverage and served it to the resident. -There were no residents on thickened liquids. Interview on 02/06/18 at 12:15pm with DM revealed: -The thickener was stored in the medication room.	D 310	DOPC to check behind pharmacy on order for thicken liquids on EMAR. And Aides to check behind DOPC to make sure Order is correct. 3/16/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 310	Continued From page 16	D 310		

-MAs were responsible for thickening beverages.
-The PCAs served the thickened beverage on the push cart with the other beverages to the residents.
-The thickened liquid was not distinguished from other drinks on the cart. The PCAs "just know" which beverage had the thickener.
-Resident #9 was not listed on the diet sheet, located in the kitchen, to have thickener added to her liquids.
-The DM did not list thickener or supplements on the card system she used with dietary information for each resident.
-The DM did not list thickener or supplements on the diet sheet posted in the kitchen.
-It was the responsibility of the MAs and PCAs to know who was on thickened liquid.
-It was the responsibility of the RCC to train the PCAs and MAs, "..it was not my responsibility."

Telephone interview on 02/07/18 at 2:00pm with the contracted pharmacist revealed;
-The pharmacy sent 100 packets of thickener to the facility on 04/13/17 for Resident #9.
-On 01/12/18 a 36 ounce container of powdered thickener was sent to the facility for Resident #9.
-The staff ordered medications and treatments through the eMAR system.
-The pharmacist entered the order on the eMAR.
-No orders have been received to discontinue the honey thickener added to all liquids.
The order has been on the eMAR since 04/11/17.

Observation on 02/07/18 at 3:00pm revealed:
-There were two medication carts with no packets of thickener.
-There were no packets of thickener in the medication room.
-There was one 36 ounce container of thickener in the medication room that had been opened at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 310	Continued From page 17 12:30pm on 02/06/18.	D 310		

Review of the January 2018 eMAR revealed:
-The MAs documented the thickener was administered every day, with the exception of the following dates: 01/03/18, 01/04/18, 01/08/18, 01/14/18, 01/20/18, 01/20/18, 01/23/18, 01/24/18 and 01/30/18.
-Documentation on the eMAR for those dates was "resident refused."

Interview on 02/07/18 at 3:30pm with RCC revealed:
-MAs have the responsibility to prepare the thickener in the liquid with the correct consistency according to the directions on the container.
-The MA served the thickened liquid to the resident.
-The PCAs were trained by a Supervisor and an experienced PCA upon hire using a 'Skills Performance Checklist for Personal Care Staff in Adult Care Homes'.
-Section F3 of this form demonstrates knowledge on monitoring dietary treatment.
-The Registered Nurse (RN) evaluated the competency of the staff person using the Licensed Health Professional Support (LHPS) checklist.
-Updated information on a resident was transmitted to the staff in a log book maintaine by the RCC.
-The log book was left in the staff lounge, and the personal care staff were expected to read the log book before their shift.

Interview on 02/07/18 at 9:15am with the Supervisor revealed:
-SIC was responsible for entering all the information onto the FL2 form.
-She printed the current medication list from the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

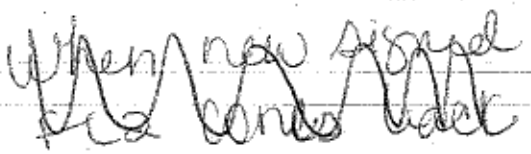
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 310	Continued From page 18	D 310		

eMAR and transcribed those medications to the FL2.
-She sent the FL2 to the prescribing physician for their signature.
-When the prescribing physician had signed the FL2, she placed a copy in the resident's chart and a copy in a binder that was kept at the nurses' station.
The FL2 was not sent to the pharmacy.
The Fl2 was not checked for accuracy when returned with a physician's signature.

Telephone interview on 02/07/18 at 5:30pm with the Physician Assistant (PA) revealed:
-"The facility completed the FL2 information and I signed the FL2 when I come to the facility."
-I did not know the thickened liquid order was not on the FL2 dated 1/8/18.
-"I would like the order for thickener to be continued, and I will call the RCC in the morning to give her that order."
-Resident's family member had brought food and drinks to her room and there had been no issues (choking or swallowing).
-The resident is under guardianship and we do not speak with the family member regarding health concerns.

Interview on 02/08/18 at 11:00am with Resident #9's family member revealed:
-"I have known the resident's diet order stated she was to have honey thickener in her liquids."
-"I took care of her for years and know what she can and can not eat."
-"I have told the RCC she needed her throat stretched and she will be fine."
-She does not need thickener in her liquids. "I give her soda all the time and she has no problem."



