

Division of	of Health Service Regu	ılation			1111 4 6		
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		JUL 1 9 2019	(X3) DATE SU COMPLE	
			7. 501251140.	ADULT (CARE LICENSURE SECTION	M	
		HAL049004	B. WING		RALEIGH	ŀ	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
ROSEWO	OD ASSISTED LIVING		RMONY HIGHWAY NY, NC 28634	•			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORF CROSS-REFER	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD RENCED TO THE APPROPR DEFICIENCY)	BE RIATE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000	300	a Hache	0	
		sure Section conducted an ne 10, 2019 and June 11,					
D 358	10A NCAC 13F .1004 Administration	4(a) Medication	D 358				
	(a) An adult care hore preparation and administration and non- by staff are in accord (1) orders by a licential which are maintained	4 Medication Administration me shall assure that the inistration of medications, prescription, and treatments ance with: sed prescribing practitioner d in the resident's record; and ion and the facility's policies					
	review, the facility fai medications as order sampled diabetic res related to administeri	ns, interviews, and record illed to administer red by a physician for 2 of 2 idents (Resident #3 and #6) ing insulin when fingerstick were outside of parameters					
	The findings are:						
	05/28/19 revealed di	nt #3's current FL2 dated agnoses included congestive					
Division of He	alth Service Regulation						

TITLE

STATE FORM

PRINTED: 07/02/2019 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WNG HAL049004 06/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3134 HARMONY HIGHWAY ROSEWOOD ASSISTED LIVING HARMONY, NC 28634 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 1 heart failure, diabetes, chronic kidney disease, and Chronic Obstructive Pulmonary Disease (COPD). Review of Resident #3's record revealed: -There was a hand written note dated 04/15/19 that Resident #3's blood sugar would not increase. -FSBS was documented on note as 56 at 2:00pm, 51 at 3:00pm, 48 at 3:30pm and 55 at 4:00pm. -There was a telephone order dated 04/15/19 received from the facility's contracted Nurse Practitioner (NP) to send Resident #3 to the local hospital for treatment and evaluation. Review of Resident #3's Emergency Room (ER) Visit Summary dated 04/15/19 revealed: -Resident #3 was evaluated in the ER for hypoglycemia (low blood sugar). -The chief complaint for the ER visit was Resident #3 was "given scheduled insulin and has had blood sugars in the 40s." -"Staff was unable to increase blood sugar." -Resident #3 was administered oral glucose and intravenous fluids in the ER and blood sugar was documented at 176 at 6:00pm and 147 at 7:56pm. a. Review of Resident #3's record revealed there was a physician's order for Novolog (a short acting insulin used to treat diabetes) inject 12

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opened on 06/08/19.

units subcutaneously with meals; hold if fingerstick blood sugar (FSBS) is <150.

Observation of Resident #3's medication on hand on 06/10/19 at 2:17pm revealed there was 1 partially used vial of Novolog available for administration dispensed on 05/23/19 and

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ R B. WING HAL049004 06/11/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3134 HARMONY HIGHWAY ROSEWOOD ASSISTED LIVING HARMONY, NC 28634 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 2 Review of Resident #3's April 2019 electronic Medication Administration Record (eMAR) revealed: -There was a computer generated entry for Novolog inject 12 units subcutaneously 3 times daily with meals; hold for blood sugar less than 150 scheduled to be administered at 8:00am, 12:00pm, and 5:00pm. -Novolog was documented as administered 3 times daily from 04/01/19 to 04/30/19 except on 04/02/19 at 5:00pm, 04/05/19 at 12:00pm, 04/13/19 at 12:00pm and 5:00pm, 04/14/19 at 8:00am and 12:00pm, 04/15/19 at 5:00pm, 04/16/19 at 5:00pm, 04/17/19 at 8:00am and 12:00pm, 04/18/19 at 8:00am and 5:00pm, 04/24/19 at 5:00pm, 04/25/19 at 8:00am, 04/26/19 at 12:00pm, 04/29/19 at 12:00pm, and 04/30/19 at 12:00pm where it was documented medication was held due to physician's order or resident refused. -Novolog was documented as refused or withheld per physician orders for 18 of 90 opportunities from 04/01/19 to 04/30/19. -On 04/01/19 at 5:00pm, FSBS was documented as 112 and 12 units of Novolog was documented as administered. -On 04/15/19 at 8:00am, FSBS was documented as 134 and 12 units of Novolog was documented as administered. -On 04/15/19 at 12:00pm, FSBS was documented as 134 and 12 units of Novolog was documented as administered. -On 04/22/19 at 8:00am, FSBS was documented as 130 and 12 units of Novolog was documented as administered. -On 04/24/19 at 12:00pm, FSBS was documented as 140 and 12 units of Novolog was

