

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL049021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/30/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE PEACHTREE MC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2814 PEACHTREE ROAD STATESVILLE, NC 28625</b>
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D 000	Initial Comments  The Adult Care Licensure Section conducted an annual and follow-up survey on 05/29/18-05/30/18.	D 000		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>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:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to administer medications as ordered by a licensed prescribing practitioner for 2 of 3 sampled residents (Resident #2 and #3) with orders for holding the medication Metoprolol (used to treat hypertension) for a heart rate less than 60 beats per minutes.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 02/05/18 revealed: -Diagnoses included chronic atrial fibrillation, diabetes, and dementia. -Medications ordered included metoprolol 25 mg two times daily.</p> <p>Review of Resident #2's subsequent signed physician orders dated 03/14/18 revealed an</p>	D 358		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D 358	<p>Continued From page 1</p> <p>order for metoprolol 25 mg two times daily hold if heart rate less than 60.</p> <p>Review of Resident #2's March 2018 electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-An order entry for metoprolol 25 mg give 1 tablet two times daily at 9:00am and 9:00pm hold if heart rate less than 60.</li> <li>-Resident #2's heart rate was documented as less than 60 thirty-four times with a heart rate range from 42-58.</li> <li>-The medication metoprolol was documented as administered 22 times out of the 34 times Resident #2's heart rate was less than 60.</li> </ul> <p>Review of Resident #2's April 2018 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-An order entry for metoprolol 25 mg give 1 tablet two times daily at 9:00am and 9:00pm hold if heart rate less than 60.</li> <li>-Resident #2's heart rate was documented as less than 60 twelve times with a heart rate range from 52-58.</li> <li>-The medication metoprolol was documented as administered 5 times out of the 12 times Resident #2's heart rate was less than 60.</li> </ul> <p>Review of Resident #2's May 2018 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-An order entry for metoprolol 25 mg give 1 tablet two times daily at 9:00am and 9:00pm hold if heart rate less than 60.</li> <li>-Resident #2's heart rate was documented as less than 60 three times with a heart rate range from 50-58.</li> <li>-The medication metoprolol was documented as administered 2 times out of the 3 times Resident #2's heart rate was less than 60.</li> </ul>	D 358		

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D 358	<p>Continued From page 2</p> <p>Telephone interview with a representative from Resident #2's physician office on 05/29/18 at 3:20pm and at 6:25pm revealed:</p> <ul style="list-style-type: none"> <li>-The physician was not aware the facility staff had administered the metoprolol 25 mg with a heart rate of less than 60.</li> <li>-The medication metoprolol was used as a beta blocker to lower the heart rate.</li> <li>-Resident #2 had not demonstrated any side effects from the medication given with the heart rate less than 60.</li> <li>-The physician would follow up with the facility on following orders he had written.</li> </ul> <p>Refer to interview with a medication aide (MA) on 05/30/18 at 7:15am.</p> <p>Refer to interview with the Resident Services Coordinator (RSC) on 05/30/18 at 9:20am.</p> <p>Refer to interview with the Resident Care Coordinator (RCC) on 05/30/18 at 9:32am.</p> <p>Refer to interview with the facility Registered Nurse (RN) on 05/30/18 at 9:45am.</p> <p>Refer to interview with the Administrator on 05/30/18 at 9:53am.</p> <p>2. Review of Resident #3's current FL2 dated 07/17/17 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included hypertension, diabetes, and Alzheimer's disease.</li> <li>-Medications ordered included metoprolol 25 mg take ½ tablet daily.</li> </ul> <p>Review of Resident #3's subsequent signed physician orders dated 03/14/18 revealed an order for metoprolol 25 mg take ½ tablet daily hold if heart rate less than 60.</p>	D 358		

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D 358	<p>Continued From page 3</p> <p>Review of Resident #3's March 2018 electronic Medication Administration Record (eMAR) revealed: -An order entry for metoprolol 25 mg give 1/2 tablet daily at 9:00am hold if heart rate less than 60. -Resident #3's heart rate was documented as less than 60 sixteen times with a heart rate range from 52-58. -The medication metoprolol was documented as administered 6 times out of the 16 times Resident #3's heart rate was less than 60.</p> <p>Review of Resident #3's April 2018 eMAR revealed: -An order entry for metoprolol 25 mg give 1/2 tablet daily at 9:00am hold if heart rate less than 60. -Resident #3's heart rate was documented as less than 60 twenty-one times with a heart rate range from 52-58. -The medication metoprolol was documented as administered 11 times out of the 21 times Resident #3's heart rate was less than 60.</p> <p>Review of Resident #3's May 2018 eMAR revealed: -An order entry for metoprolol 25 mg give 1/2 tablet daily at 9:00am hold if heart rate less than 60. -Resident #3's heart rate was documented as less than 60 twenty-one times with a heart rate range from 52-58. -The medication metoprolol was documented as administered 12 times out of the 21 times Resident #3's heart rate was less than 60.</p> <p>Telephone interview with Resident #3's physician's nurse on 05/29/18 at 3:35pm</p>	D 358		

