

Division of Health Service Regulation



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 08/16/2018
--------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  CAROLINA RESERVE OF DURHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD DURHAM, NC 27707
----------------------------------------------------------------	------------------------------------------------------------------------------------

(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	D 000		
D 299	<p>10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes:</p> <p>(3) Daily menus for regular diets shall include the following:</p> <p>(A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 8 ounces of milk was served to the residents twice daily in the secured unit.</p> <p>The findings are:</p> <p>The census on the secured unit was 14.</p> <p>Review of the menu for 08/15/18 revealed 8 ounce of 2% percent milk was to be served for the breakfast and dinner meal.</p> <p>Observation of the dinner meal services in the secured unit between 5:15pm and 6:05pm revealed:</p> <ul style="list-style-type: none"> <li>-There were 14 residents seated in the dining room.</li> <li>-The residents were not offered or served milk.</li> </ul>	D 299	Please see attached	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Jennifer J. King*

Executive Director

TITLE

(X6) DATE

9/24/2018

DATE FORM

0899 X60611

If continuation sheet 1 of 18

POC "Reviewed and Accepted"  
09/25/18  
DDR

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 08/16/2018
--------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  CAROLINA RESERVE OF DURHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD DURHAM, NC 27707
----------------------------------------------------------------	------------------------------------------------------------------------------------

(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 299	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-The residents were served water and tea.</li> <li>Review of the menu for 08/16/18 revealed 8 ounce of 2% percent milk was to be served for the breakfast and dinner meal.</li> <li>Observation of the refrigerator in the kitchen area of the secured unit on 08/16/18 at 7:45am revealed there was no milk available to be served to the residents.</li> <li>Observation of the dinner meal services in the secured unit between 7:40am and 8:40am revealed               <ul style="list-style-type: none"> <li>-There were 14 residents seated in the dining room.</li> <li>-The residents were not offered or served milk</li> <li>-The residents were served water and tea.</li> </ul> </li> <li>Interview with a personal care aide (PCA) on 08/16/18 at 8:37am revealed:               <ul style="list-style-type: none"> <li>-Milk was not offered or served to the residents for breakfast on 08/16/18.</li> <li>-No milk had been sent from the kitchen to be served to the residents.</li> <li>-Milk was supposed to be given to residents for all three meals.</li> <li>-She did not ask why milk had not been served to the residents.</li> <li>-She did not know the last time milk had been given to the residents.</li> </ul> </li> <li>Interview with the second PCA on 08/16/18 at 8:54am revealed:               <ul style="list-style-type: none"> <li>-Milk was not offered or served to the residents for breakfast on 08/16/18.</li> <li>-No milk had been sent from the kitchen to be served to the residents.</li> <li>-Milk was not served daily.</li> <li>-There was no milk in the secured unit</li> </ul> </li> </ul>	D 299		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/16/2018</b>
--------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA RESERVE OF DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4523 HOPE VALLEY ROAD DURHAM, NC 27707</b>
-----------------------------------------------------------------------	--------------------------------------------------------------------------------------------

(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 299	<p>Continued From page 2</p> <p>refrigerator.</p> <ul style="list-style-type: none"> <li>-It had been about a week ago since milk had been served to the residents.</li> <li>-She did not recall which meal.</li> </ul> <p>Interview with a medication aide (MA) on 08/16/18 at 10:00am revealed:</p> <ul style="list-style-type: none"> <li>-Milk was not offered or served to the residents for breakfast on 08/16/18.</li> <li>-No milk had been sent from the kitchen to be served to the residents.</li> <li>-Milk should be served to the residents two times a day.</li> <li>-She did not know the last time milk had been offered or served to the residents.</li> </ul> <p>Interview with the Resident Care Coordinator (RCC) (secured unit) on 08/16/18 at 3:30 pm revealed:</p> <ul style="list-style-type: none"> <li>-Milk was not offered or served to the residents on 8/15/18.</li> <li>-There was no reason why milk was not offered or served to the residents on 08/15/18 for dinner.</li> <li>-Milk was not offered or served to the residents for breakfast on 08/16/18.</li> <li>-The staff would be serving smoothies to the residents for a snack on 08/16/18 at 10:00am.</li> <li>-Milk was usually offered to the residents for breakfast and lunch.</li> <li>-The staff was responsible for serving milk to the residents.</li> </ul> <p>Interview with the Administrator on 08/16/18 at 4:30pm revealed she was not aware that the residents on the secured unit had not been offered or served milk on 08/15/18 for dinner and 08/16/18 for breakfast.</p>	D 299		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 08/16/2018
--------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  CAROLINA RESERVE OF DURHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD DURHAM, NC 27707
----------------------------------------------------------------	------------------------------------------------------------------------------------