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documented as administered.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i i i	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL049004	B. WING		06/11/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
DO CELMO	OD ACCICTED I BUILD	3134 HAR	MONY HIGHWA	AY	•	
KOSEWO	OD ASSISTED LIVING	HARMON	Y, NC 28634			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	3	D 358			
J 330	Review of Resident # revealed: -There was a compute Novolog inject 12 unit daily with meals; hold 150 scheduled to be a 12:00pm, and 5:00pm-Novolog was docume per physician orders f from 05/01/19 to 05/3-On 05/03/19 at 8:00a as 130 and 12 units of as administeredOn 05/07/19 at 8:00a as 134 and 12 units of as administeredOn 05/08/19 at 8:00a as 120 and 12 units of as administeredOn 05/08/19 at 8:00a as 120 and 12 units of as administered.	a's May 2019 eMAR er generated entry for as subcutaneously 3 times for blood sugar less than administered at 8:00am, a. ented as refused or withheld for 28 out of 93 opportunities	D 336			
OF ALLEY	Review of Resident #s revealed: -There was a compute					
out.	Novolog inject 12 unit daily with meals; hold 150 scheduled to be a 12:00pm, and 5:00pm -Novolog was docume per physician orders f from 06/01/19 through -On 06/01/19, FSBS v	s subcutaneously 3 times for blood sugar less than administered at 8:00am, i. ented as refused or withheld or 7 out of 28 opportunities in 06/10/19. was documented as 121 at				
Annual de Leter	8:00am and 133 at 5:0 Novolog was docume Interview with Resider 11:05am revealed: -She remembered goi	nted as administered.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		i · ·	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL049004	B. WING		1	₹ 11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
ROSEWO	OD ASSISTED LIVING		RMONY HIGHWAY	1		
		HARMO	NY, NC 28634			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 358	,		D 358			
	because her sugar wa -She was confused w					
ļ	dropped.	nieti nei biood sugai			•	
		virus the weekend before			٠	
	the hospital visit.					
	Intoniou with the me	dication aide (MA) on				
		and 10:56am revealed:				:
		nissed the order to the hold				
	the insulin" for Reside	ent #3 when her FSBS was				
	less than 150.	wa				
	-She knew Resident	#3 had an order for o she administered the				
	medication.	o she administered the				
		er being at the facility when				
	Resident #3 was sen	t to the ER for her FSBS				
	being low					
	-The MAs were respo	not bring it to her attention.				
	physician's orders to	-				
		shift MA would approve the				
	orders once entered					
		shift MA would refer to the				
		r before they approved the				
	order to appear on the Director was res	sponsible for filing the order				
	in the resident's chart					
	Telephone interview v	with the facility's contracted				
	Nurse Practitioner on	*				•
	revealed:					
		esident #3 was receiving	·			
	Novolog outside of the physician's order.	e parameters in the				
	-The facility was resp	onsible for following				e de la constante de la consta
	physician's orders as					THE PERSON NAMED IN COLUMN TO THE PE
	-Resident #3's FSBS	was hard to control.				
	_	have been held when				
	Resident #3's FSBS					
	-Ine Novolog dose th	nat was not held on 04/15/19				