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D 358	<p>Continued From page 4</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-The physician was not aware the facility staff had administered the metoprolol 25mg (½ tablet) with a heart rate of less than 60 to Resident #3.</li> <li>-The medication metoprolol was used to control Resident #3's high blood pressure and would lower the heart rate.</li> <li>-"When the physician writes an order he expected the order to be followed."</li> <li>-If the medication metoprolol was administered with a heart of less than 60 for three consecutive days there would be no long term outcome.</li> <li>-The physician would definitely want to know Resident #3's pulse rates were less than 60, he could have adjusted the metoprolol to accommodate the low heart rate.</li> </ul> <p>Refer to interview with a medication aide (MA) on 05/30/18 at 7:15am.</p> <p>Refer to interview with the Resident Services Coordinator (RSC) on 05/30/18 at 9:20am.</p> <p>Refer to interview with the Resident Care Coordinator (RCC) on 05/30/18 at 9:32am.</p> <p>Refer to interview with the facility Registered Nurse (RN) on 05/30/18 at 9:45am.</p> <p>Refer to interview with the Administrator on 05/30/18 at 9:53am.</p> <p>_____</p> <p>Interview with a medication aide (MA) on 05/30/18 at 7:15am revealed:</p> <ul style="list-style-type: none"> <li>-She worked all three shift in the facility.</li> <li>-She was aware the parameters for administration of the metoprolol for Resident #2 and #3 were to hold the metoprolol if heart rate</li> </ul>	D 358		

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D 358	<p>Continued From page 5</p> <p>was less than 60.</p> <ul style="list-style-type: none"> <li>-When the MA administered the metoprolol, the eMAR would prompt her to document the pulse rate, but would not stop her from administering if she documented a low heart rate.</li> <li>-The facility had an electric blood pressure and pulse machine.</li> <li>-She would take the pulse rate for both residents prior to administering the metoprolol each time.</li> <li>-She would document the heart rate on the eMAR and then administer the metoprolol if the heart rate was above 60.</li> <li>-All MAs should know the order to hold the metoprolol, "It's on the eMAR to hold."</li> <li>-The RCC and the RSC review the eMARs monthly.</li> <li>-She did not know why metoprolol was to be held for a heart rate less than 60, but she was aware metoprolol was used for high blood pressure.</li> </ul> <p>Interview with the Resident Services Coordinator (RSC) on 05/30/18 at 9:20am revealed:</p> <ul style="list-style-type: none"> <li>-She was over the clinical department which included training the MAs.</li> <li>-She and the RCC would review the eMAR reports every two weeks and check for missed medications and late administration of medications.</li> <li>-She and the RCC would review the eMAR monthly for holes and assure new medication orders were entered on the eMAR.</li> <li>-She was unaware the MAs had administered the metoprolol to both Resident #2 and #3 when the order was to hold if heart rate was less than 60.</li> <li>-She had not reviewed the parameters on the medications during the two week audit or the monthly audit of the eMAR.</li> <li>-The MAs were trained to document on the eMAR a code number when the medication was held due to an abnormal vital sign or a physician order.</li> </ul>	D 358		

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D 358	<p>Continued From page 6</p> <p>Interview with the Resident Care Coordinator (RCC) on 05/30/18 at 9:32am revealed: -She was responsible for the clinical staff training and education. -New MAs would shadow a MA for 3 days on the medication cart, then they would complete a medication check list, then the RCC or the RSC would shadow the new MA on the cart for 3 days. -The RCC ran a report from the eMAR every two weeks and reviewed it for missed medications or late entries. -The RCC would review all the eMARs monthly for holes and verify new physician orders were entered correctly. -She was not aware the MAs were administering the metoprolol to Resident #2 and #3 when the heart rate was less than 60.</p> <p>Interview with the facility Registered Nurse (RN) on 05/30/18 at 9:45am revealed: -She completed all the training for the LHPS tasks and the skills validation for the MAs. -Her training included vital signs and parameters in which you would call the physician or hold the medication. -She could not recall the last time she had completed an in-service or a training class for the MAs which involved holding medications with parameters. -She was not responsible for reviewing the eMARs for the residents in the facility.</p> <p>Interview with the Administrator on 05/30/18 at 9:53am revealed: -She did not know the MAs had administered the metoprolol to Resdeint #2 and #3 when the order was to hold the metoprolol if the heart rate was less than 60. -She had reviewed eMARs on a few occasions</p>	D 358		

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D 358	Continued From page 7  for holes and missed medications. -She relied on the RCC and the RSC for training and education of the clinical staff which included the MAs. -She would immediately conduct an in-service with all MAs for additional training on medication administration, documentation, and on following the physician orders. -She would monitor the eMAR weekly for compliance, and the RSC and the RCC would assist with the monitoring.	D 358		