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 310	Continued From page 19	D 310		

3. Review of Resident #2's current FL2 dated 09/11/17 revealed diagnoses included uncontrolled diabetes, amputated great toe left foot, amputated right leg, hypertension, gastroesophageal reflux disease, coronary artery disease, chronic kidney disease stage 1, and nerve pain.

Review of Resident #2's Physician Diet Order sheet dated 08/29/11 revealed a physician's order for a No Concentrated Sweets (NCS) diet.

Interview on 02/07/18 at 3:45pm with the RCC revealed:
-The policy of the facility was to keep original diet orders in the chart. If the orders were changed the RCC would update the order on the original diet sheet.
-She signed and dated the original sheet indicating the new orders.
-Resident #2's diet orders had not changed since 08/29/11.

Review of the therapeutic diet list posted in the kitchen on 02/06/18 revealed Resident #2 was to be served an NCS diet.

Review of the facility's weekly therapuetic menu for an NCS diet revealed:
-8 ounces of milk was on the menu for breakfast, lunch and dinner.
-Residents on an NCS diet were to be served skim milk.

Observation on 02/06/18 from 12:00pm to 12:45pm of the lunch meal service in the dining hall revealed:
-The PCAs poured water, sweet tea and unsweetened tea in the kitchen area, and placed on carts.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 310	Continued From page 20 -Residents were served drinks by PCAs from the push-cart. -Residents were not offered milk at this meal. Observation on 02/06/18 at 4:00pm in the kitchen refrigerator revealed: -There was no skim milk available to be served. Observation on 02/06/18 from 5:30pm to 6:00pm for the dinner meal service in the dining hall revealed residents on an NCS diet were to be served: - Cheese and vegetable quesadilla, seasoned rice, black bean and corn salad, sherbert, skim milk, and diet beverage of their choice. -Resident #2 was served this meal. -The PCAs offered all the resident's milk as a beverage. -Resident #2 was served 8 ounces of 2% milk -Resident should have been served 8 ounces of skim milk Interview on 02/08/18 at 10:24am with Resident #2 revealed: -The milk he was served is the "same as everone else." "I think it was regular not skim (milk). -Milk was offfered at breakfast and lunch meals. Review of the facility receipts for milk purchased in December 2017 and January 2018 revealed: -4 gallons of skim milk was ordered in December 2017. -8 gallons of skim milk was ordered in January 2018. -There were 20 residents on a NCS diet in the facility. Interview on 02/08/18 at 11:00am with the Manager revealed: - She did not know there was not any skim milk	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 310	Continued From page 21	D 310		

for the residents on an NCS diet on 2/6/18.
-She did not know how much milk was ordered weekly.
-She did not know how much skim milk was ordered.
-The DM ordered all the milk based on census, diet needs and cooking.

4. Review of Resident #5's current FL2 dated 01/09/18 revealed diagnoses included diabetes, hypothyroidism and hyperlipidemia.

Review of Resident #5's Physician's Order sheet dated 06/30/17 revealed a physician's order for a NCS diet.

Review of the therapeutic diet list posted in the kitchen on 02/06/18 revealed Resident #5 was to be served a NCS diet.

Review of the facility's weekly menu on 02/06/18 at 3:00pm revealed:
-8 ounces of milk was on the menu for breakfast, lunch and dinner.
-Residents on a NCS diet were to be served skim milk.

Observation on 02/06/18 from 12:00pm to 12:45pm revealed:
-PCAs poured water, sweet tea and unsweetened tea in the kitchen area, and placed on carts.
-Residents were served drinks by PCAs from the push cart.
-Residents were not offered milk at this meal.

Observation on 02/06/18 from 5:30pm to 6:00pm for the dinner meal service in the dining hall revealed:
-The PCAs offered all the residents milk as a beverage.

CP Resident refuses to drink skim milk or unsweet Tea and diet is NCS. Resident is to be charted on and Dr Notified

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 310	Continued From page 22	D 310		

-Resident #5 was served 8 ounces of 2 % milk.
-Resident #5 should have received skim milk per NCS diet.

Interview on 02/08/18 at 10:13am with Resident #5 revealed:
-She received the same milk "as everbody else does."
-She received milk at the breakfast meal, not at the lunch or dinner meal. "I don't think it is skim milk."
-"I would drink milk at every meal if it were offered."

