

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/31/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINE FORREST HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 312 BROAD STREET REIDSVILLE, NC 27320
---	---

(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 and Follow-up survey on 05/29/19 to 05/30/19, with an exit via telephone on 05/31/19.	D 000	<i>See Attached</i>	
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 documented and maintained with the medication administration record (MAR). <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the</p>	D 367		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Judy Blackwell</i>	TITLE <i>Administrator</i>	(X6) DATE <i>6/27/19</i>
--	-----------------------------------	---------------------------------

STATE FORM 6899 4TGQ11 If continuation sheet 1 of 8

Reviewed and accepted. AJS 06/28/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/31/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINE FORREST HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 312 BROAD STREET REIDSVILLE, NC 27320
---	---

(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 1</p> <p>Medication Administration Records (MARs) were accurate and complete for 2 of 3 sampled residents (Residents #1 and #6), as related to documentation of fingerstick blood sugar (FSBS) results on the MARs (#1 and #6).</p> <p>The findings are:</p> <p>1. Review of Resident #6's current FL2 dated 05/22/19 revealed: -Diagnoses included diabetes mellitus type II. -There was a physician's order for fingerstick blood sugar (FSBS) before meals and at bedtime. -There was an order for Novolog (a medication used to treat high blood sugar) 100units/ml, inject 8 units subcutaneously two times a day. -There was an order for Novolog 100units/ml, sliding scale insulin (SSI) three times a day with meals and at bedtime as follows: -201-250 = 2units. -251-300 = 4units. -301-350 = 6units. -351-400 = 8units. -401 or greater = 12units and recheck in 2 hours.</p> <p>Review of a previous physicians order dated 02/12/19 revealed an order for Novolog 17 units subcutaneously three times a day with meals if FSBS 150 or greater.</p> <p>Review of Resident #6's Medication Administration Record (MAR) for March 2019 revealed: -There was an entry for Novolog 100units/ml, inject 17 units subcutaneously three times daily with meals if blood sugar is 150 or greater at 8:00am, 12:00pm, 5:00pm. -FSBS ranged from 97 to 404.</p> <p>Review of Resident #6's Blood Glucose</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/31/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINE FORREST HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 312 BROAD STREET REIDSVILLE, NC 27320
---	---

(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 2</p> <p>Monitoring and Insulin Administration Record for March 2019 revealed: -There was a column for the month, date, blood glucose reading, insulin amount, site, and staff initial for each time frame. -Novolog 17 units was documented as administered 6 of 93 times when FSBS was below 150.</p> <p>Review of Resident #6's MAR for April 2019 revealed: -There was an entry for Novolog 100units/ml, inject 17 units subcutaneously three times daily with meals if blood sugar is 150 or greater at 7:00am, 12:00pm, 5:00pm. -FSBS ranged from 110 to 352.</p> <p>Review of Resident #6's Blood Glucose Monitoring and Insulin Administration Record for April 2019 revealed: -There was a column for the month, date, blood glucose reading, insulin amount, site, and staff initial for each time frame. -Novolog 17 units was documented as administered 4 of 90 times when FSBS was below 150.</p> <p>Review of a previous physicians order dated 05/12/19 revealed Novolog 17 units was discontinued.</p> <p>Interview with Resident #6 on 05/31/19 at 10:50am revealed: -He was a diabetic. -The facility staff checked his FSBS three times daily. -He did not know how much insulin he received. -He did not remember having episodes of decreased blood sugar.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/31/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINE FORREST HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 312 BROAD STREET REIDSVILLE, NC 27320
---	---

(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 3</p> <p>Interview with a third shift medication aide (MA) on 05/31/19 at 8:51am revealed: -He was responsible for administering medication, including Novolog to Resident #6 during his shift. -He knew Resident #6 had a Novolog order for 17 units with meals and to hold if FSBS was less than 150. -He did not administer Novolog if the FSBS was less than 150. -He documented he administered 17 units of Novolog in March, April, and May 2019 by accident.</p> <p>Interview with the Administrator on 05/30/19 at 4:00pm revealed: -MAs were expected to only document Novolog 17 units when the FSBS was 150 or greater. -She did not know about the errors in documentation of Novolog for Resident #6.</p> <p>Attempted telephone interview with Resident #6's Primary Care Physician on 05/31/19 at 2:00pm was unsuccessful.</p> <p>Refer to interview with the Administrator on 05/30/19 at 3:00pm.</p> <p>2. Review of Resident #1's current FL2 dated 02/12/19 revealed: -Diagnoses included long term current use of insulin and Type 2 diabetes mellitus with chronic kidney disease. -There was a physician's order for fingerstick blood sugar (FSBS) 4 times daily and as needed. -There was a physician's order for Novolog 100 units/ml inject 18 units 15 minutes before meals if FSBS was at least 150 before a meal (Novolog is a rapid-acting insulin used to lower elevated blood sugar levels).</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/31/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINE FORREST HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 312 BROAD STREET REIDSVILLE, NC 27320
---	---