(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 310	Continued From page 3	D 310		
D 310	<p>10A NCAC 13F .0904(e)(4) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure 1 of 5 sampled residents (#1) with physician's orders for a low fat/low cholesterol diet was served as ordered.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 02/20/18 revealed: -Diagnoses included coronary artery disease, hyperlipidemia, hypothyroidism, chronic kidney disease stage III, and metabolic encephalopathy. -There was a physician's order for a regular diet.</p> <p>Review of Resident #1's Physician's Admissions Orders (Addendum to FL2) dated 02/20/18 revealed a physician's order for a low fat/low cholesterol diet.</p> <p>Review of Resident #1's physician's orders revealed there was a physician's order dated 07/27/18 for a low fat/low cholesterol diet.</p> <p>Review of the therapeutic diet list posted in the</p>	D 310	Please see attached	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/16/2018</b>
--------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA RESERVE OF DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4523 HOPE VALLEY ROAD DURHAM, NC 27707</b>
-----------------------------------------------------------------------	--------------------------------------------------------------------------------------------

(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 310	<p>Continued From page 4</p> <p>kitchen revealed Resident #1 was to be served a low fat/low cholesterol diet.</p> <p>Review of the lunch menu for 08/15/18 revealed residents ordered a low fat/low cholesterol diet had the choice of beef tips in gravy with rice or roasted turkey with gravy and stuffing, green peas; fruit of choice, white/wheat roll and margarine spread.</p> <p>Observation of the lunch meal service in the Assisted Living (AL) dining hall on 08/15/18 at 12:30 pm revealed: -Resident #1 was served turkey, gravy, stuffing, green peas, slice of sweet potato pie, a roll and margarine spread. -Resident #1 consumed 50 % of her meal which included 100% of sweet potato pie.</p> <p>Review of the breakfast menu for 08/16/18 revealed residents ordered a low fat/low cholesterol diet were to be served Vitamin C fortified juice, cereal, egg substitute, no meat, toasted bread, jelly, and skim milk.</p> <p>Observation of the breakfast meal service in the AL dining hall on 08/16/18 at 7:30 am revealed: -Resident #1 declined cereal and milk. -Resident #1 was served orange juice, coffee, grits, 3 slices of bacon, eggs, 1 slice of toast, and jelly. -Resident #1 consumed 100% of the meal.</p> <p>Review of the lunch menu for 08/16/18 revealed residents ordered a low fat/low cholesterol diet had a choice of meat pot pie with green beans or grilled chicken alfredo, tossed lettuce salad, fruit of choice, and a garlic bread stick.</p> <p>Observation of the lunch meal service on</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  R 08/16/2018
NAME OF PROVIDER OR SUPPLIER  CAROLINA RESERVE OF DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD DURHAM, NC 27707		
(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 310	<p>Continued From page 5</p> <p>08/16/18 at 12:30 pm revealed: -Resident #1 was served grilled chicken alfredo, ceasar salad, wheat bread, and a slice of angel food cake with whipped cream and a slice of strawberry. -Resident #1 consumed 75% of the meal.</p> <p>Interview with Resident #1's family member on 08/16/18 at 12:52 revealed: -She did not think Resident #1 was on a special diet. -She visited frequently during mealtime and Resident #1 was served the same meals as everyone else.</p> <p>Interview with a cook on 08/16/18 at 1:07 pm revealed: -She was responsible for cooking and plating food for residents during her shift. -She used the therapeutic diet list and the therapeutic diet menus to plate the food. -She and other dietary staff told the personal care aides (PCA) which plate to serve each resident. -She did not know Resident #1 was on a low fat/low cholesterol diet without looking at the therapeutic diet list. -Resident #1 received the same food as the regular diets. -She plated Resident #1's food for the breakfast meal and included eggs and bacon on Resident #1's plate. -She did not know Resident #1 should not have had bacon and should have had an egg substitute for breakfast on 08/16/17.</p> <p>Interview with a second cook on 08/16/18 at 1:27 pm revealed: -Cooking, plating food, and telling the PCAs which plate was to be served to each resident were a part of her job responsibilities.</p>	D 310			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 08/16/2018
--------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  CAROLINA RESERVE OF DURHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD DURHAM, NC 27707
----------------------------------------------------------------	------------------------------------------------------------------------------------