Review of facility receipts for milk purchased in December 2017 and January 2018 revealed:
-4 gallons of skim milk was ordered in December 2017.
-8 gallons of skim milk was ordered in January 2018.
-There were 20 residents on an NCS diet in the facility.

Interview on 02/08/18 at 11:00am with the Manager revealed:
- She did not know there was not any skim milk for the residents on a NCS diet on 2/6/18.
-She did not know how much milk was ordered weekly.
-She did not know how much skim milk was ordered.
-The DM ordered all the milk based on census, diet needs and cooking.

Interview on 02/08/18 at 11:30am with the Administrator revealed:
-He was not aware that there was no skim milk for the residents on a NCS diet.
-He was aware of the amount of milk ordered but wasn't aware that additional skim milk was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 310	Continued From page 23	D 310		

needed.

D 358 10A NCAC 13F .1004(a) Medication Administration — D 358

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, interviews, and record reviews, the facility failed to administer lactulose and Atrovent as ordered for 2 out of 18 residents (Resident #8 and #9) observed during medication pass resulting in a 7% medication error rate.

The findings are:

1. Review of Resident #8's current FL2 dated 2/2/18 revealed:
-Diagnoses included altered mental status, epilepsy, and unspecific dementia without behavioral disturbance.
-An order for lactulose (used to decrease the amount of ammonia in the blood) 20gm/30ml solution 30ml four times a day.
-The resident was intermittently disoriented and non-ambulatory.

Review of Resident #8's signed physician order sheet dated 9/18/17 revealed an order for

order has been clarified on Emar to 30ml QID instead of Tsp dosage to stop confusion (20gm) was removed from chart. Data added to lactulose by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 358	Continued From page 24 lactulose 10gm/15ml solution 2 tablespoonfuls/30ml (20gm) four times a day scheduled at 8:00am, 12:00pm, 4:00pm, and 8:00pm. Observation of the noon medication pass on 2/6/18 from 11:15am to 12:07pm revealed: -At 11:59am, a Medication Aide (MA) administered lactulose 20ml of 10gm/15ml solution to Resident #8 in a clear plastic 1 oz. medicine cup. -The medicine cup was graduated with measurements for 1-2 tablespoons and 2.5-30 ml. -Resident #8 drank all of the lactulose solution in the medicine cup. Interview on 2/8/18 at 10:55am with the Medication Aide who administered the 20ml of lactulose solution to Resident #8 on 2/6/18 at 11:59am revealed: -He routinely administered Resident #8's medications on day shift, which included the lactulose solution. -"She always takes it for me." -"I have been giving 20ml." -The eMAR entry had 20gm and he had misread that to mean 20ml for the dose of lactulose. Review of Resident #8's ammonia level laboratory results revealed: -On 9/26/17, a result of 59, a high out of range value (normal range 16-53). -On 12/26/17, a result of 61, a high out of range value (normal range 16-53). Observation of Resident #8's lactulose solution available for administration on the medication cart on 2/6/18 at 3:51pm revealed: -There were 2 plastic 1892ml containers of	D 358	pharmacy showing when mediation should be completed or finished. also adding estimated completion date on liquid meds, inhalers and eye drops. Monthly Cart Audits to be done to check all mediations for accuracy and to make sure they are being given correctly. During these audits will check meds w/	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 358	Continued From page 25	D 358		

lactulose 10gm/15ml solution on the medication cart for Resident #8.
-One container had a dispense date of 12/8/17.
-The second container had a dispense date of 1/11/18.
-The container with a dispense date of 12/8/17 had been opened.
-There was approximately 1/8 of the lactulose solution remaining in the container dispensed 12/8/17.
-The container with a dispense date of 1/11/18 had been opened.
-There was approximately 3/4 of the lactulose solution remaining in the container dispensed 1/11/18.

Telephone interview with the facility pharmacy on 2/7/18 at 9:45am revealed:
-The most current order for Resident # 8's lactulose was for 10gm/15ml solution 2 tablespoons (20gm) four times a day and was dated 12/8/17.
-They had dispensed two 1892ml containers of lactulose 10gm/15ml solution for Resident #8 one container on 12/8/17 and a second container on 1/11/18 (for a total of 3784ml).
-One 1892ml container provided a 16 day supply of the medication.

Interview with Resident #8 on 2/7/18 at 11:20am revealed:
-The resident received "green liquid" medication from staff.
-She remembered getting the medication at "breakfast, lunch, and before bed."
-"I ain't getting it no four times a day."

