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
	HAL049030	A. BUILDING: _____ B. WING _____	07/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE OF MOORESVILLE	128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117

(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 conducted an Annual survey on July 10-12, 2018.	D 000		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to implement treatments as ordered by a licensed prescribing practitioner for 1 of 5 sampled residents (Resident #3) who was ordered a dressing change for a wound every other day and lotion applied bilateral legs and feet twice a day. Review of Resident #3's current FL2 dated 03/20/18 revealed diagnoses included weakness, abnormal posture, chronic pain, hyperlipidemia, diabetes, bradycardia, and rhabdomyolysis. a. Review of Resident #3's subsequent physicians order dated 04/02/18 revealed an order to cleanse left lateral foot wound with normal saline, apply optifoam gentle border, and change dressing every other day. Review of Resident #3's July 2018 MAR revealed: -An entry to cleanse left lateral foot with normal	D 276	See Attached.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Regional Director of Operations — (X6) DATE: 8/16/18

Reviewed and accepted by Diana Spalding RN, BSN on 09/21/18

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D 276	Continued From page 1 saline, apply optifoam gentle border and change dressing every other day during the 7am-3pm shift. -The left lateral foot treatment was documented as provided every other day. Observation of Resident #3 during initial tour on 07/10/18 at 9:35am revealed: -Resident #3 had a 3x3 inch optifoam dressing on her left lateral foot with a date handwritten "06/30/18". -Both of Resident #3's legs and feet were pale, very dry, and flaky. Interview with Resident #3 on 07/10/18 at 9:35am revealed: -She was looking for someone to come and look at her left foot to change the dressing. -"I am looking for one of the nurses to come and change my bandage on my foot". -"I cannot remember when the last time the nurse came, no one has checked on my foot". -"I guess June 30th is the last time they changed my bandage if that's what it says". Interview with a 1st shift medication aide (MA) on 07/10/18 at 3:15pm revealed: -She had been employed at the facility for 3 months as a MA and worked primarily 1st shift. -She worked with Resident #3 and provided care to her when she worked. -She completed a dressing change to Resident #3's left foot "but it has now healed". -She did not know why the dressing on Resident #3 foot was dated 06/30/18, "I know I changed the dressing". -"I've been focusing on the back of Resident #3 left foot and not the side". -"I thought home health was responsible for providing wound care to the left lateral foot".	D 276	See Attached.	

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D 276	Continued From page 2 -She did not realize she was supposed to be changing the dressing on the side of Resident #3's left foot. -Resident #3 never refused care. Review of nurse notes from home health agency dated 05/25/18 revealed: -Resident #3 was discharged from receiving skilled nursing services on 05/25/18 due to goals being met. -Caregivers were to perform care to left lateral foot wound. Observation of Resident #3 on 07/10/18 at 3:20pm revealed: -Resident #3 still had the dressing date 06/30/18 on the left lateral foot. -Two MAs changed Resident #3's left lateral foot wound dressing and placed a new optifoam sterile dressing. -Resident #3's left lateral foot was dry with a reddish pink dry scab, there was no opened wound. Observation of medication and supplies available for Resident #3 on 07/10/18 at 3:15pm revealed: -A box labeled optifoam gentle foam dressing with adhesive boarder 3x3 was in Resident #3's room in a box with 6 of 10 remaining in the box. -There was a house stock available of 22 normal saline prep wipes to use. Interview with Resident #3 on 07/10/18 at 2:23pm revealed: -The left foot wound was treated by "one of the nurses from a surrounding city [named two cities]." -Her left foot hurt "sometimes". -She could not remember if she notified anyone of her foot pain.	D 276	See Attached.	

