

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 and complaint investigation on 05/07/19 -05/09/19.	D 000		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to assure referral and follow-up to meet the acute care needs for 3 of 5 sampled residents regarding a recent history of respiratory illness, a missed physician's appointment (Resident #1), not following up with physician after refusal of a medication used for contraception and not notifying physician of missed orthopedic appointment (Resident #2) and not notifying the mental health provider of multiple missed medications related to a psychiatric diagnosis (Resident #6).Based on observations, interviews and record reviews, the facility failed to assure physician notification for 3 of 5 sampled resident (Resident #6, #1 and #2) related to the failure to notify the physician when a resident with a recent psychiatric hospitalization had continual refusals of antipsychotic	D 273		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 1</p> <p>medications and an anticonvulsant medication (Resident #6),</p> <p>The findings are:</p> <p>Review of Resident #6's most recent FL2 dated 03/06/19 revealed: -Diagnoses included schizophrenia, neurosyphilis, major neurocognitive disorder and seizure disorder. -Medications were not listed on the FL2.</p> <p>Review of a psychiatric hospital discharge summary on 01/18/19 revealed: -Resident #6 was admitted to the psychiatric hospital on 12/28/18 for 21 days. -The admitting diagnoses was schizophrenia and seizure disorder. -The discharge medication orders were risperidone 2mg, one tablet twice a day (for schizophrenia), phenytoin 100mg extended release (ER), three times a day (for tonic-clonic seizures), quetiapine fumarate 50mg, one tablet daily at bedtime (for schizophrenia), and a multivitamin tablet daily for supplementation.</p> <p>Review of a physician's order dated 03/07/19 revealed: -There was an order to continue quetiapine fumarate 50mg, one tablet daily. -There was an order for quetiapine fumarate 200mg, one tablet in the evening. -There was an order to continue phenytoin 100mg extended release (ER), three times a day. -There was an order to continue risperidone 2mg, one tablet twice a day. -There was an order to continue a multivitamin tablet daily.</p> <p>Review of a subsequent mental health provider's</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 2</p> <p>order dated 04/18/19 revealed: -There was an order for the daily dose of quetiapine to increase to 100mg. -There was an order for the evening dose of quetiapine to increase to 300mg.</p> <p>Observation of a medication pass on 05/08/19 at 8:35am revealed: -The medication aide (MA) asked the resident if he would take his scheduled medications (phenytoin, quetiapine, risperidone and a multivitamin tablet). -Resident #6 agreed to take the multivitamin tablet and refused the phenytoin, risperidone and quetiapine. -The MA documented the refusals on the electronic Medication Administration Record (eMAR).</p> <p>Interview with first shift MA supervisor on 05/08/19 at 9:17am revealed: -Resident #6 frequently refused his scheduled medications. -She asked him before popping the medications so she did not waste the tablets. -She did not know why he refused his other scheduled medications regularly. -The policy regarding refusal of medications was to notify the physician after 3 consecutive refusals. -The Physician Notification Form, located in the medication room, should be faxed to the physician after 3 consecutive medication refusals and documented in the electronic progress notes. -The notification form should be sent by the MAs or the Resident Care Coordinator (RCC). -When the notification fax was signed by the physician and returned to the facility, it was filed in the resident's record. -She had not notified the physician since</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 3</p> <p>Resident #6 did not have 3 consecutive refusals when she administered medications. -The RCC reviewed the eMARs and followed up with the physicians when needed.</p> <p>Review of Resident #6's May 2019 eMAR, from 05/01/19-05/08/19, revealed: -There were 15 opportunities to administer risperidone 2mg, and 9 documented refusals. -There were 7 opportunities to administer the evening dose of quetiapine 300mg, and 7 documented refusals. -There were 23 opportunities to administer phenytoin 100mg and 14 documented refusals.</p> <p>Review of Resident #6's record revealed: -There were no Physician Notification Forms completed and filed in the resident's record. -There was no documentation the physician was notified regarding the refusals of risperidone, phenytoin or the evening dose of quetiapine.