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Division o	of Health Service Regu	lation			FORM	TAPPROVED
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPLI	
		HAL049004	B. WING		06/1	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
ROSEWO	OD ASSISTED LIVING		RMONY HIGHW	AY		
		HARMO	NY, NC 28634			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From page	5	D 358			
330	could have led to Res 04/15/19 for hypoglycond linterview with the Dire 10:40am revealed: -She remembered rectors and Resident #3 to resident #3 was admit and resident #3 was admit resident #3 resident #3 novolo administered if her resident #3 were responsible resident was admit resident resident #3 were responsible resident resident #3 were responsible resident re	ident #3's ER visit on emia. actor on 06/11/19 at serving the telephone order to the hospital on 04/15/19. Was low and the facility staff it up. Sident #3's insulin order had istration based on the git to her attention that inistered Novolog when her 50. Insible for following directed. In git should not be the service in the pharmacy to be the pharmacy to be the pharmacy to appear this ble for double checking inistration to make sure	U 356			
	eMAR's or physician's					
7017/24	was a physician's orde Levemir (an insulin us 45 units subcutaneous	#3's record revealed there er dated 02/28/19 for ed to treat diabetes) inject sly twice daily; hold if				
- Control	fingerstick blood sugar	r (FSBS) is <150.				

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ R B. WING HAL049004 06/11/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3134 HARMONY HIGHWAY ROSEWOOD ASSISTED LIVING HARMONY, NC 28634 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 6 Observation of Resident #3's medication on hand on 06/10/19 at 2:17pm revealed there was 1 partially used vial of Levemir available for administration dispensed on 06/04/19 and opened on 06/08/19. Review of Resident #3's April 2019 electronic Medication Administration Record (eMAR) revealed: -There was a computer generated entry for Levemir inject 45 units subcutaneously twice daily; hold if fingerstick blood sugar (FSBS) was <150 scheduled to be administered at 8:00am and 8:00pm. -Levemir was documented as administered twice daily from 04/01/19 to 04/30/19 except on 04/14/19 at 8:00am and 8:00pm, 04/15/19 at 8:00pm (when Resident #3 was at the hospital), 04/16/19 at 8:00pm, 04/17/19 at 8:00am and 8:00pm, and 04/25/19 at 8:00am where it was documented the resident refused or withheld per physician orders. -Levemir was documented as administered at 8:00am on 04/15/19 and 04/16/19. Review of Resident #3's May 2019 eMAR revealed: -There was a computer generated entry for Levemir inject 45 units subcutaneously twice daily; hold if fingerstick blood sugar (FSBS) was <150 scheduled to be administered at 8:00am and 8:00pm. -Levemir 45 units was documented twice daily from 05/01/19 to 05/15/19 at 8:00am except for 05/09/19 at 8:00am and 05/12/19 at 8:00am

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when the resident refused.

discontinued on 05/15/19.

-Levemir 45 units was documented as

-There was a computer generated entry for Levemir inject 40 units subcutaneously twice

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STATEMENT OF DEFICIENCIES (X1) P

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL049004	B. WING		F 06/1	₹ 11/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	NTE, ZIP CODE		
ROSEWO	OD ASSISTED LIVING		MONY HIGHWA 7, NC 28634	AY		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL: LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	daily; hold if fingerstic <150 scheduled to be and 8:00pm. -Levemir 40 units was administered twice da to 05/31/19 except 05/8:00am, 05/24/19 at 8:00am, 05/26/19 and 8:00pm, 05/26/19 and 05/30/19 at 8:00a documented the resic physician orders. Review of Resident # revealed: -There was a comput Levemir inject 40 unit daily; hold if fingerstic <150 scheduled to be and 8:00pm. -Levemir was docume daily from 06/01/19 to Interview with Reside 11:05am revealed: -She remembered go because her sugar was confused with dropped. -She had a stomach with the hospital visit. Interview with the mero6/11/19 at 10:14am and the insulin for Resider I ess than 150. -She knew Resident # scheduled Levemir so medication.	ek blood sugar (FSBS) was administered at 8:00am administered at 8:00am and 5/19/19 at 8:00pm at 8:00pm, 05/25/19 at 8:00am at 8:00am and 8:00pm, am where it was dent refused or withheld per 3's June 2019 eMAR are generated entry for subcutaneously twice at blood sugar (FSBS) was administered at 8:00am and 8:00am and 10:10 at 8:00am at 8:00am and 10:10 at 8:00am at 8:00am and 10:10 at 8:00am a	D 358			