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D 276	Continued From page 3 -She was told by the MA that the nurse would look at her foot. Telephone interview with Resident #3's physician's nurse on 07/11/18 at 11:18am revealed: -Resident #3 was last evaluated for left foot lateral wound care on 04/06/18. -He ordered wound care for Resident #3's left foot lateral wound care to be completed every other day. -He expected orders to be followed as ordered. -If wound care was not provided as ordered it could cause the wound to be "infected or cause it to become worse." -The wound is healing and the foot dressing can now be applied as needed beginning 07/11/18 as ordered by the physician. Interview with Wellness Director (WD) on 07/11/18 at 4:11pm revealed: -She knew Resident #3 had an order to change left lateral foot wound dressing every other day. -She and the Resident Services Director (RSD) were responsible for overseeing MAs. -MAs were responsible for providing care to Resident #3 left lateral foot wound and applying lotion bilaterally to legs and foot daily. -MAs were to change the left lateral wound dressing labeled with the date and their initials. -She did not know staff had not changed Resident #3's left lateral wound since 06/30/18. -MAs were expected to follow physician orders as written and ask questions if they don't understand. -Skin assessments were completed when residents are admitted to the facility. -She had not assessed Resident #3's skin since she was admitted.	D 276	See Attached.	

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D 276	Continued From page 4 Interview with RSD on 07/12/18 at 9:11am revealed: -She did not know staff had not changed Resident #3's left lateral wound since 06/30/18. -She knew Resident #3 had an order to change left lateral foot wound dressing every other day. -She expected MAs to follow orders as written by the physician. -She and WD were responsible for making sure skin assessments were completed upon admission. -There was no process for ensuring that MAs completed the left lateral wound dressing for Resident #3 as ordered. Interview with the Administrator on 07/12/18 at 9:40am revealed: -He did not know Resident #3 had not received treatment to her left lateral foot wound since 06/30/18. -RSD and WD were responsible for supervising MAs and ensuring that they understood orders. -He expected MAs to follow physician orders as written. b. Review of Resident #3's subsequent physicians order dated 03/23/18 revealed an order for lotion to be applied bilateral legs and feet twice daily. Review of Resident #3's May 2018 medication administration record (MAR) revealed: -An entry for Eucerin (lotion used to treat dry skin) fragrance free lotion apply to affected areas on bilateral legs and feet daily during 7am-3pm shift and 3pm-11pm shift. -The Eucerin lotion was documented as administered twice daily, during the 1st and 2nd shifts.	D 276	See Attached.	

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D 276	Continued From page 5 Review of Resident #3's June MAR revealed: -An entry for Eucerin (lotion used to treat dry skin) fragrance free lotion apply to affected areas on bilateral legs and feet daily during 7am-3pm shift and 3pm-11pm shift. -The Eucerin lotion was documented as administered twice daily, during the 1st and 2nd shifts. Review of Resident #3's July 2018 MAR revealed: -An entry for Eucerin (lotion used to treat dry skin) fragrance free lotion apply to affected areas on bilateral legs and feet daily during 7am-3pm shift and 3pm-11pm shift. -The Eucerin lotion was documented as administered twice daily, during the 1st and 2nd shifts. Observation of Resident #3 during initial tour on 07/10/18 at 9:35am revealed: -Resident #3's legs and feet were pale, very dry, and flaky. Interview with 1st shift medication aide (MA) on 07/10/18 at 3:15pm revealed: -She worked with Resident #3 and provided care to her when she worked. -She applied Eucerin lotion to Resident #3 every day during 1st shift, however she did not use "a lot of it because it would make her skin too greasy". -Resident #3 never refused care. Interview with 2nd shift MA on 07/10/18 at 3:18pm revealed: -She provided care to Resident #3 each shift she worked. -She applied Eucerin lotion to Resident #3 feet and legs every day each shift. Interview with Resident #3 on 07/10/18 at 2:23pm	D 276	See Attached.	