</p> <p>Interview with Resident #6 on 05/08/19 at 2:35pm revealed: -He knew the physician had ordered the medications (risperidone, quetiapine and phenytoin) due to his diagnoses. -He did not think the medications were helpful to him. -He had reported to the prescribing physician that he did not need the medications any more. -He did not know why these medications continued to be administered to him.</p> <p>Interview with another first shift MA on 05/09/19 at 8:45am revealed: -When a resident refused a medication 3 times, the physician was notified. -The MA or RCC was responsible for notifying the physician of refusals.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 4</p> <ul style="list-style-type: none"> -A Physician Refusal Notification Form was faxed to the physician. -The physician signed the form and returned it to the facility. -A copy of the refusal notification should be filed in the resident's record. <p>Attempted telephone interview with a MA on 05/08/19 at 3:10pm and 4:30pm was unsuccessful.</p> <p>Interview with the RCC on 05/09/19 at 10:50am revealed:</p> <ul style="list-style-type: none"> -She supervised the MAs and floor staff, and was responsible for medication orders and following up with the physicians. -New orders were verified by the clinical staff once they were entered on the eMAR by the pharmacy. -There was no process currently in place to review the eMARs periodically. -She and the MAs would send the physician an "FYI fax" if a resident was refusing his medications. -There was not a set number of refusals identified for this notification-"maybe around 3 or 4 or more." -When the physician signed the fax notifying him of the refusals it was filed in the resident's record. -She did not know Resident #6 had more than 4 refusals consecutively for three of his medications. -She did not know why the MA did not send a fax notifying the physician of the refusals. <p>Interview with the Administrator and Operations manager on 05/09/19 at 11:50am revealed:</p> <ul style="list-style-type: none"> -There was not a written policy regarding medication refusals. -There was a Physician Notification Form for the 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 5</p> <p>RCC and MAs to send to the physician if there was a "pattern of refusals."</p> <ul style="list-style-type: none"> -The MAs needed to notify the physician of medication refusals. -The primary care physician (PCP) reviewed the eMARs as part of the Health Visit Form he submitted to the facility. -The mental health team met with the Operations manager every week and discussed the resident's in their care. -The Operations manager kept a binder of the notes taken during those meetings. -The Operations manager would review the notes and provide documentation the mental health physician had been notified of the refusals. -No behavior had been reported to the Administrator or Operations manager regarding Resident #6. -The Administrator recalled Resident #6 had a pattern of refusing medications in the past and he would usually "crash" and have to go out for evaluation. <p>No documentation was presented to verify mental health team was notified of Resident #6's refusals of risperidone, quetiapine and phenytoin.</p> <p>Attempted telephone interview with Resident #6's primary care provider on 05/08/19 at 3:42pm on 05/09/19 at 9:17am and 1:55pm was unsuccessful.</p> <p>_____</p> <p>The facility failed to notify the physician when a resident with a recent psychiatric hospitalization had continual refusals of antipsychotic medications and an anticonvulsant medication (Resident #6), after a missed follow-up appointment resulting in continued respiratory symptoms which combined with his co-morbidity were detrimental to (Resident #1), following up</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 6</p> <p>with physician after refusal of a medication resulting in resident going without contraceptive medication for 2 months and not notifying physician of missed orthopedic appointment and not rescheduling appointment resulting in the resident continuing to have pain in her left ankle. (Resident #2). This failure was detrimental to the health, safety, and welfare of the resident and constitutes a Type B Violation.</p> <hr/> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/08/19 for this violation.</p> <p>CORRECTION FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 23, 2019.</p> <p>2. Review of Resident #1's current FL2 dated 11/15/18 revealed diagnoses included bipolar disorder and borderline personality disorder.</p> <p>Review of Resident #1's Emergency Room visit note dated 12/06/18 revealed diagnoses included central obesity, obstructive sleep apnea and peripheral neuropathy.