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FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R B. WING HAL049004 06/11/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3134 HARMONY HIGHWAY ROSEWOOD ASSISTED LIVING HARMONY, NC 28634 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 358 Continued From page 8 D.358 Resident #3 was sent to the ER for her FSBS -The MA on duty did not bring it to her attention. -The MAs were responsible for faxing new physician's orders to the pharmacy. -She or the other first shift MA would approve the orders once entered by the pharmacy. -She or the other first shift MA would refer to the new medication order before they approved the order to appear on the eMAR. -The Director was responsible for filing the order in the resident's chart. Telephone interview with the facility's contracted Nurse Practitioner on 06/11/19 at 9:52am revealed: -She did not know Resident #3 was receiving Levemir outside of the parameters in the physician's order. -The facility was responsible for following physician's orders as written. -Resident #3's FSBS was hard to control. -The Levemir should have been held when Resident #3's FSBS was less than 150. -The Levemir dose that was not held on 04/15/19 could have led to Resident #3's ER visit on 04/15/19 for hypoglycemia. Interview with the Director on 06/11/19 at 10:40am revealed: -She remembered receiving the telephone order to send Resident #3 to the hospital on 04/15/19. -Resident #3's FSBS was low and the facility staff

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FSBS.

was not able to bring it up.

FSBS was less than 150.

-She did not know Resident #3's insulin order had parameters for administration based on the

-The MAs did not bring it to her attention that Resident #3 was administered Levemir when her

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MÜLTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
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		HAL049004	B. WNG		06/11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
ROSEWO	OD ASSISTED LIVING		MONY HIGHWA	ΑΥ	:
		HARMON	r, NC 28634		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	9	D 358		
	-The MAs were responding physician's orders as a series administered if her FS she or the MA's were physician's orders to the processedThe MA's were responding physician's orders from on the eMARThe MAs were responding eMAR before administered in the eMAR before administered in the email of the em	directed. for should not be SBS was less than 150. for responsible for faxing new the pharmacy to be consible for approving the muther pharmacy to appear musible for double checking ministration to make sure ministered accurately. ave an audit procedure for			
	04/26/19 revealed: -Diagnoses included of diabetes and hyperter -Medications included insulin used to treat di with breakfast, hold if (FSBS) less than 100, daily at lunch, hold if FHumalog insulin inject hold if FSBS less than	1/19 at 12:45pm. It #6's current FL2 dated congestive heart failure, nsion. I Humalog (a short acting liabetes) inject 20 units daily Finger Stick Blood Sugar I, Humalog inject 10 units FSBS less than 100, and It 12 units daily at dinner In 100.			
TO DESCRIPTION AND ADMINISTRATION OF THE PROPERTY OF THE PROPE	Medication Administrative revealed: -There was a compute Humalog inject 12 unit supper; hold for blood scheduled to be adminulated to be adminulated was docum	er generated entry for ts subcutaneously daily at sugar less than 100 nistered at 4:00pm.			

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Division c	of Health Service Regu	ulation			FORMALINOVED
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
	÷	HAL049004	B. WNG		R 06/11/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	, ZIP CODE	
ROSEWO	OD ASSISTED LIVING		RMONY HIGHWAY NY, NC 28634		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	sugar being low.	e 11 edication aide (MA) on	D 358	Λ	
	06/11/19 at 11:20pm -She knew Resident; scheduled Humalog. -She had missed the	revealed: #6 had an order for			
	-"There is a lot of res	ident always wanting their d sometimes it gets hectic." d it."			
	Humalog insulin to he	#6 had parameters on the old if FSBS less than 100. ed the medications to the			
	eMAR and then scan eMAR system. -She had been traine "double check" that the	nned the medication to the ed to use that system for a he medication was the right			
	below 100.	dent #6 when the FSBS was			
	-There was not curre the eMAR or the med	ent system in place to audit dication carts.			
	Telephone interview Nurse Practitioner on revealed:	with the facility's contracted n 06/11/19 at 9:52am			
	-The facility was resp physician's orders as -She did not know Re Humalog outside of the physician's order.	s written. esident #6 was receiving	-		
	Interview with the Dir 10:40am revealed	ector on 06/11/19 at			

