INVAILED PROVIDER OR SUPPLIER  MALD49030  STREET ADDRESS CITY, STATE, JUP CODE  128 RRAWLEY SCHOOL ROAD  MODRESVILLE, NC 28117  MICHAEL SCHOOL ROAD  MODRE		of Health Service Regu	lation			
NAME OF PROVIDER OR SUPPLIER  SUMMIT PLACE OF MOORESVILLE  SUMMIT PLACE OF MOORESVILLE  MOORESVILLE, NC 2817  PROVIDERS PLAN OF CORRECTION  MOORESVILLE, NC 2817  PROVIDERS PLAN OF CORRECTION  PRETTY TAG  PRETTY TAG  D 000  Initial Comments  The Adult Care Licensure Section conducted an Annual survey on July 10-12, 2018.  D 276  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 alicensed prescribing practitioner for 1 of 5 sampled residents  (Resident #3) who was ordered a dressing change for a wound every other day and lotton applied bilateral legs and feet twice a day.  Review of Resident #3's subsequent physicians order dayed od/20/218 revealed an order to cleanse left lateral foot wound with normal saline, apply outfloam gentle border, and change dressing every other day.  Review of Resident #3's July 2018 MAR revealed:  An entry to cleanse left lateral foot wound with normal saline, apply outfloam gentle border, and change dressing every other day.  Review of Resident #3's July 2018 MAR revealed:  An entry to cleanse left lateral foot wound with normal saline, apply outfloam gentle border, and change dressing every other day.  Review of Resident #3's July 2018 MAR revealed:  An entry to cleanse left lateral foot wound with normal saline, apply outfloam gentle border, and change dressing every other day.  Review of Resident #3's July 2018 MAR revealed:  An entry to cleanse left lateral foot wound with normal saline, apply outfloam gentle border, and change dressing every other day.			Commence of the commence of th	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
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## MOORESVILLE, NC 28117    MOORESVILLE, NC 28117   MO	NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE	
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Reviewed and accepted by Diana Spalding RN, BSN on 09/21/18

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING HAL049030 07/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD SUMMIT PLACE OF MOORESVILLE MOORESVILLE, NC 28117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 276 D 276 Continued From page 1 saline, apply optifoam gentle border and change dressing every other day during the 7am-3pm -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, Su Attached. 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

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providing wound care to the left lateral foot".

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of her foot pain.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HAL049030 B. WING 07/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD SUMMIT PLACE OF MOORESVILLE MOORESVILLE, NC 28117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 276 Continued From page 3 D 276 -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. See Attached. -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.

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WNG HAL049030 07/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD SUMMIT PLACE OF MOORESVILLE MOORESVILLE, NC 28117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 276 | Continued From page 4 D 276 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 Sar Attached. -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

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shifts.

administered twice daily, during the 1st and 2nd

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D 276	Continued From page 5		D 276			
	-An entry for Eucering fragrance free lotion as bilateral legs and feet and 3pm-11pm shiftThe Eucerin lotion was administered twice das shifts.  Review of Resident #3-An entry for Eucering fragrance free lotion as bilateral legs and feet and 3pm-11pm shiftThe Eucerin lotion was administered twice das shifts.  Observation of Reside 07/10/18 at 9:35am re	ily, during the 1st and 2nd B's July 2018 MAR revealed: lotion used to treat dry skin) pply to affected areas on daily during 7am-3pm shift as documented as ily, during the 1st and 2nd ent #3 during initial tour on		See Attached		
	07/10/18 at 3:15pm re-She worked with Resito her when she worke-She applied Eucerin Iday during 1st shift, holot of it because it wou greasy"Resident #3 never refunterview with 2nd shift revealed: -She provided care to loworkedShe applied Eucerin Idan degs every day each	dent #3 and provided care ad. botion to Resident #3 every bwever she did not use "a ld make her skin too  used care.  t MA on 07/10/18 at 3:18pm  Resident #3 each shift she botion to Resident #3 feet				

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D 276	Continued From page	6	D 276			
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 03/29/18The 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 datesThe Eucerin lotion should only last "about 1 month, no more than two if applying bilateral to legs and feet twice per day".		D 276  See Attached.			
	Interview with Wellnes 07/11/18 at 4:11pm rev	/ealed:				
	-She and the Resident were responsible for o	Services Director (RSD) verseeing MAs.				
		o follow physician orders as				
		3 had an order for lotion to				
	be applied bilateral leg -She requested an ord	s and feet twice daily. er in March 2018 for lotion				
	to be applied to Reside	ent #3's foot because she				
	observed dry skin.					
	<ul> <li>Skin assessments we residents are admitted</li> </ul>					
		to the facility. I Resident #3's skin since				
	admitted, therefore did					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL049030 07/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD SUMMIT PLACE OF MOORESVILLE MOORESVILLE, NC 28117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 276 Continued From page 7 D 276 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. Sur Attached. -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 377 10A NCAC 13F .1006(a) Medication Storage D 377 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:

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL049030 07/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD SUMMIT PLACE OF MOORESVILLE MOORESVILLE, NC 28117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 377 Continued From page 8 D 377 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, See Attached. 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.

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-No one had ever taken her medications out of

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ HAL049030 07/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 128 BRAWLEY SCHOOL ROAD SUMMIT PLACE OF MOORESVILLE MOORESVILLE, NC 28117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)PREFIX **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 377 Continued From page 9 D 377 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. Su Attached. -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 -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.

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-"The locked box should have been provided

during the initial assessment for

self-administration".

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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 oncoming 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.