</p> <p>Review of Resident #1's physician orders dated 02/21/19 revealed: -Resident #1 was diagnosed with asthmatic bronchitis. -A follow up appointment was ordered in 2 weeks on the next visit on 03/07/19.</p> <p>Review of the physician's visit list dated 03/07/19 revealed: -Resident #1 was not on the list to be seen by the</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 7</p> <p>physician for his follow-up appointment. -There were 20 resident's names on the list for which 17 were marked as seen by the physician.</p> <p>Review of the Operations Manager's (OM) written statement dated 03/19/19 revealed: -She received a call from the supervisor on 03/19/19, around 1:30am "The supervisor [name] contacted me stating that another resident reported Resident #1 [name] was not acting right and was breathing funny...". -I told the supervisor that Resident #1 had been complaining of shortness of breath lately and using inhaler a lot". -I told her to she need to check respirations and watch him closely...". -She received a second call from the supervisor on 2:56am around 2:56am informing her "they were doing CPR" on Resident #1. -She went to the facility.</p> <p>Review of the supervisor's written statement dated 03/19/18 revealed: -On 03/19/19 at approximately 12:30am, Resident #1 came to the medication room requesting "PRN" (as needed) medications and she told him "just a minute". -She called the OM around 1:30am and informed her Resident #1 was "sleeping and snoring loudly" on the back porch. -She was instructed to "check respirations and monitor due to resident recently complained of shortness of breath". -"At that time respirations were 21 and resident was asleep on back on back porch. Staff continued resident and he appeared to be sleeping and in no distress". -Around 2:30am staff reported to her Resident #1 "would not arouse and was not breathing normally and had slumped over to the side".</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 8</p> <ul style="list-style-type: none"> -She called "911 immediately". -She initiated CPR until first responders arrived. -After the 1st responders arrived she called the OM and reported the incident. <p>A telephone interview with Resident #1's physician on 05/08/19 at 8:40am revealed:</p> <ul style="list-style-type: none"> -Resident #1 was seen on 02/07/19 for asthmatic bronchitis and the flu and was prescribed antibiotics, steroids and an inhaler. -He saw Resident #1 on 02/21/19 for asthmatic bronchitis and was prescribed another round of antibiotics, steroids and an inhaler. -Resident #1 had completed 2 rounds of antibiotics, 2 rounds of steroids and was still using inhalers. -Resident #1 was to be seen in the facility for a follow-up appointment on 03/07/19 but was not on the list to be seen. -An order was written on the 02/21/19 visit for a follow-up appointment in 2 weeks which would have been on 03/07/19. -The facility was responsible for adding the resident's name to the visit sheet. -The facility was responsible for getting the current medication administration record and the resident's record together and have them ready for his visit. -A resident's name could be added to the physician's visit sheet and/or a resident could refuse and that refusal was documented on the physician's visit sheet. -A visit sheet was filled out for every resident seen during a visit which was given to the Resident Care Coordinator (RCC) after every resident was seen. -Resident #1 should have been on the list to be seen on 03/07/19 due to Resident #1's respiratory issues on 02/11/19 and 02/21/19, and Resident #1's two rounds of antibiotics, steroids and inhaler 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 9</p> <p>use.</p> <ul style="list-style-type: none"> -He expected the facility staff to put Resident #1 on the list to be seen on 03/07/19 to follow-up on Resident #1's progress. -He considered Resident #1's recent respiratory illness a serious issue that required follow up due to other factors such as Resident #1's obstructive sleep apnea, excessive smoking and obesity of 365 plus pounds. <p>Interview with the RCC on 05/08/19 at 9:50am revealed:</p> <ul style="list-style-type: none"> -Resident #1 was treated on 02/11/19 and 02/21/19 for respiratory issues and treated with antibiotics, steroids and an inhaler. -Resident #1's health concerns were morbid obesity, a heavy smoker, and obstructive sleep apnea. -She was responsible for all orders after the physician saw the residents in the facility. -She was responsible for placing the resident's name on the list to be seen by the physician along with making sure the medication administration record (MAR) and record were ready for review by the physician while seeing the resident. -All resident names were placed on a list and when the physician saw the resident, a visit form was filled out and the resident's name was marked off. -If a resident refused to be seen by the physician then it was documented on the physician visit sheet. -Resident #1's name was not on the list to be seen on 03/07/19. -There was an order for Resident #1 to have a follow-up appointment in two weeks after the 02/21/19 visit which would have been 03/07/19. -She did not know why the order was missed and Resident #1 was not seen. 