PRINTED: 07/02/2019 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING HAL049004 06/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3134 HARMONY HIGHWAY ROSEWOOD ASSISTED LIVING HARMONY, NC 28634 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) D 358 D 358 Continued From page 10 where it was documented medication was held due to physician's order or resident refused. -On 04/01/19 at 4:00pm, FSBS was documented as 62 and 12 units of Humalog was documented as administered. Review of Resident #6's May 2019 eMAR revealed: -There was a computer generated entry for Humalog inject 12 units subcutaneously daily with supper; hold for blood sugar less than 100 scheduled to be administered at 4:00pm. -On 05/30/19 at 4:00pm, FSBS was documented as 89 and 12 units of Humalog was documented as administered. Review of Resident #6's June 2019 eMAR revealed: -There was a computer generated entry for Humalog inject 12 units subcutaneously daily with supper; hold for blood sugar less than 100 scheduled to be administered at 4:00pm -On 06/06/19, FSBS was documented as 94 at 4:00pm and 12 units of Humalog was documented as administered. Observation of Resident #6's medication on hand on 06/10/19 at 2:17pm revealed there was 1 partially used vial of Humalog available for administration. Interview with Resident #6 on 06/11/19 at 12:38pm revealed: -The staff took her FSBS four times a day. -Staff would tell her the FSBS, sometimes it was

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-Staff would give her orange juice to drink. -She knew when her blood sugar was low because she would feel dizzy and lightheaded. -She never had any complications with her blood

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	[` '	(X3) DATE SURVEY COMPLETED	
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		HAL049004	B. WING			11/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AE	DRESS, CITY, STA	TE, ZIP CODE			
ROSEWO	OD ASSISTED LIVING		MONY HIGHWA	AY .			
	OLIMAN EN OT		Y, NC 28634	DOOMDEDIC DI AN O	NE CORDECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From page	e 12	D 358				
D 358	-She did not know Readministered Humalo parameters to hold if -The MAs did not brin Resident #6 was adm FSBS was less than -The MAs were responsive and the emal of the emal o	esident #6's was ag insulin outside the FSBS less than 100. ag it to her attention that aninistered Humalog when her 100. ansible for following directed. ansible for double checking aninistration to make sure ministered accurately. with the facility's contracted 106/11/19 at 9:52am was responsible for following written. e interview with the 11/19 at 12:45pm. at #6's current FL2 dated congestive heart failure, ansion. at Levemir (an insulin used to 80 units every morning hold by, Levemir insulin inject 20 if FSBS less than 150. at FSBS less than 150. at generated entry for at subcutaneously daily and fingerstick blood sugar and 50 scheduled to be atterned generated entry for	D 358				
	-There was a comput Levemir inject 20 unit						

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL049004			R 06/11/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		7 00,11,2010
ROSEWO	OD ASSISTED LIVING	•	MONY HIGHWA 1, NC 28634	AY	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	at 8:00pm. -On 04/06/19 at 8:00a as 122 and 80 units of as administered. -On 04/15/19 at 8:00a as 148 and 80 units of as administered. -On 04/27/19 at 8:00a as 143 and 80 units of as administered. -On 04/08/19 at 8:00p as 125 and 20 units of as administered. Review of Resident #6 revealed: -There was a compute Levemir inject 80 units every morning; hold if (FSBS) was less than administered at 8:00a and at 150 school as 145 and 80 units of as administered. -On 04/01/19 at 8:00a as 145 and 80 units of as administered. -On 04/25/19 at 8:00a as 144 and 80 units of as administeredOn 04/08/19 at 8:00a as 144 and 80 units of as administered.	am, FSBS was documented f Levemir was document	D 358		
	Review of Resident #6 revealed: -There was a compute				