(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 310	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-She did not know Resident #1 was on a low fat/low cholesterol diet.</li> <li>-Resident #1 received meals from the regular menu.</li> <li>-She had not plated food for Resident #1 using the therapeutic menu.</li> <li>-No one had ever shown her how to read the therapeutic menu.</li> </ul> <p>Interview the Dietary Manager (DM) on 08/16/18 at 1:36 pm revealed:</p> <ul style="list-style-type: none"> <li>-Residents were served meals from the therapeutic menus according to the therapeutic diet list.</li> <li>-Whichever dietary staff cooked the food was responsible for plating the food according to the regular and therapeutic menus.</li> <li>-The therapeutic menus were taken down from the wall and placed at the serving line for staff guidance prior to plating food for each meal.</li> <li>-Resident #1 was on a low fat/low cholesterol diet.</li> <li>-He did not know Resident #1 had not been served according to her low fat/low cholesterol therapeutic menu.</li> </ul> <p>Interview with a medication aide (MA) on 08/16/18 at 2:56 pm revealed:</p> <ul style="list-style-type: none"> <li>-She assisted in the dining hall at times during her shift by serving plates and drinks to residents.</li> <li>-The dietary staff told her which plate to serve each resident.</li> <li>-She had not seen a therapeutic diet list and did not know which diet all residents were ordered.</li> <li>-She thought Resident #1 was on a regular diet because she received the same meals as most other residents.</li> <li>-She did not know and had not been told by the dietary staff Resident #1 was on a low fat/low cholesterol diet.</li> </ul>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 08/16/2018
--------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  CAROLINA RESERVE OF DURHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD DURHAM, NC 27707
----------------------------------------------------------------	------------------------------------------------------------------------------------

(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 310	<p>Continued From page 7</p> <p>Interview with a PCA on 08/16/18 at 3:04 pm revealed: -She served plates to residents during her shift. -The dietary staff told her which plate should be served to each resident. -She did not know which therapeutic diet Resident #1 was ordered. -Resident #1 was served the same meals and desserts as other residents who had regular meals.</p> <p>Interview with Resident #1 on 08/16/18 at 3:12 pm revealed: -She did not think she was on a special diet. -She was served and ate the same meals and desserts as everyone else at her dining table.</p> <p>Interview with the AL Resident Care Coordinator (RCC) on 08/16/18 at 3:12 pm revealed: -Resident #1 was on a low fat/low cholesterol diet. -She did not know Resident #1 was not being served a low fat/low cholesterol diet as ordered by her physician. -The DM was responsible for ensuring therapeutic diets were served as ordered.</p> <p>Interview with the Administrator on 08/16/18 at 3:42 pm revealed: -She had assisted in the dining hall by serving plates. -The dietary staff told her which resident to serve the plates to. -The dietary staff should have been using the therapeutic menu as a guide to plate the food for residents. -Resident #1 was on a low fat/low cholesterol diet. -She did not know the Resident #1 was not being</p>	D 310		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 08/16/2018
--------------------------------------------------	---------------------------------------------------------------------	-----------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  CAROLINA RESERVE OF DURHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD DURHAM, NC 27707
----------------------------------------------------------------	------------------------------------------------------------------------------------

