

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/30/2018
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NAME OF PROVIDER OR SUPPLIER BROOKDALE PEACHTREE MC	STREET ADDRESS, CITY, STATE, ZIP CODE 2814 PEACHTREE ROAD STATESVILLE, NC 28625
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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: (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.</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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Heather Milton* TITLE *Executive Director* (X6) DATE *07/24/18*

Reviewed and accepted by CD on 07/12/18.

The following is a summary of the Plan of Correction for Brookdale Peachtree MC. This Plan of Correction is in regards to the Corrective Action Report dated June 18, 2018. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

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 policies and procedures.**

- An audit was completed on 6/4/18 regarding any residents with parameters to follow, to include medication administration as well as notification of the Health Care Provider by the Executive Director/Resident Services Director.
- Any discrepancies in following parameters that were found, at that time, were followed up on with the Health Care Provider for appropriate follow up if indicated by the Executive Director/Resident Services Director.
- Re-education of current Med Techs was completed on 6/15/18 on the need to follow the orders completely in regards to guidelines using parameters, as well as the need for appropriate follow up with documentation with the Health Care Provider at that time as directed in the order.
- Medication administration documentation will be reviewed on a weekly basis for the next 4 weeks, then on a random basis thereafter, but no less than Bi-Monthly by the Executive Director/Resident Services Director/Resident Care Coordinator.

Heather Melton, ERD
07/06/18

Reviewed and accepted by CD on 07/12/18.

Division of Health Service Regulation

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D 358	Continued From page 1 order for metoprolol 25 mg two times daily hold if heart rate less than 60. Review of Resident #2's March 2018 electronic Medication Administration Record (eMAR) revealed: -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. -Resident #2's heart rate was documented as less than 60 thirty-four times with a heart rate range from 42-58. -The medication metoprolol was documented as administered 22 times out of the 34 times Resident #2's heart rate was less than 60. Review of Resident #2's April 2018 eMAR revealed: -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. -Resident #2's heart rate was documented as less than 60 twelve times with a heart rate range from 52-58. -The medication metoprolol was documented as administered 5 times out of the 12 times Resident #2's heart rate was less than 60. Review of Resident #2's May 2018 eMAR revealed: -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. -Resident #2's heart rate was documented as less than 60 three times with a heart rate range from 50-58. -The medication metoprolol was documented as administered 2 times out of the 3 times Resident #2's heart rate was less than 60.	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"> -The physician was not aware the facility staff had administered the metoprolol 25 mg with a heart rate of less than 60. -The medication metoprolol was used as a beta blocker to lower the heart rate. -Resident #2 had not demonstrated any side effects from the medication given with the heart rate less than 60. -The physician would follow up with the facility on following orders he had written. <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"> -Diagnoses included hypertension, diabetes, and Alzheimer's disease. -Medications ordered included metoprolol 25 mg take ½ tablet daily. <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		

Division of Health Service Regulation

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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		

Division of Health Service Regulation

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D 358	<p>Continued From page 4</p> <p>revealed:</p> <ul style="list-style-type: none"> -The physician was not aware the facility staff had administered the metoprolol 25mg (1/2 tablet) with a heart rate of less than 60 to Resident #3. -The medication metoprolol was used to control Resident #3's high blood pressure and would lower the heart rate. -"When the physician writes an order he expected the order to be followed." -If the medication metoprolol was administered with a heart of less than 60 for three consecutive days there would be no long term outcome. -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. <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"> -She worked all three shift in the facility. -She was aware the parameters for administration of the metoprolol for Resident #2 and #3 were to hold the metoprolol if heart rate 	D 358		

Division of Health Service Regulation

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D 358	<p>Continued From page 5</p> <p>was less than 60.</p> <p>-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.</p> <p>-The facility had an electric blood pressure and pulse machine.</p> <p>-She would take the pulse rate for both residents prior to administering the metoprolol each time.</p> <p>-She would document the heart rate on the eMAR and then administer the metoprolol if the heart rate was above 60.</p> <p>-All MAs should know the order to hold the metoprolol, "It's on the eMAR to hold."</p> <p>-The RCC and the RSC review the eMARs monthly.</p> <p>-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.</p> <p>Interview with the Resident Services Coordinator (RSC) on 05/30/18 at 9:20am revealed:</p> <p>-She was over the clinical department which included training the MAs.</p> <p>-She and the RCC would review the eMAR reports every two weeks and check for missed medications and late administration of medications.</p> <p>-She and the RCC would review the eMAR monthly for holes and assure new medication orders were entered on the eMAR.</p> <p>-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.</p> <p>-She had not reviewed the parameters on the medications during the two week audit or the monthly audit of the eMAR.</p> <p>-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.</p>	D 358		

Division of Health Service Regulation

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D 358	Continued From page 6 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. 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. 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	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		