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ R 06/11/2019 HAL049004 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3134 HARMONY HIGHWAY ROSEWOOD ASSISTED LIVING HARMONY, NC 28634 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 358 D 358 Continued From page 14 Levemir inject 80 units subcutaneously daily every morning; hold if fingerstick blood sugar (FSBS) was less than 150 scheduled to be administered at 8:00am. -There was a computer generated entry for Levemir inject 20 units subcutaneously daily at bedtime; hold if fingerstick blood sugar (FSBS) was less than 150 scheduled to be administered at 8:00pm. -On 04/01/19 at 8:00am, FSBS was documented as 122 and 80 units of Levemir was documented as administered. -On 04/15/19 at 8:00am, FSBS was documented as 148 and 80 units of Levemir was documented as administered. -On 04/27/19 at 8:00am, FSBS was documented as 143 and 80 units of Levemir was documented as administered. -On 04/08/19 at 8:00pm, FSBS was documented as 125 and 20 units of Levemir was documented as administered. Observation of Resident #6's medication on hand on 06/10/19 at 2:17pm revealed there was 1 partially used vial of Levemir available for administration. Interview with Resident #6 on 06/11/19 at 12:38pm revealed: -She knew when her blood sugar was low because she would feel dizzy and lightheaded. -She never had any complications with her blood sugar being low. Interview with the medication aide (MA) on 06/11/19 at 11:20pm revealed: -She knew Resident #6 had an order for scheduled Levemir insulin hold if FSBS less than

Division of Health Service Regulation

-"There is a lot of residents always wanting their

Division (of Health Service Regu	lation			FOR	WAPPROVED
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	DF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	LETED
					·	₹
		HAL049004	B, WING		Į.	11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE. ZIP CODE		
			RMONY HIGHW			
ROSEWO	OD ASSISTED LIVING		NY, NC 28634	· · ·		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
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1710		. ,	17.0	DEFICIENC		
D 358	Continued From page	e 15	D 358			
		sometimes it gets hectic."				
	-"I guess I overlooked	1 II."				
	Interview with anothe	r MA on 06/11/19 at				
	12:20pm revealed:	. 111/1 011 00/11/10 01				
	· -	#6 had parameters on the				
		d if FSBS less than 150.				
		ed the medications to the				
		ned the medication to the				
	eMAR system.					
		d to use that system for a				
	was the right meds ar	make sure the medication				
	-	nt system in place to audit				
	the eMAR or the med	•				
	Telephone interview v	vith the facility's contracted				
1	Nurse Practitioner on	06/11/19 at 9:52am				
	revealed:					
	-The facility was resp	-				
	physician's orders as	whiten. sident #6 was receiving				
	Levemir outside of the	•				
	physician's order.	parameters in the				
	Interview with the Dire	ector on 06/11/19 at				
	10:40am revealed					
	-She did not know Re					٠
	administered Levemir parameters to hold if					
	-	g it to her attention that				
		inistered Levemir insulin				
T THE STATE OF THE	when her FSBS was I					
	-The MAs were respo	nsible for following				
	physician's orders as					
		nsible for double checking				
		ninistration to make sure				
	medications were adm	-				
		ive an audit procedure for				
-	eMAR's or physician's	oruers.				.

Division o	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SI	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ILLU
					R	
		HAL049004	B. WING		06/1	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
			RMONY HIGHWAY			
ROSEWO	OD ASSISTED LIVING		NY, NC 28634			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
TAG	REGULATORT ON	ESC IDENTIFY THO INFORMATION	IAG	DEFICIENCY)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
D 359	C	10	D 358			
D 358	Continued From page	= 10	5550			
		with the facility's contracted				
	Nurse Practitioner on	vas responsible for following				
	physician's orders as					
	F , 5, 5, 5, 5, 6					
	Refer to the telephon					
	Administrator on 06/1	11/19 at 12:45pm.				
	Telephone interview	with the Administrator on				
	06/11/19 at 12:45pm revealed:					
	· ·	sponsible for day to day				
	operation of the facili					
		ctor to make decisions				
	related to the care of				İ	
	-She was available b	y telephone if the Director				
	needed to contact he	:: .				
	The facility failed to a					
	-	ered for Resident #3 who was				
	_	cy Room for a low blood				
	-	to administered insulin				
	,	ers to hold if the blood sugar Resident #6 who had insulin				
	1	the parameters to hold if				
		the 100. This failure was				
		alth, safety and welfare for				
		nstitutes a Type B violation.				
		was requested from the				
	06/11/19 for this viola	with G.S. 131D-34 on				
	OUT IT TO THE WILL	AUOH.				
	CORRECTION DATI	E FOR THE TYPE B				
		NOT EXCEED JULY 27,				
	2019.					
			1			1

PRINTED: 07/02/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ R B. WING HAL049004 06/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3134 HARMONY HIGHWAY ROSEWOOD ASSISTED LIVING HARMONY, NC 28634 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D912 D912 Continued From page 17 D912 G.S. 131D-21(2) Declaration of Residents' Rights D912 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 residents received care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules related to administering medication as ordered by a physician. The findings are: Based on observations, interviews, and record review, the facility failed to administer medications as ordered by a physician for 2 of 2 sampled diabetic residents (Resident #3 and #6) related to administering insulin when fingerstick blood sugar readings were outside of parameters ordered by a physician [Refer to Tag 358, 10A NCAC 13F 0.1004(a) Medication Administration

Division of Health Service Regulation

(Type B Violation)].