(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 310	Continued From page 8  served according to the low fat/low cholesterol menu as ordered by her physician.  Attempted interview with Resident #1's physician on 08/16/18 at 12:22 pm was unsuccessful.	D 310		
D 344	10A NCAC 13F .1002(a) Medication Orders  10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (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; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.  This Rule is not met as evidenced by: TYPE B VIOLATION  Based on observations, record reviews, and interviews, the facility failed to clarify medication orders for 1 of 5 sampled residents (#3) with a physician order for two extended release medications which were crushed prior to administration without orders to crush all medications.  The findings are:	D 344	<i>See attached.</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  R 08/16/2018
NAME OF PROVIDER OR SUPPLIER  CAROLINA RESERVE OF DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD DURHAM, NC 27707		
(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 344	Continued From page 9  Review of Resident #3's current FL-2 dated 03/27/18 revealed: -Diagnoses included hypertension, and cardiac pacemaker. -There was a medication order for alfuzosin ER (used to treat urinary retention) 10 mg one tablet daily. -There was a medication order for metoprolol ER (used to treat hypertension) 100 mg one tablet daily. -The document was signed by the resident's physician.  Review of Resident #3's physician orders dated 01/01/09/18 revealed: -The standing orders included a statement that indicated "medications that are appropriate to crush may be crushed for this resident and placed in applesauce, pudding, yogurt, or juice." -The document was signed by the resident's physician.  Review of Resident #3's six month physician orders dated 08/09/18 revealed: -There was an entry for alfuzosin ER 10 mg take one tablet daily, do not crush. -There was an entry for metoprolol ER 100 mg take one tablet daily, do not crush. -There was an entry for a standing order that indicated "may crush meds unless contraindicated" with the choice of yes or no beside the entry. -There was no check mark beside the yes or the no on the document. -The document was signed by the resident's physician.  Observation of the secure unit 8:00 am medication pass on 08/16/18 revealed:	D 344			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  R 08/16/2018
NAME OF PROVIDER OR SUPPLIER  CAROLINA RESERVE OF DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD DURHAM, NC 27707		
(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 344	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-Resident #3 received the 8:00 am medications in the dining room at the dining room table.</li> <li>-The medication aide (MA) removed nine different medication blister packets which included alfuzosin ER 10 mg one tablet, and metoprolol ER 100 mg one tablet.</li> <li>-The MA placed eight of the nine tablets in a small plastic bag, placed the plastic bag in the pill crusher and crushed the tablets.</li> <li>-The MA placed the crushed tablets into applesauce and blended the two with a spoon.</li> <li>-The crushed medication and applesauce mixture was administered to Resident #3 at 7:56 am.</li> </ul> <p>Review of Resident #3's June 2018 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for alfuzosin ER 10 mg take one tablet daily at 8:00 am with the instructions do not crush.</li> <li>-There was an entry for metoprolol ER 100 mg take one tablet daily at 8:00 am with the instructions do not crush.</li> <li>-There were no entries that indicated to crush the medications.</li> </ul> <p>Review of Resident #3's July 2018 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for alfuzosin ER 10 mg take one tablet daily at 8:00 am with the instructions do not crush.</li> <li>-There was an entry for metoprolol ER 100 mg take one tablet daily at 8:00 am with the instructions do not crush.</li> <li>-There were no entries that indicated to crush the medications.</li> </ul> <p>Review of Resident #'s August 2018 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for alfuzosin ER 10 mg take</li> </ul>	D 344			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 08/16/2018
NAME OF PROVIDER OR SUPPLIER  CAROLINA RESERVE OF DURHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD DURHAM, NC 27707		
(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 344	<p>Continued From page 11</p> <p>one tablet daily at 8:00 am with the instructions do not crush.</p> <p>-There was an entry for metoprolol ER 100 mg take one tablet daily at 8:00 am with the instructions do not crush.</p> <p>-There were no entries that indicated to crush the medications.</p> <p>Review of Resident #3's contract pharmacy quarterly reviews revealed:</p> <p>-There was a pharmacy review completed on 03/17/18 without recommendations concerning the alfuzosin ER and metoprolol ER.</p> <p>-There was a pharmacy review completed on 06/13/18 without recommendations concerning the alfuzosin ER and metoprolol ER.</p> <p>Observation of the medications on hand for Resident #3 on 8/16/18 at 7:53 am revealed:</p> <p>-There was a blister package for alfuzosin ER 10 mg tablets with a dispensed date of 07/26/18 and ten of thirty tablets remained in the package.