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D 276	Continued From page 6 revealed: -She did not remember staff putting lotion on her feet and legs every day, "no one puts lotion on my feet or legs" -She suffered from dry skin and was unable to apply lotion to her legs and feet. -"I would like for someone to come and look at my foot". Observation of medication and supplies available for resident on 07/10/18 at 3:15pm revealed: -There was one 250 milliliter (mL) bottle of Eucerin lotion with a sticker labeled 03/29/18. -The Eucerin lotion appeared to have about 90% of lotion remaining in the bottle. Telephone interview with a pharmacy representative for Resident #3 contracted pharmacy on 07/12/18 at 8:35am revealed: -The Eucerin lotion 250 mL was filled on 03/28/18 and there were no other fill dates. -The Eucerin lotion should only last "about 1 month, no more than two if applying bilateral to legs and feet twice per day". Interview with Wellness Director (WD) on 07/11/18 at 4:11pm revealed: -She and the Resident Services Director (RSD) were responsible for overseeing MAs. -MAs were expected to follow physician orders as written. -She knew Resident #3 had an order for lotion to be applied bilateral legs and feet twice daily. -She requested an order in March 2018 for lotion to be applied to Resident #3's foot because she observed dry skin. -Skin assessments were completed when residents are admitted to the facility. -She had not assessed Resident #3's skin since admitted, therefore did not know the Eucerin	D 276	See Attached.	

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D 276	Continued From page 7 lotion was not applied. -The Eucerin lotion was last ordered on 03/28/18. Interview with RSD on 07/12/18 at 9:11am revealed: -She knew Resident #3 had an order for lotion to be applied bilateral legs and feet twice daily. -She expected MAs to follow orders as written by the physician. -She did not know Resident #3 Eucerin lotion had been on the cart since 03/29/18. Interview with the Administrator on 07/12/18 at 9:40am revealed: -He did not know Resident #3 had not received Eucerin Cream to legs and feet bilaterally daily. -RSD and WD were responsible for supervising MAs and ensuring that they followed orders. -He expected MAs to follow physician orders as written.	D 276	See Attached.	
D 377	10A NCAC 13F .1006(a) Medication Storage 10a NCAC 13F .1006 Medication Storage (a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and procedures. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that the residents' medications were stored in a safe and secure manner for 1 of 1 sampled residents (Resident #5) who self-administer medications. The findings are:	D 377		

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D 377	Continued From page 8 Review of the facility's medication storage policy dated 11/14/05 revealed residents who self-administer medications may store medications in a secure area in his/her apartment. Review of Resident #5's current FL-2 dated 03/23/18 revealed -Diagnoses included congestive heart failure, imbalance, rheumatoid arthritis, memory loss, atrial fibrillation. -An order for Rasuvo (a medication used to treat rheumatoid arthritis) 10mg/0.2mL weekly injection. Review of subsequent physician's order dated 03/27/18 revealed an order for Resident #5 to self-administer Rasuvo 10mg/0.2mL injection weekly every Thursday. Observation of Resident #5's room on 07/11/18 at 4:17pm revealed: -The resident's room door was open. -The resident was asleep in her chair. -There was a box labeled Rasuvo injection 10mg/0.2mL with Resident #5 name and instructions on the shelf of her nightstand. Interview with Resident #5 on 07/11/18 at 4:20pm revealed: -She administered her Rasuvo medication every Thursday. -Staff came to her room every Thursday to watch her administer the medication. -She understood she was taking the medication for rheumatoid arthritis and was to inject it into her stomach. -She did not have a secure area that she could place medication in her room. -No one had ever taken her medications out of	D 377	See Attached.	

