

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey on 08/13/19 to 08/14/19.	D 000		
D 310	<p>10A NCAC 13F .0904(e)(4) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure therapeutic diets were served as ordered for 2 of 2 sampled residents (#7 and #8) who had low fat/ low cholesterol diet orders.</p> <p>The findings are:</p> <p>1. Review of Resident #7's FL2 dated 05/06/19 revealed: -Diagnoses included distal small bowel obstruction, prostate cancer, arthritis, Coronary Artery Disease, and Gastro-esophageal Reflux Disease. -Resident #7 had an order for simvastatin, a cholesterol lowering medication. -Resident #7 had a low-fat diet order.</p> <p>Review of the facility diet orders revealed they utilized a regular menu as well as a low cholesterol/low fat diet order which was based on the American Heart Association Step 1 Diet.</p> <p>Observation of the therapeutic diet list on 08/13/19 at 9:15am revealed Resident #7's diet was listed as lowfat.</p>	D 310		

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:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE</b> <b>ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 1</p> <p>Observation of the facility's freezer on 08/14/19 at 11:15am revealed no sherbet was in the freezer.</p> <p>Observation of the facility's refrigerator on 08/14/19 at 11:15am revealed: -The refrigerator contained cartons of whole liquid eggs. -The refrigerator did not contain any cartons of egg substitute.</p> <p>Review of the breakfast and lunch menus for 08/13/19 revealed: -The heart health breakfast menu listed scrambled egg substitute and homemade fresh pork patty instead of eggs and breakfast meat which was served on the regular diet. -The hearth healthy lunch menu included parslied noodles instead of macaroni and cheese which was served on the regular diet.</p> <p>Review of the facility's menus for 08/14/19 revealed: -The heart health breakfast menu listed scrambled egg substitute and homemade fresh pork patty instead of eggs and breakfast meat which was served on the regular diet. -The hearth healthy supper menu items included a low sodium turkey sandwich and Sherbet instead of a turkey club sandwich and Key Lime Pie which was served on the regular diet.</p> <p>Interview with Resident #7 on 08/14/19 at 1:15pm revealed: -He had pork chops and macaroni and cheese for lunch on 08/13/19. -He had egg, bacon, orange juice and toast for breakfast. -He said, " I get 2 slices of bacon every morning and 1 scrambled egg."</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 2</p> <p>Refer to the interview with the cook on 08/14/19 at 9:21am.</p> <p>Refer to the second interview with the cook on 08/14/19 at 11:15am.</p> <p>Refer to the interview with the Administrator on 08/14/19 at 1:10pm.</p> <p>2. Review of Resident #8's FL2 dated 08/07/19 revealed: -Diagnoses included, hypertension, ischemic stroke, persistent atrial fibrillation, shortness of breath, right leg weakness, Coronary Artery Disease involving native coronary artery, Gastro-Esophageal Reflux Disease, hypokalemia, and mitral valve prolapse, depressive disorder, total knee arthroplasty, osteoarthritis of knee, edema of lower extremity, history of cerebrovascular accident, mixed hyperlipidemia and Transient Ischemic Accident. -Resident #8 had a low-fat diet order.</p> <p>Review of the facility diet orders revealed they utilized a regular menu as well as a low cholesterol/low fat diet order which was based on the American Heart Association Step 1 Diet.</p> <p>Observation of the therapeutic diet list on 08/13/19 at 9:15am revealed Resident #8's diet was listed as lowfat.</p> <p>Observation of the facility's freezer on 08/14/19 at 11:15am revealed no sherbet was in the freezer.</p> <p>Observation of the facility's refrigerator on 08/14/19 at 11:15am revealed: -The refrigerator contained cartons of whole liquid eggs.</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 3</p> <p>-The refrigerator did not contain any cartons of egg substitute.</p> <p>Review of the breakfast and lunch menus for 08/13/19 revealed:</p> <p>-The heart health breakfast menu listed scrambled egg substitute and homemade fresh pork patty instead of eggs and breakfast meat which was served on the regular diet.</p> <p>-The hearth healthy lunch menu included parslied noodles instead of macaroni and cheese which was served on the regular diet.</p> <p>Review of the facility's menus for 08/14/19 revealed:</p> <p>-The heart health breakfast menu listed scrambled egg substitute and homemade fresh pork patty instead of eggs and breakfast meat which was served on the regular diet.</p> <p>-The hearth healthy supper menu items included a low sodium turkey sandwich and Sherbet instead of a turkey club sandwich and Key Lime Pie which was served on the regular diet.</p> <p>Interview with Resident #8 on 08/14/19 at 1:20pm revealed:</p> <p>-Her lunch on 08/13/19 consisted of pork chop, macaroni and cheese, green beans, cornbread and blueberry cobbler.