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 10</p> <p>Interview with the OM on 05/09/19 at 10:43am revealed:</p> <ul style="list-style-type: none"> -The RCC worked "directly" with the physician when he came to the facility to see the residents. -The RCC was responsible for receiving all of the physician visit sheets after every visit and faxing the orders to the pharmacy and placing the resident's name on the physician's visit sheet for the follow up or new visit with the physician the next time as indicated on the physician's order. -Resident #1 was "non-compliant" and would "refuse" to see mental health and "someone would come and get her or the Administrator" to help convince Resident #1 to be seen. -On the date of the follow-up visit, 03/07/19, "she did not hear" from the RCC or the physician in reference to Resident #1, "refusing" to be seen by the physician. -The RCC was responsible for the list of residents to be seen by the physician and supplying the physician with all of the current MARs and records for his review during the visit. -She did not know Resident #1 was not seen on 03/07/19 as ordered by the physician. <p>Attempted interview with Resident #1's guardian on 05/08/19 at 4:45pm was unsuccessful.</p> <p>Interview with the Administrator on 05/09/19 at 9:53am revealed:</p> <ul style="list-style-type: none"> -She did not know Resident #1 missed a follow-up appointment on 03/07/19. -The physician was responsible for writing an order for a follow-up appointment and when on his physician's visit note. -The RCC was responsible for the orders written on the physician's visit note and placing the residents name on the "doctor's visit list" to be seen. 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 11</p> <p>-She did not know why Resident #1 was not seen by the physician on 03/07/19 for his follow-up appointment.</p> <p>3. Review of Resident #2's current FL2 dated 02/21/19 revealed diagnoses included gastro esophageal reflux disease, neck pain, spasms, and obesity.</p> <p>Review of Resident #2's physician visit summary dated 04/18/19 revealed diagnoses included depression and mood disorder.</p> <p>Review of Resident #2's record revealed a physician order dated 02/26/19 for NuvaRing 0.120mg-0.015mg (used to prevent pregnancy); insert every 4 weeks, leave ring in for 3 weeks, remove for one week repeat with new ring.</p> <p>Review of Resident #2's March 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for NuvaRing 0.120/0.015mg at 8:00am insert 1 ring vaginally every 4 weeks, leave ring in vagina for 3 weeks and remove 1 week repeat with new ring. -On 03/26/19, NuvaRing was documented as not administered with a note "doctor's office is to insert after next menstrual starts".</p> <p>Review of Resident #2's April 2019 eMAR revealed: -There was an entry for NuvaRing 0.120/0.015mg at 8:00am insert 1 ring vaginally every 4 weeks, leave ring in vagina for 3 weeks and remove 1 week repeat with new ring. -There were no documented entries for NuvaRing for 04/01/19-04/30/19.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 12</p> <p>Review of Resident #2's May 2019 e MAR revealed: -There was an entry for NuvaRing 0.120/0.015mg at 8:00am insert 1 ring vaginally every 4 weeks, leave ring in vagina for 3 weeks and remove 1 week repeat with new ring. -There were no documented entries for NuvaRing for 05/01/19-05/07/19.</p> <p>Review of Resident #2's record and progress notes revealed no documentation Resident #2's physician had been notified of Resident #2's missed administrations of NuvaRing.</p> <p>Observation of Resident #2's medications on 05/09/19 at 10:30am revealed NuvaRing was available for administration.</p> <p>Interview with Resident #2 on 05/08/19 at 12:25pm revealed: -She received the NuvaRing vaginally once and it fell out. -The NuvaRing was not administered since it fell out. -She could not remember when the NuvaRing fell out. -She did not want the NuvaRing administered. -She had not been back to her gynecologist to discuss other methods of contraception.</p> <p>Interview with Resident #2's guardian on 05/08/19 at 11:26am revealed: -Resident #2 needed to have some form of contraception. -She was the new guardian for Resident #2. -She was told on 04/25/19 that Resident #2 was refusing the NuvaRing.