Review of Resident #8's November 2017 electronic Medication Administration Record (eMAR) revealed:

Completion dates to all 46 residents are receiving doses daily.

AD

DOPC and [redacted] keep log of their monthly ~~chart~~ cart audits and give copy to admin.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 358	Continued From page 26	D 358		

-An entry for lactulose 10gm/15ml solution take 2 tablespoons (20g) four times a day scheduled for at 8:00am, 12:00pm, 4:00pm, and 8:00pm.
-The lactulose was documented administered 112 occurrences out of 120 opportunities from 11/1/17 to 11/30/17.
-The lactulose was documented as not being administered on 11/23/17 8:00pm to 11/25/17 4:00pm, because the resident was "out of facility."
-According to the eMAR documentation, 3360 mls of lactulose would have been required to cover the 112 documented administrations in November 2017.

Review of Resident #8's December 2017 eMAR revealed:
-An entry for lactulose 10gm/15ml solution take 2 tablespoons (20g) four times a day scheduled for at 8:00am, 12:00pm, 4:00pm, and 8:00pm.
-The lactulose was documented administered 122 occurrences out of 124 opportunities from 12/1/17 to 12/31/17.
-The lactulose was documented as not being administered on 12/25/17 at 4:00pm and 12/25/17 at 8:00pm, because the resident was "out of facility."
-According to the eMAR documentation, 3660 mls of lactulose would have been required to cover the 122 documented administrations in December 2017.

Review of Resident #8's January 2018 eMAR revealed:
-An entry for lactulose 10gm/15ml solution take 2 tablespoons (20g) four times a day scheduled for at 8:00am, 12:00pm, 4:00pm, and 8:00pm.
-The lactulose was documented administered 76 occurrences out of 124 opportunities from 1/1/18 to 1/31/18.
-The lactulose was documented as not being

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 358	Continued From page 27	D 358		

administered on 1/20/18 at 8:00am to 1/31/18 at 8:00pm, because the resident was in the "hospital."
-According to the eMAR documentation, 2280 mls of lactulose would have been required to cover the 76 documented administrations in January 2017.

Review of Resident #8's February 2018 eMAR revealed:
-An entry for lactulose 10gm/15ml solution take 2 tablespoons (20g) four times a day scheduled for at 8:00am, 12:00pm, 4:00pm, and 8:00pm.
-The lactulose was documented administered 18 occurrences out of 24 opportunities from 2/1/18 to 2/6/18.
-The lactulose was documented as not being administered on 2/1/18 at 8:00am to 2/2/18 at 12:00pm, because the resident was in the "hospital."
-According to the eMAR documentation, 540 mls of lactulose would have been required to cover the 18 documented administrations in February 2017.

Interview with the Resident Care Coordinator (RCC) on 2/7/18 at 1:50pm revealed:
-Resident #8 had "just come back from rehab."
-"She's been on 2 tablespoons four times a day since April 2017."
-The MA gave 20ml "because it says 20g on the eMAR. That's probably why he gave 20ml."
-"I think I'll have the pharmacy to put 30ml on the eMAR entry."

Interview with a second medication aide on 2/8/18 at 10:01am revealed:
-She usually worked day shift.
-She gave Resident #8 lactulose "in the morning and at lunchtime."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 358	Continued From page 28	D 358		

-"I give 30ml."
-"Out beside the eMAR entry it has how many ml you are supposed to give."

Telephone interview with Resident #8's Hospice Nurse on 2/8/18 at 11:17am revealed:
-Resident #8 had been on "lactulose forever."
-"I thought she had a history of alcohol abuse."
-"She's been on that as long as I can remember."
-The primary care provider still managed Resident #8's medications and they would need to be contacted with any questions regarding the resident's medications.

Telephone interview with Resident #8's Nurse Practitioner on 2/8/17 at 12:17pm revealed:
-Resident #8 was receiving the lactulose due to "elevated ammonia levels."
-Elevated ammonia levels "caused increased confusion among other things."
-"I've never seen [staff] give the medication to know what they have been giving."
-"They should be following the correct order."

Interview with the Facility Manager on 2/8/18 at 12:55pm revealed:
-She and the RCC would be implementing cart audits "to see if the lactulose is being given."
-"We will do some training with staff."