</p> <p>-There was a label on the alfuzosin ER blister package that indicated do not crush.</p> <p>-There was a blister package for metoprolol ER 100 mg tablets with a dispensed date of 07/23/18 and ten of thirty tablets remained in the package.</p> <p>-There was a label on the metoprolol ER blister package that indicated do not crush.</p> <p>Based on observations, interviews, and record reviews it was determined Resident #3 was not interviewable.</p> <p>Interview with the MA who completed the medication pass on 08/16/18 at 7:54 am and 11:20 am revealed:</p> <p>-Resident #3 received eight tablets crushed and placed in applesauce for administration.</p> <p>-Resident #3 could not swallow tablets so the</p>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 08/16/2018
NAME OF PROVIDER OR SUPPLIER  CAROLINA RESERVE OF DURHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 4623 HOPE VALLEY ROAD DURHAM, NC 27707		
(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 344	<p>Continued From page 12</p> <p>tablets had to be crushed for administration.</p> <ul style="list-style-type: none"> <li>-There was a physician's order to crush all of Resident #3's medications in the record.</li> <li>-She had not seen the order to crush all of Resident #3's medications in the record.</li> <li>-The order to crush all medications was on the previous contract pharmacy medication administration record.</li> <li>-She did not see the same order on the current eMARs.</li> <li>-She continued to crush the medications for Resident #3, because he was on a pureed diet.</li> <li>-She did not call the physician to clarify or obtain an order to crush all medications for Resident #3.</li> <li>-She did not call the pharmacy to clarify if the extended release medications were safe to crush for administration.</li> <li>-She did not know the effects of the extended release medications when crushed.</li> </ul> <p>Interview with a second day shift secure unit MA on 08/16/18 at 9:00 am revealed:</p> <ul style="list-style-type: none"> <li>-She was told by her supervisor to crush all medications for Resident #3 because he could not swallow pills and was ordered a pureed diet.</li> <li>-She had not seen an order to crush all the medications for Resident #3.</li> <li>-She had not seen an entry on Resident #3's eMAR to crush all the medications.</li> <li>-She did know that Resident #3 had medications that were labeled with do not crush by pharmacy.</li> <li>-She had not called the physician to clarify if the medications could be crushed.</li> <li>-She had not called the pharmacy to clarify the do not crush instructions on the medication label.</li> <li>-She did not notice any changes with Resident #3's health.</li> </ul> <p>Interview with the contract pharmacy technician on 08/16/18 at 10:17 am revealed:</p>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 08/16/2018
NAME OF PROVIDER OR SUPPLIER  CAROLINA RESERVE OF DURHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD DURHAM, NC 27707		
(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 344	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-There were no orders within the computer system for crushing all medications.</li> <li>-There was no documentation indicating the facility notified the pharmacy concerning crushing medications.</li> <li>-When extended release medications were crushed, they were absorbed at a different rate than intended by manufacture preparation of the medication.</li> <li>-The contract pharmacy technician did not know the effects of crushing alfuzosin ER and metoprolol ER.</li> </ul> <p>Interview with the new contract pharmacist who would complete the quarterly pharmacy reviews on 08/16/18 at 10:40 am revealed:</p> <ul style="list-style-type: none"> <li>-The medication alfuzosin ER was an alpha blocker.</li> <li>-When alfuzosin ER was crushed it may cause the blood pressure to decrease.</li> <li>-When metoprolol ER was crushed it may cause the blood pressure to decrease.</li> <li>-The length of time for the effects of crushed alfuzosin ER and metoprolol ER to be noticed in Resident #3 was one-half hour to one hour.</li> <li>-He had not completed a quarterly review for the facility because he was recently hired.</li> <li>-He did not know all of Resident #3's medications were crushed for administration.</li> <li>-He planned to review, observe administration, and make recommendations for Resident #3's medications.</li> <li>-There were other medications and dosing that could be used in place of metoprolol ER and alfuzosin ER, due to Resident #3's difficulty swallowing solids.</li> </ul> <p>Observation of Resident #3 on 08/16/18 at 11:18 am revealed a blood pressure was taken in the left arm by the day shift MA and the reading was</p>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/16/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA RESERVE OF DURHAM</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4523 HOPE VALLEY ROAD</b> <b>DURHAM, NC 27707</b>		