</p> <p>Interview with a medication aide (MA) on 05/08/19 at 8:45am revealed:</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 13</p> <ul style="list-style-type: none"> -She was told by another MA, that Resident #2's NuvaRing was supposed to be inserted by a physician. -She never tried to administer the NuvaRing and never discussed the medication with the Resident Care Coordinator (RCC). -She did not know if the physician was notified about the NuvaRing not being administered. -She had not notified the physician about the NuvaRing not being administered to Resident #2. <p>Interview with a second shift medication aide (MA) on 05/08/19 at 3:22pm revealed:</p> <ul style="list-style-type: none"> -She worked 1st shift before and was told by other MAs that Resident #2 had been refusing the NuvaRing and gynecology appointments. -She had not notified the physician of Resident #2 refusing NuvaRing. -She did not know if the physician had been notified of refusals. -The MAs and the RCC were responsible for notifying the physician of refusals. <p>Review of a physician visit summary dated 04/18/19 revealed Resident #2's care plan was to replace NuvaRing and call the gynecologist with the next menstrual cycle.</p> <p>Interview with the Resident Care Coordinator (RCC) on 05/08/19 at 10:53am revealed:</p> <ul style="list-style-type: none"> -She knew Resident #2 had an order for NuvaRing. -Resident #2 refused the NuvaRing after having it inserted once. -Resident #2 was supposed return to the gynecologist to have an IUD placed. -Resident #2 had been refusing gynecology appointments. -She thought she told the primary care provider (PCP) and he informed that Resident #2 needed 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 14</p> <p>to be on some form of contraception.</p> <p>Interview with Resident #2's PCP on 05/08/19 at 3:42pm revealed: -NuvaRing was ordered by Resident #2 gynecology provider. -He did not know Resident #2 refused NuvaRing. -"She needs to be on something for contraception". -Resident #2 was also supposed to receive an IUD but refused to inform staff of when she started her menstrual cycle.</p> <p>Interview with the medical assistant for the gynecology physician assistant (PA) on 05/08/19 at 1:39pm revealed: -Resident #2 was ordered NuvaRing for contraception. -The PA did not know Resident #2 refused NuvaRing. -Resident #2's guardian requested contraception. -The PA expected the facility to insert NuvaRing as ordered until an intrauterine device (IUD) could be placed. -The PA expected to be notified of refusals.</p> <p>Interview with the Operations Manager on 05/09/19 at 11:40am revealed: -Resident #2 refused various forms of hormonal contraception in the past. -She was aware Resident #2 had refused NuvaRing. -Resident #2 refused to go to gynecology appointments. -She informed the PCP that Resident #2 refused gynecology appointments. -She notified the guardian that Resident #2 refused NuvaRing and gynecology appointments. -She did not notify the gynecology PA that Resident #2 was refusing NuvaRing.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 273	<p>Continued From page 15</p> <p>Interview with the Administrator on 05/09/19 at 11:40am revealed: -If a resident refused a medication, the physician was supposed to be notified. -Resident #2 refused medications and appointments frequently. -She did not know if the physician was contacted regarding Resident #2's refusals of NuvaRing.</p> <p>_____</p> <p>The facility failed to notify the physician when a resident with a recent psychiatric hospitalization had continual refusals of antipsychotic medications and an anticonvulsant medication (Resident #6). This failure was detrimental to the health, safety, and welfare of the resident and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/08/19 for this violation.</p> <p>CORRECTION FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 23, 2019.</p>	D 273		
D 287	<p>10A NCAC 13F .0904(b)(2) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident.</p>	D 287		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 287	<p>Continued From page 16</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review the facility failed to assure 1 of 1 sampled resident (Resident #5) was provided a non-disposable place setting consisting of a knife, spoon, and fork at each meal.</p> <p>The findings are:</p> <p>Upon entrance into the building on 05/07/19 at 10:00am the Administrator revealed the current census was 68 residents.</p> <p>Observation on 05/08/19 at 7:45am of the breakfast meal revealed: -The residents were served sausage, oatmeal and a biscuit with gravy. -There were 51 residents eating the breakfast meal in the dining rooms. -All of the residents received only a spoon as an eating utensil. -No residents received a fork or knife to eat their breakfast meal. -No residents had trouble eating their food.