2. Review of Resident #9's current FL2 dated 1/8/18 revealed:
-Diagnoses included congestive heart failure, dementia, and Type 2 Diabetes Mellitus.
-An order for Atrovent (used to relax the muscles in the airways) HFA 2 puffs three times a day.
-The resident was constantly disoriented and semi-ambulatory.

Review of Resident #9's signed physician order

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 358	Continued From page 29	D 358		

sheet dated 12/11/17 revealed an order for Atrovent HFA inhale 2 puffs three times a day wait 1 full minute between puffs scheduled at 8:00am, 3:00pm, and 8:00pm.

Observation on 2/6/18 from 2:30pm to 2:51pm revealed:
-At 2:51pm, a Medication Aide (MA) administered 1 inhalation of the Atrovent HFA 17mcg/actuation to Resident #9.
-The MA did not offer Resident #9 a second inhalation.
-The MA offered Resident #9 a sip of water after the inhalation.
-The MA then left the cup of water on the table and returned to the medication cart to return Resident #9's Atrovent inhaler to the drawer where the resident's other medications were stored.

Interview with Resident #9 on 2/6/18 at 3:10pm revealed Resident #9 stated "I think so" when she was asked if she had gotten a deep breath of the Atrovent when it was offered to her by the MA.

An interview on 2/6/18 at 5:25pm with the MA who administered the Atrovent to Resident #9 revealed:
-Resident #9's eMAR "says to give 2 puffs" of the Atrovent HFA inhaler.
-"I did two."
-"I forgot to wait a minute, before I did the other one."

Telephone interview with the facility pharmacy on 2/7/18 at 9:45am revealed:
-The most current order for Resident #9's Atrovent HFA inhaler was 2 puffs a three times a day dated 10/30/17.
-They had dispensed one inhaler on 10/30/17 and

Chamber device added to inhaler to help resident receive correct dosage.

All residents who can not follow inhalation instructions due to cognitive dx given chamber device to inhales

3/16/18

Staff retrained on waiting one minute between puffs per instruction on inhaler

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 358	Continued From page 30	D 358		

a second inhaler on 1/5/18.
-One inhaler provided 200 metered puffs or a 33 day supply of medication for Resident #9 with the current dosing and frequency.

Observation of Resident #9's Atrovent HFA inhaler available for administration on the medication cart on 2/7/18 at 2:00pm revealed:
-There was one inhaler available on the cart for the resident.
-The label had a dispense date of 1/5/18.
-The inhaler had an indicator above the mouth piece that indicated there were 180 more inhalations remaining in the inhaler.

Telephone interview with the facility pharmacy on 2/8/18 at 9:25am revealed the indicator on the front of the Atrovent inhaler above the mouth piece indicated the doses that remained in the inhaler.

Review of Resident #9's December 2017 eMAR revealed:
-An entry for Atrovent HFA inhale 2 puffs three times a day wait 1 full minute between puffs scheduled at 8:00am, 3:00pm, and 8:00pm.
-The Atrovent was documented as administered 92 occurrences out of 93 opportunities from 12/1/17 to 12/31/17.
-The Atrovent was documented as not being administered on 12/14/17 at 8:00pm because the "resident refused."

Review of Resident #9's January 2018 eMAR revealed:
-An entry for Atrovent HFA inhale 2 puffs three times a day wait 1 full minute between puffs scheduled at 8:00am, 3:00pm, and 8:00pm.
-The Atrovent was documented as administered 85 occurrences out of 93 opportunities from

Estimated completion date/ open date being added to inhalis. by pharmacy.

DOPC to monitor monthly when doing cart audits

3/16/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 358	Continued From page 31	D 358		

1/1/18 to 1/31/18.
-The Atrovent was documented as not being administered on 8 occurrences (1/1/18 at 3:00pm, 1/3/18 at 8:00am, 1/4/18 at 8:00am, 1/8/18 at 8:00am, 1/14/18 at 8:00am, 1/22/18 at 3:00pm, 1/23/18 at 8:00am, and 1/24/18 at 8:00am) because the "resident refused."

Review of Resident #9's February 2018 eMAR revealed:
-An entry for Atrovent HFA inhale 2 puffs three times a day wait 1 full minute between puffs scheduled at 8:00am, 3:00pm, and 8:00pm.
-The Atrovent was documented as administered 17 occurrences out of 19 opportunities from 2/1/18 to 2/7/18 at 8:00am.
-The Atrovent was documented as not being administered on 2 occurrences (2/1/18 at 8:00am and 2/6/18 at 8:00am) because the "resident refused."

