PRINTED: 06/21/2018
FORM APPROVED

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 |
|---|---|---|---|
| | FCL011196 | A. BUILDING ______ B. WING ______ | 06/14/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EVERGREEN LIVING HOME #11 | 351 FAMILY RIDGE ROAD<br>LEICESTER, NC 28748 |

| (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 |
|---|---|---|---|---|
| C 000 | Initial Comments<br><br>The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual survey on June 14, 2018. | C 000 | -All staff in-serviced on 6/21/18 for proper use of thick it. | |
| C 315 | 10A NCAC 13G .1002(a) Medication Orders<br><br>10A NCAC 13G .1002 Medication Orders<br>(a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments:<br>(1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility;<br>(2) if orders are not clear or complete; or<br>(3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same.<br>The facility shall ensure that this verification or clarification is documented in the resident's record.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview and record review, the facility failed to clarify an order for 1 of 3 sampled residents (Resident #2) with an order for thickened liquids.<br><br>The findings are:<br><br>Review of the current FL2 for Resident #2 dated 04/11/18 revealed:<br>-Diagnoses included senile dementia, dysphagia and transient ischemic attack (TIA).<br>-Documented as non-ambulatory and intermittently disoriented.<br>-An order for a puree diet.<br>-Listed under the medication section of the same | C 315 | - Order for thick it was clarified and corrected on June 14, 2018<br><br>- All new orders will be Double checked by Director or Designee to ensure that they have been faxed to the pharmacy, are on the MAR/TAR and LHPS/careplans have been changed. | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Administrator (X6) DATE 7/2/18

STATE FORM 6899 O1B511 If continuation sheet 1 of 4

Reviewed & accepted by CF 7/6/2018

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 |
|---|---|---|---|
| | FCL011196 | A. BUILDING: ___ B. WING ___ | 06/14/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EVERGREEN LIVING HOME #11** | **351 FAMILY RIDGE ROAD LEICESTER, NC 28748** |

| (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 |
|---|---|---|---|---|
| C 315 | Continued From page 1 | C 315 | | |

FL2 an order for "Thick-It, use as directed."

Review of Resident #2's record revealed no documentation or clarification of the thickened liquid order listed on the FL2 and no subsequent orders.

Review of the Care Plan for Resident #2 dated 04/11/18 revealed Resident #2 was documented as total care.

Review of the Licensed Health Professional Support (LHPS) dated 04/18/18 revealed documentation of Resident #2 having "nectar thickened liquids" with no recommendations.

Review of the June 2018 Medication Administration Record (MAR) for Resident #2 revealed an entry for "Thick-It, Use as Directed."

Review of the May 2018 MAR revealed no entry for Thick-It.

Interviews with the Supervisor-in-Charge (SIC) on 06/14/18 at 9:50am and 10:20am revealed:
-The Thick-It was kept in Resident #2's room.
-"I use Thick-It" with [Resident #2's] food and liquids.
-"I have never observed any complications of choking or coughing while feeding resident her meals with liquids or food."
-Resident #2 "primarily only drinks water and maybe juice sometimes."
-"I use one large scoop for 4 ounces of liquid, as listed on the Thick-It container."
-"I often use a spoon to give the resident her liquids, but sometimes she will drink from the cup."
-She stated "another staff showed me to use one scoop".

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL011196 | A. BUILDING: ____ B. WING ____ | 06/14/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EVERGREEN LIVING HOME #11 | 351 FAMILY RIDGE ROAD LEICESTER, NC 28748 |

| (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 |
|---|---|---|---|---|
| C 315 | Continued From page 2<br><br>Observation of the Thick-It container in Resident #2's room on 06/14/18 at 10:15am revealed:<br>-A plastic container of Thick-It with a pharmacy computer generated label with Resident #2's name and a dispense date of 04/20/18.<br>-Directions for use on the pharmacy label read, "USE AS DIRECTED."<br><br>Observation of the SIC on 06/14/18 at 10:16am revealed she used a full scoop in [Resident #2's] liquids (15cc).<br><br>Review of the Usage Chart on the Thick-It container revealed for water, amount to be used for nectar thickened liquids was 3 ½ -4 t (teaspoons).<br><br>Telephone interview with the Administrator on 06/14/18 at 10:30am revealed:<br>-She was unsure about the thickened liquid order and would check with the Nurse Practitioner (NP) who comes to the facility monthly to discuss the order.<br><br>Observation of the lunch preparation and delivery for Resident #2 on 06/14/18 from 11:30am until 12:15pm revealed:<br>-The SIC placed one large scoop of the Thick-It into 4-5 ounces cup of tea and stirred the Thick-It until dissolved in the cup of liquid.<br>-The Relief SIC entered Resident #2's room to assist with the lunch meal.<br>-Resident #2 was asleep and when staff offered her lunch meal was observed to take a couple bites of spooned puree meal and one spoon of the liquid tea.<br>-Resident #2 then shook her head side to side and the staff stated "she does not want to eat right now." | C 315 | | |

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 |
|---|---|---|---|
| | FCL011196 | A. BUILDING: ______ B. WING ______ | 06/14/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EVERGREEN LIVING HOME #11 | 351 FAMILY RIDGE ROAD LEICESTER, NC 28748 |

| (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 |
|---|---|---|---|---|
| C 315 | Continued From page 3 | C 315 | | |

Continued From page 3

Interview with the Relief SIC on 06/14/18 at 12:20pm revealed:
-The SIC always prepared meals and liquids for the resident and he only assisted with feeding.
-He would come back later to see if the resident wanted to eat something else.

A second telephone interview with the Administrator on 06/14/18 at 12:25pm revealed she had spoken with the NP and she was faxing clarification of the thickened liquid order to her.

Review of the faxed order on 06/14/18 at 12:30pm revealed an order signed by the NP dated 06/14/18 for "Thick-It nectar consistency."

Telephone interview with the dispensing pharmacy on 06/14/18 at 3:18pm revealed:
-The original order for the Thick-It was from an FL2 dated 04/11/18.
-The order was "use as directed."
-The Thick-It was dispensed to the facility on 04/20/18.

Attempted telephone interviews with the NP for Resident #2 on 06/14/18 at 10:45am and 4:00pm was not successful.

Based on observations, interview and record review it was determined Resident #2 was not interviewable.