STATE FORM: REVISIT REPORT PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION DATE OF REVISIT IDENTIFICATION NUMBER A. Building B. Wing HAL049004 6/11/2019 Y3 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF FACILITY 3134 HARMONY HIGHWAY ROSEWOOD ASSISTED LIVING HARMONY, NC.28634 This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form). ITEM DATE ITEM DATE ITEM DATE Y4 Y5 Υ4 Y5 Y4 Y5 **ID Prefix** ID Prefix D0451 Correction **ID Prefix** Correction Correction 10A NCAC 13F .1212(a) Reg.# Completed Reg. # Completed Reg.# Completed LSC 06/10/2019 LSC LSC **ID Prefix** Correction ID Prefix Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg.# Completed LSC LSC LSC **ID Prefix ID** Prefix **ID Prefix** Correction Correction Correction Reg.# Completed Reg.# Completed Reg.# Completed **LSC** LSC LSC ID Prefix Correction **ID Prefix** Correction ID Prefix Correction Reg.# Completed Reg. # Completed Reg.# Completed LSC LSC LSC **ID Prefix** ID Prefix **ID Prefix** Correction Correction Correction Reg. # Completed Reg. # Completed Reg.# Completed LSC LSC LSC SIGNATURE OF SURVEYOR REVIEWED BY REVIEWED BY DATE DATE Rense Howard, PharmD STATE AGENCY (INITIALS) П 06/11/2019 REVIEWED BY REVIEWED BY DATE TITLE DATE

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

Page 1 of 1

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

EVENT ID:

1DT012

YES NO

CMS RO

3/1/2018

(INITIALS)

FOLLOWUP TO SURVEY COMPLETED ON

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	· · · · · · · · · · · · · · · · · · ·	

Rosewood Assisted Living

3134 Harmony Highway

Harmony, NC 28634

704-546-2671 phone

704-546-7672 fax

July 16, 2019

Plan of Correction for cited deficiency:

Parameters for all insulins were put in place by the facility's contracted Nurse Practitioner. These parameters are located on the resident's MARS in the block where the blood sugars are documented. This change will alert the med aides of the amount of insulin to administer. Completed on June 11, 2019.

Orders for glucagon pens and glucose gel were obtained from the facility's contracted Nurse Practitioner for all the residents that are insulin dependent with parameters for administering, This will aide in the event of a low blood sugar. Completed on June 11, 2019.

Orders from the facility's contracted Nurse Practitioner were obtained to check BS if symptoms of high or low BS are suspected. Completed on June 11, 2019.

A chart audit of all diabetic residents' medications was done June 12, 2019. This was done by med aide and director of facility.

All med aides completed 6 hour MT training including sliding scale insulin, glucose and med administration. They were also trained on the use of glucagon pens. Trainings were supplied by Kerr Healthcare RN. Trainings were completed on June 25, 2019.

Audits of all medications will be done monthly by med aides and/or facility director on a weekly basis. This will be documented on a form designed for the med cart audits with the signature of the med aide/director and date. Plans are to do rooms 1-7 first week, 8-15 second week, 16-21 third week, 22-27 fourth week. This will be ongoing and will ensure the medications are correct. The first audits will be completed by July 26, 2019.

Respectively submitted,

Nancy Owenby

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ROSEWOOD ASSISTED LIVING MED CART AUDIT

RESIDENT	MEDICATION	COTTATE		
		COUNT	CORRECT?	COMMEN
			:	
			-	
ADDITIONAL (COMMENTS:			
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CTC314				
DATE OF COMI	F MT COMPLETEING	AUDIT:		

TURN IN TO NANCY WHEN AUDIT IS COMPLETE.

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