Interview with the RCC on 2/7/18 at 2:05pm revealed:
-The MAs were trained to read the eMAR and "give what it says."
-Resident #9 needed "one of those chambers" to help the resident get the maximum benefit from the Atrovent inhalation.
-"I'll see about getting one of those."
-"I'll have to make sure they are giving two puffs."

Telephone interview with Resident #9's Hospice Nurse on 2/8/18 at 11:33am revealed:
-The primary care provider was still "handling" the resident's medications.
-Resident #9 "may be getting to the point that she can't [inhale] properly."

Telephone interview with Resident #9's Nurse Practitioner on 2/8/18 at 12:17pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 358	Continued From page 32 -Resident #9 has a diagnoses of heart failure and was the reason for the order for the scheduled Atrovent. -"No one has reported shortness of breath or wheezing or anything like that, then at this point she's fine." -"If she's not getting that, then I can address it on my next visit." Interview with the Facility Manager on 2/8/18 at 12:55pm revealed: -"We will do some training with staff." -The RCC was working to get a device for the inhaler "to make it easier for the resident" to inhale the medication.	D 358		
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	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 33	D 367		

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 the accuracy of the electronic Medication Administration Records (eMARs) for 1 of 6 sampled residents (Resident #2) related to documentation of the administration of insulin.

The findings are:

Review of Resident #2's current FL2 dated 9/11/17 revealed:
-Diagnoses included uncontrolled diabetes, hypertension, coronary artery disease, hyperlipidemia, and chronic kidney disease stage 5.
-An order for Humalog 10 units inject three times daily before meals (a fast acting insulin used to control blood sugar).
-An order for Humalog per sliding scale at 7:00am and 5:00pm using the following scale: 151-200=2 units; 201-250=4 units; and 251-300=6 units; 301-350=8 units; 351-400=10 units, >400 add 12 units and call physician.

Review of Resident #2's December 2017 electronic Medication Administration Record (eMAR) revealed:
-An entry for the Humalog 10 units was documented as administered daily at 7:00am, 11:30am, and 5:00pm.
-There was a space provided for the initials of the Medication Aide (MA), the fingerstick blood sugar result (FSBS), the site of injection, and the amount given.
-Insulin was not documented correctly for 19 out of 50 opportunities with examples as follows:

Pharmacy corrected on EMAR to provide space to document amount given on sliding scale insulin
Omitted space for amount given on scheduled insulin dosage
2/28/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 34	D 367		

-On 12/1/17 at 5:00pm, 2 units were documented as administered, and 10 units should have been administered.
-On 12/13/17 at 5:00pm, 12 units were documented as administered, and 10 units should have been administered.

Further review of Resident #2's December 2017 eMAR revealed:
-An entry for Humalog, use per sliding scale before meals and at bedtime (151-200 add 2 units; 201-250 add 4 units; and 251-300 add 6 units; 301-350 add 8 units; 351-400 add 10 units, >400 add 12 units and call physician.)
-The entry for FSBS daily and scheduled at 7:00am and 5:00pm.
-Insulin was not documented for 25 out of 39 opportunities with examples as follows:
-On 12/1/17 at 5:00pm, the FSBS was 243, 10 units were documented as administered, and 2 units should have been documented as administered.
-On 12/13/17 at 5:00pm, the FSBS was 196, 12 units were documented as administered, and 2 units should have been documented as administered.

Review of Resident #2's January 2018 eMAR revealed:
-Insulin was not documented correctly for 15 out of 33 opportunities with examples as follows:
-On 1/9/18 at 7:00am, 12 units were documented as administered, and 10 units should have been documented administered.
-On 1/15/18 at 7:00am, 0 units were documented as administered, and 10 units should have been documented as administered.
-On 1/2/18 at 5:00pm, 2 units were documented as administered, and 10 units should have been documented as administered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 35	D 367		

Further review of Resident #2's January 2018 eMAR revealed:
-An entry for Humalog, use per sliding scale before meals and at bedtime (151-200 add 2 units; 201-250 add 4 units; and 251-300 add 6 units; 301-350 add 8 units; 351-400 add 10 units, >400 add 12 units and call physician.)
-The entry for FSBS daily scheduled at 7:00am and 5:00pm.
-Insulin per SSI was not documented for 18 out of 24 opportunities with examples as follows:
-On 1/9/18 at 7:00am, the FSBS was 183, 12 units were documented as administered, and 2 units should have been documented administered.
-On 1/15/18 at 7:00am, the FSBS was 98, 10 units were documented as administered, and 0 units should have been documented as administered.
-On 1/2/18 at 5:00pm, the FSBS was 198, 10 units were documented as administered, and 2 units should have been documented as administered.