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D 377	Continued From page 9 the room. Interview with the Wellness Director (WD) on 07/11/18 at 4:17pm revealed: -She knew Resident #5 was self-administering Rasuvo injection every Thursday. -Resident #5 medications were supposed to be secure and in a locked box provided by the family or the facility. -She didn't realize Resident #5 did not have a secure locked box in her room, "she forgot after completing the assessment". -She and the Resident Services Director (RSD) were responsible for ensuring resident had a locked box. Interview with the RSD on 07/12/18 at 9:11am revealed: -She and the WD were responsible for assessing residents who self-administer medications. -She and the WD were responsible for ensuring medications are in a secure locked box in the resident's bedroom. -"If we know that medication is not locked in the room, it should be placed on the cart until the resident is ready to self- administer". -I didn't realize Resident #5's medication was not in a locked box, "I should have followed-up more". Interview with Administrator on 07/12/18 at 9:40am revealed: -Residents who self-administer medications should have them in a locked box in their bedroom. -He did not know Resident #5 did not have a locked box for medications. -"The locked box should have been provided during the initial assessment for self-administration".	D 377	See Attached.	

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Summit Place of Mooresville – SOD Dated 8/3/2018
Plan of Correction
Facility License # HAL-049-030

1) 10A NCAC 13F .0902(c)(3-4) Health Care – Based on observations, record reviews and interviews, the facility failed to implement treatments as ordered by a licensed prescribing practitioner for 1 of 5 sampled residents (Resident #3) who was ordered a dressing change for a wound every other day and lotion applied bilateral legs and feet twice a day.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

Resident #3 – the identified dressing was changed by the Medication Aide (MT) on 7/10/18. The prescribed lotion was applied as ordered by the MT on 7/10/18. The dressing change and lotion application was verified by the Resident Services Director (RSD) and Wellness Nurse (LPN) on 7/10/18. The resident's Primary Care Physician (PCP) was notified on 7/12/18 and new orders were received for treatment. The new orders have been followed as prescribed and have been verified by the RSD & LPN. Resident #3 has scheduled for a follow-up appointment with the PCP on 8/28/18.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

All residents could be affected by the alleged deficient practice.

C) The following systemic changes will be made to ensure compliance with this regulation:

1. On 7/11/18 all MTs were in-serviced on:
    a. Following prescribed treatment orders;
    b. Dating and initialing dressings when changed;
    c. Seeking clarification & guidance from the RSD and/or LPN to ensure compliance.

2. The facility has updated the MT Daily Assignment Sheet to add an additional level of quality assurance (QA). Residents requiring dressing changes will be identified on the MT Daily Assignment Sheet in addition to the MAR. At the beginning of a shift the on-coming MT will verify, by reviewing the MAR and observing the resident, that any dressing changes that were ordered to be changed on the previous shift have been completed.

3. The RSD or designee will conduct routine audits on dressing changes to ensure compliance. Additionally, the RSD will conduct monthly medication administration observations to ensure compliance and ensure effectiveness of medication administration protocols and procedures.

D) The facility will monitor the corrective actions as follows:

The RSD or designee will conduct routine audits on dressing changes to ensure compliance. Additionally, the RSD will conduct monthly medication administration observations to ensure compliance and evaluate effectiveness of medication administration protocols and procedures.

2) 10A NCAC 13F .1006(a) Medication Storage – Based on observations, record review and interview, the facility failed to ensure that the residents' medications were stored in a safe and secure manner for 1 of 1 sample residents (Resident #5) who self-administer medications.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

Resident #5 – a lock box to secure the identified medication was provided to the resident by the facility on 7/10/18.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

All residents could be affected by the alleged deficient practice. On 7/10/18 the facility completed an audit of all residents that self-administer medications to ensure compliance.

C) The following systemic changes will be made to ensure compliance with this regulation:

1. By 8/29/18 all staff will have been in-serviced on identifying unsecured medications in resident rooms that self-administer medication. Staff is to remove and secure any medication found to be unsecured in a resident's room. Removed medication will be secured in the Medication Cart.

2. All residents that self-administer medications will be issued a lockbox by the facility to safely secure their prescribed medications in their room.

D) The facility will monitor the corrective actions as follows:

In addition to quarterly assessments of residents that self-administer medication, the RSD or designee will perform routine audits/inspections of residents that self-administer medications to ensure medications are stored in a safe and secure manner.