</p> <p>Observation on 05/08/19 at 6:15pm of the evening meal revealed: -The residents were served a turkey melt sandwich, applesauce, potato wedges, salad and ½ fresh orange. -There were 31 residents eating the evening meal in the dining rooms. -All the residents received only a spoon as an eating utensil. -No residents received a fork or knife to eat their meal. -No residents had having trouble eating their</p>	D 287		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 287	<p>Continued From page 17</p> <p>food.</p> <p>Observation on 05/09/19 at 12:00pm in the kitchen revealed 52 knives and 19 forks were available for use.</p> <p>Review of Resident #5's current FL2 dated 05/17/18 revealed diagnoses included schizoaffective disorder and anxiety.</p> <p>Review of Resident #5's physician order revealed: -A standardized form with the resident's name, date, physician's signature and date signed. -The form documented, "State regulations requires this facility to use a complete place setting consisting of a knife, fork and spoon. With a mentally ill resident, a fork or a knife can be used as a weapon. I have completed an assessment, and based on the resident's diagnoses and current symptoms, as well as the resident's individual phases of relapse and recovery: -The section was checked which read "No restriction is warranted for this resident's place setting." -The form was signed by the physician and dated 04/05/18.</p> <p>Interview with Resident #5 on 05/09/19 at 10:25am revealed: -He only received a spoon to eat his meals. -He had never received a knife or fork to eat his meals. -He did not know that he could ask for a fork or knife. -He had never been told that he could have a knife or fork to eat with. -He did not have a problem eating with a spoon.</p>	D 287		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 287	<p>Continued From page 18</p> <p>Interview on 05/09/19 at 11:42am with the Administrator revealed:</p> <ul style="list-style-type: none"> -The residents are not given a knife and fork if they are assessed by the provider as being a risk for harm to themselves or others. -The dining room was a place where the residents could be aggressive and use knives and forks as weapons since they are in such a close proximity to each other. -The residents who have been assessed as being ok to have knives and forks had to ask for them, they were not given automatically. <p>Interview with the Dietary Manager (DM) on 05/09/19 at 12:25pm revealed:</p> <ul style="list-style-type: none"> -She had a list of residents who had flatware restrictions, as they were only allowed to receive a spoon. -Residents without restrictions were given a fork or knife if it was requested. -The Administrator told her to only provide spoons unless the residents without restrictions asked for a fork or knife. -There were forks available for residents without restrictions to use if they needed it. -"No one had ever asked for a fork or knife". -She asked residents in the past if they needed a fork or knife and the residents were fine with a spoon. 	D 287		
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>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 19</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure 1 of 1 sampled resident (#6) with physician's orders for a potassium restricted diet was served as ordered.</p> <p>The findings are:</p> <p>Review of Resident #6's current FL2 dated 08/23/18 revealed: -Diagnoses included hypertension, type 2 diabetes, and coronary artery disease. -There was no diet order on the FL2.</p> <p>Review of diet order dated 09/21/18 revealed an order for a soft, no concentrated sweets, chopped meats diet.</p> <p>Review of a note written by the cardiologist 12/05/18 revealed: -Resident #6 was to follow a low potassium diet because his serum potassium was slightly elevated. -There was a list fruits and vegetables that were high and potassium and should be avoided.</p> <p>Review of a clarification order signed by the primary care provider (PCP) on 12/12/18 revealed Resident #6 was to avoid foods high in potassium according to the list provided by the cardiologist.</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 20</p> <p>Review of the therapeutic diet list posted in the kitchen on 05/07/19 revealed Resident #6 was listed as having a soft, no concentrated sweets (NCS), chopped meats diet.</p> <p>Observation of kitchen on 05/07/19, 05/08/19, and 05/09/19 at various times revealed there was no list posted of potassium restricted fruits and vegetables for dietary staff to reference.