Review of Resident #2's electronically signed hospital discharge summary dated 1/23/18 revealed a physician's order to discontinue Humalog.

Review of Resident #2's physician's order dated 1/26/18 revealed:
-An order for Novolog 8 units inject three times daily before meals (a fast acting insulin used to control blood sugar).
-An order for Novolog per sliding scale three times per day before meals using the following scale: 151-200=1 units; 201-250=2 units; and 251-300=3 units; 301-350=4 units; >350 add 5 units and call physician.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 36	D 367		

Further review of Resident #2's January 2018 eMAR revealed:
-An entry for Novolog 8 units scheduled for administration at 7:00am, 11:30am and 5:00pm.
-There was an entry for Novolog use per sliding scale three times per day before meals using the following scale: 151-200 add 1 units; 201-250 add 2 units; 251-300 add 3 units; 301-350 add 4 units; >350 add 5 units and call physician.
-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 7 out of 7 opportunities with examples as follows:
-On 1/27/18 at 5:00pm, the FSBS was 183, no units were documented as administered, and 1 unit should have been administered.
-On 1/30/18 at 7:30am, the FSBS was 212, no units were documented as administered, and 2 units should have been administered.
-On 1/30/18 at 5:00 pm, the FSBS was 243, no units were documented as administered, and 2 units should have been administered.
-On 1/31/18 at 5:30pm, the FSBS was 112, no units were documented as administered, and 1 unit should have been administered, resident refused being documented as reason why medication was not administered.

Review of Resident #2's February 2018 eMAR revealed:
-An entry for Novolog 8 units scheduled for administration at 7:00am, 11:30am and 5:00pm.
-There was an entry for Novolog use per sliding scale three times per day before meals using the following scale: 151-200 add 1 units; 201-250 add

all medaids/ SIC retrained on correct way document dosage of insulin in EMAR when using scheduled dosage and sliding scale.

AD [redacted]

DOPC and monthly chart MARS for correctness in computer.

monthly MAR audits done end of each ~~of~~ month

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 37 2 units; 251-300 add 3 units; 301-350 add 4 units; >350 add 5 units and call physician. -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 13 out of 13 opportunities with examples as follows: -On 2/1/18 at 7:30am, the FSBS was 191, no units were documented as administered, and 1 unit should have been administered. -On 2/2/18 at 12:00pm, the FSBS was 94, no units were documented as administered, and 1 units should have been administered. -On 2/1/18 at 5:00pm, the FSBS was 207, no units were documented as administered, and 2 units should have been administered. Interview on 2/7/18 at 3:40pm with a MA revealed: -She worked second shift as the MA on the hallway where Resident #2 resided. -She knew of the order for Humalog 10 units which was administered to Resident #2 in December 2017 and January 2018. -She thought it was confusing for where to record the additional sliding scale units of insulin in December 2017 and January 2018. -"I thought I recorded it correctly, but now I see that it is incorrect" -She did not ask anyone for clarity for how to record insulin. -She knew of the order for 8 units of Novolog before every meal and the SSI order for Novolog that began at the end of January for Resident #2. -She knew the eMAR system did not have an entry for the amount of Novolog insulin given per the SSI order.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 38	D 367		

-She had not informed anyone at the facility about the lack of entry space, because she thought that was how it was supposed to be.
-The eMAR indicated the amount of insulin to be given, based on the sliding scale order.
-She knew Resident #2 received the SSI as ordered, because she gave it to him.
-The RCC was responsible for entering medication orders into the eMAR.

Interview with a second MA on 2/7/18 at 4:00pm revealed:
-She had administered the SSI as ordered for Resident #2 when she worked that hallway.
-She felt certain Resident #2 "always" received the SSI as ordered.
-She knew of the order for Humalog 10 units which was administered to Resident #2 in December 2017 and January 2018.
-She combined the amount of Humalog given with the sliding scale and documented amount in both places on the eMAR because that's what she thought was correct, and no one told her it was wrong.
-She felt like she had some training on the eMAR system, but could not remember.
-She had not noticed there was no entry space on the eMAR to document the amount of additional Novolog administered as needed for Resident #2.
-She entered 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.