(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 4</p> <p>Review of Resident #6's Medication Administration Record (MAR) for March 2019 revealed: -There was an entry for Novolog 100units/ml, inject 18 units subcutaneously three times daily 15 minutes before meals if blood sugar is at least 150 before meals at 7:00am, 11:00am, and 4:00pm. -FSBS ranged from 108 to 322.</p> <p>Review of Resident #1's Blood Glucose Monitoring and Insulin Administration Record for March 2019 revealed: -There was a column for the month, date, blood glucose reading, insulin amount, site, and staff initial for each time frame. -Novolog 18 units was documented as administered 4 of 14 times when FSBS was below 150.</p> <p>Review of Resident #6's MAR for April 2019 revealed: -There was an entry for Novolog 100units/ml, inject 18 units subcutaneously three times daily 15 minutes before meals if blood sugar is at least 150 before meals at 7:00am, 11:00am, and 4:00pm. -FSBS ranged from 81 to 354.</p> <p>Review of Resident #1's Blood Glucose Monitoring and Insulin Administration Record for April 2019 revealed: -There was a column for the month, date, blood glucose reading, insulin amount, site, and staff initial for each time frame. -Novolog 18 units was documented as administered 3 of 20 times when FSBS was below 150.</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/31/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINE FORREST HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 312 BROAD STREET REIDSVILLE, NC 27320
---	---

(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 5</p> <p>Interview with Resident #1 on 05/29/19 at 9:52am revealed: -He was a diabetic. -The facility staff was checked his FSBS four times daily, but his order recently changed to once a day. -He did not know his FSBS ranges.</p> <p>Interview with a first shift Medication Aide (MA) on 05/30/19 at 2:53pm revealed: -She was responsible for administering medication, including Novolog to Resident #1 during her shift. -Her process for administering insulin was to check FSBS, record the FSBS results on the Blood Glucose Monitoring and Insulin Administration Record, and then administer insulin according to the physician's order. -Resident #1's order for Novolog had changed in May 2019, but the previous order for Novolog was for 18 units before meals if Resident #1's FSBS was below 150. -She did not know she had documented she administered 18 units of Novolog when the FSBS was recorded as 133. -She did not think she administered 18 units of Novolog when the FSBS was below 150 and thought it was an error in documentation. -"Sometimes there are distractions."</p> <p>Interview with a third shift MA on 05/31/19 at 8:51am revealed: -He was responsible for administering medication, including Novolog to Resident #1 during his shift. -Resident #1's order for Novolog was 18 units before meals if Resident #1's FSBS was at least 150. -His process for administering insulin was to check the FSBS, record the FSBS results on the</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/31/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINE FORREST HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 312 BROAD STREET REIDSVILLE, NC 27320
---	---

(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 6</p> <p>Blood Glucose Monitoring and Insulin Administration Record, and then administer insulin if it was needed.</p> <p>-He did not know why he had documented administering 18 units of Novolog four times in March 2019.</p> <p>-He knew he did not give Novolog to Resident #1 if Resident #1's FSBS was below 150.</p> <p>-All staff usually looked behind each other so he did not know why the error in documentation had not been caught.</p> <p>Interview with the Primary Care Provider (PCP) on 05/30/19 at 12:07pm revealed:</p> <p>-Resident #1 was had orders for insulin due to having a diagnosis of diabetes.</p> <p>-Resident #1 had an order for Novolog 18 units 15 minutes before meals if FSBS was at least 150.</p> <p>-He did not know there was documentation Resident #1 was administered Novolog 7 times when his FSBS was less than 150.</p> <p>-He saw Resident #1 the previous week for a routine visit and Resident #1 did not have any issues regarding FSBS or insulin which needed to be addressed.</p> <p>Interview with the Administrator on 05/30/19 at 2:55pm revealed:</p> <p>-She did not know about the errors in documentation of Novolog for Resident #1.</p> <p>-She did not know if the medication error for Novolog for Resident #1 had been documented.</p> <p>Refer to interview with the Administrator on 05/30/19 at 3:00pm.</p> <p>Interview with the Administrator on 05/30/19 at 3:00pm revealed:</p> <p>-Second shift Medication Aides (MA) were</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/31/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PINE FORREST HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 312 BROAD STREET REIDSVILLE, NC 27320
---	---

(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	Continued From page 7 supposed to double check the Insulin Administration Records during their shifts to ensure there were no errors. -If there was an error, it should have been documented on the medication error sheet. -She expected staff to document administration of medication correctly on the Blood Glucose Monitoring and Insulin Administration Record.	D 367		

PROVIDERS PLAN OF CORRECTION FOR PINE FORREST HOMES FOR THE AGED

REGARDING RULE 10A NCAC 13F.1004; Medication Administration

Correction Action Implemented Regarding "Medication Administration"	Completion
<p>An in-service was held with all the facility's medication staff to review documentation errors identified and the facility's policies and procedures for documentation of medication administration. The emphasis was on insulin administration and documentation. The review included detailed discussed of how errors identified could have been prevented and implementation of guidelines to prevent reoccurrence. All staff were informed of the importance of following the policies and procedures set forth in the facility's medication manual and the repercussion of not adhering to the facility's policies.</p>	<p>Completed June 06, 2019</p>
<p>Monitoring System put in place to assure continued compliance</p> <p>Each medication aide will perform the three checks prior to administering and documenting insulin to each resident. Th medication aide will also double check entries made on the Medication Administration Record prior to the end of their shift each workday.</p> <p>The first shift medication supervisor will perform a weekly review of the blood glucose readings and documentation of insulin administration. The first shift medication aide will report any discrepancies identified, directly to the administrator.</p> <p>The administrator will site any staff member who makes documentation errors and any staff person found to have made errors will be disciplined up to the loss of employment for repeated documentation errors. Monthly quality assurance/improvement meetings will include a random review of records of residents who are insulin dependent. The administrator will periodically and unannounced monitor staff and records to assure continued compliance in this area.</p>	<p>Completed</p> <p>Completed June 06, 2019</p>
<p>Completion date by which the plan of correction will be completed</p>	<p>Completed</p>
<p>Completed June 06, 2019.</p>	<p>Completed June 06, 2019</p>

Jdy Blashwell Administrator 6/27/19