</p> <p>Observation of the breakfast meal service on 05/08/19 at 7:45am revealed: -Resident #6 was served ground sausage, eggs, oatmeal, a biscuit with gravy, and cranberry juice. -Resident #6 consumed 100% of the meal without difficulty.</p> <p>Observation of the dinner meal service on 05/08/19 at 6:00pm revealed: -Resident #6 was served a grilled cheese sandwich, potato wedges, marinated garden salad, and applesauce. -Resident #6 only ate the grilled cheese sandwich.</p> <p>Interview with the cook on 05/08/19 at 3:28pm revealed: -She was responsible for preparing meals and used the diet list as a guide. -There were no residents on a potassium restricted diet. -She did not know about a list of potassium restricted vegetable or fruits used to reference for any of the residents. -Resident #6 was not listed on the therapeutic diet list as having any potassium restrictions. -She did not know Resident #6 had orders for potassium restrictions. -Resident #6 was served a soft, NCS, chopped meats diet.</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 21</p> <p>Telephone interview with the dietary manager (DM) on 05/09/19 at 12:25pm revealed: -She did not know of any residents with potassium restrictions. -She did not have a list to reference for foods to avoid for any of the residents. -The Resident Care Coordinator (RCC) would provide a list of restrictions if residents had any ordered. -She did not know Resident #6 had an order for fruits and vegetables high in potassium to be restricted per list provided by the cardiologist.</p> <p>Interview with Resident #6 on 05/08/19 at 6:07pm revealed: -He did not know of any restrictions ordered by his physician. -He knew his foods needed to be soft because he had issues with swallowing in the past. -He received the same fruits and vegetables as everyone else.</p> <p>Interview with Resident #6's primary care provider (PCP) on 05/08/19 at 3:42pm revealed: -He knew Resident #6 had an order from the cardiologist for potassium restrictions. -He agreed with the cardiologist's recommendations and expected the order to be followed.</p> <p>Interview with the RCC on 05/09/19 at 10:15am revealed: -She did not know Resident #6 had an order for potassium restrictions. -She had someone who came in to assist with paperwork, "she did not show me the order". -No one provided her a copy of the order. -She would have given the list to the kitchen if she would have known.</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 22</p> <p>-The diet list was updated by the Administrator.</p> <p>Interview with the Administrator on 05/09/19 at 11:40am revealed:</p> <p>-She was responsible for updating the diet list.</p> <p>-She did not know Resident #6 had an order for potassium restrictions per the list of fruits and vegetables provided by the cardiologist.</p> <p>-She relied on the RCC to notify her of any changes with diet orders so that she could update the diet list.</p> <p>Attempted interview with Resident #6's cardiologist on 05/08/19 at 11:49am was unsuccessful.</p>	D 310		
D 367	<p>10A NCAC 13F .1004(j) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following:</p> <ol style="list-style-type: none"> (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be 	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 367	<p>Continued From page 23</p> <p>documented and maintained with the medication administration record (MAR).</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the medication administration records were accurate for 1 of 5 sampled residents (Resident #5) in relation to orders for a medication for a neurological condition to be administered twice a day.</p> <p>The findings are:</p> <p>Review of Resident #5's current FL2 dated 05/17/18 revealed diagnoses included schizo-affective disorder, expressive aphasia, depression with anxiety, diabetes mellitus Type 2 and Hepatitis C.</p> <p>Review of Resident #5's neurology visit summary on 02/14/19 revealed: -There was a diagnoses of PseudoBulbar Affect (PBA), a neurological condition that causes sudden and uncontrollable emotional outbursts that often do not reflect the true emotional state of the resident. -Nuedexta 20-10mg capsule to be administered twice a day was prescribed to address this condition.</p> <p>Telephone interview with a representative from the contracted pharmacy on 05/08/19 at 3:15pm revealed:</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 367	<p>Continued From page 24</p> <p>-On 02/14/19, the pharmacy received an order for Nuedexta 20-10mg to be administered twice a day for Resident #5.</p> <p>-On 02/14/19, the pharmacy informed the facility staff the medication was not being filled as requested.</p> <p>-A "prior authorization" form, completed by the physician, was required by the insurance provider to cover the cost of the medication.