Telephone interview with the pharmacist at the contracted pharmacy on 2/8/18 at 1:05pm revealed:
-The pharmacy was responsible for order entry into the eMAR system for SSI.
-The facility provided orders and entered in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 39	D 367		

eMAR system.
-They were notified on 2/8/18 by the RCC that there was no space to document the amount of insulin given for the Novolog sliding scale.
-She had made the correction in the eMAR system, so the entry was available for the additional Novalog for Resident #2.

Interview with Resident #2 on 2/7/18 at 1:54pm revealed:
-He felt the staff gave him his insulin as prescribed.
-The staff gave him insulin when he was supposed to get it unless he refused or he was at dialysis.

Interview with the Resident Care Coordinator (RCC) on 2/8/18 at 11:30am revealed:
-She did not know the Humalog was documented incorrectly on the eMAR for Humalog in December 2017 and January 2018.
-She did not know the eMAR system did not have a space to document the additional Novalog as ordered for Resident #2.
-She was responsible for reviewing the eMAR periodically, however she had not checked the insulin administered only that the insulin was listed on the eMAR.

Interview with the Facility Manager on 2/8/18 at 12:44pm revealed:
-She did not know the insulin was documented incorrectly on the eMAR for Resident #2's insulin.
-She expected RCC to review eMAR for accuracy, but understood that it may be too much for one person to review.
-She expected MAs to notify the RCC with errors they notice with eMAR and if they have questions.

Interview with the Administrator on 2/8/18 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 40	D 367		

1:28pm revealed:
-He did not know insulin was being documented incorrectly on the eMAR for Resident #2's insulin.
-He expected RCC to review the eMAR often and ensure staff was documenting correctly.
-He expected the manager to oversee the RCC.

2. Review of Resident #9's FL2 dated 01/08/18 revealed diagnoses included hypertension, congestive heart failure, dementia, depression, unsteady gait, and type II diabetes mellitus.

Review of Resident # 9's signed physician's orders dated 12/11/17 revealed No Concentrated Sweets (NCS), Pureed, No Added Salt (NAS) diet with honey thickened liquids.

Review of Resident #9's electronic Medication Administration Record (eMAR) for December 2017 revealed:
-An order was entered for thickener, 36 ounces, use as directed dated April 11, 2017.
-The eMAR showed the Medication Aides (MAs) documented that the thickener was administered evey day during the month.

Interview on 02/06/18 at 12:20pm with MA revealed:
The MAs were responsible for thickening drinks for residents on a thickened liquid diet.
-He had never thickened liquids for Resident #9.
-If a resident had an order for thickened liquids it would have been visible to the MAs on the resident's eMAR.
-He did not think she had an order for thickener because it was not on the eMAR-He referred to eMAR for clarification.
-He opened a new container of thickener with dispense date listed as 01/12/18.
-He had not administered honey thickener to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 41	D 367		

Resident #9 in the past.
-He did not know why he signed the eMAR for "resident refused" if the thickener was not in the facility.

Telephone interview on 02/07/18 at 2:00pm with the pharmacist revealed:
-The pharmacy sent 100 packets of thickener to the facility on 04/13/17.
-The next time the facility requested thickener was on 01/12/18; a 36 ounce container of powdered thickener was sent to the facility.
-The staff ordered medications through the eMAR system.
-No orders have been received to discontinue the honey thickener.

Interview on 02/07/18 at 3:30pm with Resident Care Coordinator (RCC) revealed:
-The MAs were responsible for preparing the thickener in the liquid with the correct consistency according to the directions on the container.
-She did not know there was no thickener in the facility for 194 days..
-She did not know that during this time the MAs were documenting the thickener as administered.
-Presently, there is no oversite of documentation of medications on the eMAR.
-Cart audits were assigned to the MAs on third shift to ensure the medications were on the cart for the existing orders.

Telephone interview on 02/07/18 at 5:30pm with the Physician Assistant (PA) revealed:
-The facility completed the FL2 information and she signed the FL2 when she would come to the facility.
-"I did not know the thickened liquid order was not on the FL2 dated 01/08/18."
"-I would like the order for thickener to be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036006	A. BUILDING: _____ B. WING _____	C 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN HAVEN	301 CRAIG STREET MOUNT HOLLY, NC 28120

(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 42 continued, and I would call the RCC in the morning to give her that order." -She was not concerned with Resident #9 not receiving thickened liquids as ordered, as she has not had any reports of swallowing difficulty or choking incidents.	D 367		