(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 344	Continued From page 14 100/47.  Interview with the Registered Nurse (RN) at Resident #3's physician's office on 08/16/18 at 2:50 pm and 08/17/18 at 9:42 am revealed: -The facility called the physician's office on 08/16/18 to request an order to crush all Resident #3's medications. -The physician provided the order to the facility on 08/16/18. -The physician notes did not indicate metoprolol ER but did note metoprolol succinate. -The physician notes did not indicate alfuzosin ER but did note alfuzosin. -She did not know the reason the physician prescribed the alfuzosin and metoprolol. -Resident #3 did not have physician notes documenting concerns with low blood pressure.  Interview with the secure unit Resident Care Coordinator (SURCC) on 08/16/18 at 3:31 pm revealed: -Because she knew Resident #3 was on a pureed diet and had previous orders to crush the medications, she assumed all the medications could be crushed. -She did not know the physician did not indicate yes or no on the six month physician orders until 08/16/18 and she was responsible for reviewing the six month physician orders. -She did not know the effects of crushing Resident #3's two extended release medications. -She had not noticed any significant changes in Resident #3. -She did not contact the physician when the pharmacy placed do not crush on the medication labels of Resident #3's metoprolol ER and alfuzosin ER. -She did not contact the pharmacy when the labels do not crush were placed on Resident #3's	D 344			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/16/2018</b>
--------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA RESERVE OF DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4523 HOPE VALLEY ROAD</b> <b>DURHAM, NC 27707</b>
-----------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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 344	<p>Continued From page 15</p> <p>metoprolol ER and alfuzosin ER.</p> <ul style="list-style-type: none"> <li>-She and the MAs were responsible for reviewing the medication orders.</li> <li>-The facility RN reviewed the eMARs.</li> <li>-She expected the MAs to notify the physician to clarify whether or not a medication labeled with do not crush could still be crushed.</li> <li>-She expected the MAs to notify her if there was a discrepancy with any medication order.</li> </ul> <p>Interview with the RN on 08/16/18 at 4:55 pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not know all the medications for Resident #3 were crushed.</li> <li>-The MAs and the SURCC were expected to follow the physician orders.</li> <li>-She expected the MAs to notify the physician when there were unclear instructions for administering a medication and the physician orders.</li> </ul> <p>Interview with the Administrator on 08/16/18 at 4:33 pm revealed:</p> <ul style="list-style-type: none"> <li>-The RN was responsible for clinical operations on the locked assisted living unit.</li> <li>-The MAs and the SURCC were expected to follow the physician orders and clarify all inconsistent orders between the physician orders and the MAR.</li> <li>-She expected the RN to be notified about any inconsistencies to ensure there were no trends developing and to prevent any problems with other residents with the same issues.</li> </ul> <p>Attempted interview with family member on 08/16/18 at 2:57 pm was unsuccessful.</p> <p>The failure of the facility to clarify the medication orders for alfuzosin ER and metoprolol ER labeled with "do not crush" and continued</p>	D 344		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 08/16/2018
NAME OF PROVIDER OR SUPPLIER  CAROLINA RESERVE OF DURHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD DURHAM, NC 27707		
(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 344	Continued From page 16 crushing of the extended release medications resulted in low blood pressure readings for Resident #3. This failure of the facility to clarify medication orders and clarify pharmacy instructions was detrimental to the safety and welfare of the residents and constitutes a Type B Violation.	D 344		
	The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/16/18 for this violation.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED 09/30/18			
D912	G.S. 131D-21(2) Declaration of Residents' Rights  G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.  This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure every resident had the right to receive care and services which were adequate, appropriate, and in compliance with relevant state laws and rules related to medication orders.  The findings are:  Based on observations, record reviews, and interviews, the facility failed to clarify medication	D912	See attached.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 08/16/2018
--------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  CAROLINA RESERVE OF DURHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 4523 HOPE VALLEY ROAD DURHAM, NC 27707
----------------------------------------------------------------	------------------------------------------------------------------------------------

(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
D912	Continued From page 17  orders for 1 of 5 sampled residents (#3) with a pureed diet regarding two extended release medications which were crushed prior to administration without orders to crush all medications. [Refer to Tag D 344 10A NCAC 13F .1002 Medication Orders (Type B Violation)].	D912		