</p> <p>-They did not receive the prior authorization form and the medication was never sent.</p> <p>Review of Resident #5's record revealed a computer generated prior authorization notice sent from the pharmacy billing office to the facility staff dated 02/14/19.</p> <p>Review of Resident #5's February 2019 electronic Medication Administration Record (eMAR), from 02/14/19-02/28/19 revealed:</p> <p>-There was a computer generated entry on 02/14/19 for Nuedexta 20-10mg capsule twice a day, to be administered at 8:00am and 8:00pm.</p> <p>-There was a notation to suspend the medication from 02/20/19-03/20/19 due to insurance issues.</p> <p>Review of Resident #5's March 2019 eMAR, from 03/20/19-03/31/19 revealed:</p> <p>-There was a computer generated entry for Nuedexta 20-10mg twice a day, to be administered at 8:00am and 8:00pm.</p> <p>-There was documentation the medication was administered nine times at 8:00am.</p> <p>-There was documentation the medication was administered one time at 8:00pm.</p> <p>Review of Resident #5's April 2019 eMAR from 04/01/19- 04/15/19 revealed:</p> <p>-There was a computer generated entry for Nuedexta 20-10mg twice a day, to be</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 367	<p>Continued From page 25</p> <p>administered at 8:00am and 8:00pm. -There was documentation the medication was administered 7 times at 8:00am. -There was documentation the medication was administered 3 times at 8:00pm. -There was documentation Nuedexta was discontinued on 04/15/19.</p> <p>Review of Resident #5's record revealed there was a signed physician's order dated 04/18/19 to discontinue Nuedexta 20-10mg twice a day due to "insurance not paying."</p> <p>Interview with the first shift supervisor on 05/09/19 at 9:35am revealed: -New orders were written in the 'Order Log' book kept in the break room for the MAs to review each shift. -The Resident Care Coordinator (RCC) supervised the medication orders and followed up with the pharmacy and physicians if needed. -Once an order had been entered by the pharmacy and approved by the MAs or the RCC it would continue until a signed physician order to discontinue had been received. -She did not know the medication had been signed for as administered when it was not in the facility.</p> <p>Interview with the RCC on 05/09/19 at 10:50am revealed: -She supervised the MAs and floor staff as well as following up with physicians and the pharmacy as needed. -New orders were faxed to the pharmacy by the MAs or the RCC. -The pharmacy entered the orders on the eMAR. -An 'order verification' message appeared on the computer dashboard, after the order was entered. -The MAs or the RCC verified the order which</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 367	<p>Continued From page 26</p> <p>activated it.</p> <ul style="list-style-type: none"> -The pharmacy then filled the order and sent it to the facility at night. -Sometimes the order was entered before the medication arrived in the building and that was a problem. -She reviewed the eMARs for new orders, but not orders that had been verified. -There was not a process for reviewing the eMARs for accuracy at this time. -She knew the Nuedexta order for Resident #5 was waiting for insurance approval. -She thought the physician had signed a Prior Authorization form for the medication. -She did not know there was documentation on the eMARs in March and April 2019 the medication was administered to the resident. -She knew the Nuedexta had not been filled by the pharmacy due to insurance coverage and was discontinued in April. <p>Interview with the Administrator and Operations Manager (OM) on 05/09/19 at 11:50am revealed:</p> <ul style="list-style-type: none"> -Medication orders were faxed to the pharmacy by the MAs or RCC. -The pharmacy entered the orders on the eMAR . -A verification notification appeared on the Dashboard of the computer. -Once the MA or RCC verified the order , it was active on the eMAR. -There was no process in place to hold an order from being entered on the eMAR until the medication was filled and sent to the facility. -There was no process in place to review the eMARs once orders had been verified and were active. -The RCC and OM relied on the MAs to bring irregularities on the eMARs to their attention. -They did not know why two of the MAs were documenting the administration of a medication 	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 367	<p>Continued From page 27</p> <p>not in the facility.</p> <p>Attempted telephone interviews with a MA on 05/08/19 at 3:10pm and 4:30pm were unsuccessful.</p> <p>Attempted telephone interview with Resident #6's primary care provider on 05/08/19 at 3:42pm and 05/09/19 at 9:17am and 1:55pm was unsuccessful.</p>	D 367		