</p> <p>-Her breakfast on 08/14/19 consisted of 2 eggs over easy, 2 slices of bacon, French toast, coffee, juice and water.</p> <p>-She "always gets what everyone else at the table gets".</p> <p>-She and her spouse always received the same food.</p> <p>Refer to the interview with the cook on 08/14/19 at 9:21am.</p>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	<p>Continued From page 4</p> <p>Refer to the second interview with the cook on 08/14/19 at 11:15am.</p> <p>Refer to the interview with the Administrator on 08/14/19 at 1:10pm.</p> <p>_____</p> <p>Interview with the cook on 08/14/19 at 9:21am revealed:</p> <ul style="list-style-type: none"> <li>-She had worked at the facility for 3 years.</li> <li>-The facility only ordered and used lean meats.</li> <li>-The same kind of meat was used for both regular and therapeutic diets.</li> <li>-Whole liquid carton eggs were used for scrambled eggs.</li> <li>-The facility did not use carton egg substitute.</li> <li>-The residents that were on low fat diets only got 1 piece of bacon at breakfast instead of two pieces and ½ a piece of cake or pie for dessert instead of a whole piece.</li> <li>-Sausage links were used instead of making fresh pork patties at breakfast.</li> <li>-She and the dietary manager ordered the food items based on the menus.</li> <li>-She did not order the low-fat meats written on the menu.</li> </ul> <p>Second interview with the cook on 08/14/19 at 11:15am revealed:</p> <ul style="list-style-type: none"> <li>-Pasta without cheese was "usually" served to residents on low-fat and low sodium diets because cheese had too much fat and sodium.</li> <li>-She did not know if plain pasta was served on 08/13/19 because she left work before the meal was served.</li> <li>-She thought the carton of whole liquid egg in the refrigerator was egg substitute.</li> <li>-The kitchen "usually" stocked ice cream and sherbet, but they did not currently have any sherbet.</li> <li>-Key lime pie was on the menu for supper.</li> </ul>	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 5  -She planned to give a ½ piece of pie to the residents with a low-fat diet order.  Interview with the Administrator on 08/14/19 at 1:10pm revealed: -She expected the dietary staff to serve therapeutic diets as the physician ordered. -She was not aware until that afternoon that diets were not being served as ordered. -She was not aware until that afternoon that the kitchen did not have some menu items in stock. -She had already planned a dietary in-service for later that day.	D 310		
D 344	10A NCAC 13F .1002(a) Medication Orders  10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.  This Rule is not met as evidenced by:	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	<p>Continued From page 6</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure medication orders were clarified with the prescribing practitioner for 2 of 6 sampled residents related to medications to prevent blood clots and treat hypertension (Resident #5) and pain (Resident #6).</p> <p>The findings are:</p> <p>1. Review of Resident #5's current FL2 dated 06/03/19 revealed diagnoses included dementia, atrial fibrillation, hypertension, and abdominal aortic aneurysm without rupture.</p> <p>a. Review of Resident #5's current FL2 dated 06/03/19 revealed there was an order for aspirin (used to prevent blood clots) 81mg daily.</p> <p>Review of Resident #5's signed physician order sheet dated 06/03/19 revealed an order for aspirin 325mg daily.</p> <p>Review of Resident #5's June through August 2019 electronic Medication Administration Records (eMARs) revealed:</p> <ul style="list-style-type: none"> <li>-There were entries for aspirin 325mg daily scheduled at 8:00am.</li> <li>-The aspirin 325mg was documented as administered daily from 06/01/19 to 08/13/19.</li> </ul> <p>Observation of Resident #5's medications on hand on 08/14/19 at 9:29am revealed:</p> <ul style="list-style-type: none"> <li>-There was one bubble pack of aspirin 325mg tablets.</li> <li>-The label directions were aspirin 325mg 1 tablet daily.</li> <li>-There were two tablets remaining in the pack.</li> <li>-There was a dispense date of 07/12/19.</li> </ul>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	<p>Continued From page 7</p> <p>Interview with the Special Care Coordinator (SCC) on 08/14/19 at 9:05am and 11:25am revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible for ensuring resident's FL2's and medication orders in the Special Care Unit were renewed.</li> <li>-The residents' physician order sheets were updated at least every 6 months.</li> <li>-Resident #5's FL2 and signed physician order sheet were both dated 06/03/19.</li> <li>-She would have to get a clarification order from Resident #5's primary care provider, because the orders for the aspirin were different.</li> <li>-She had completed Resident #5's FL2 dated 06/03/19 and had the resident's primary care provider sign it.</li> <li>-She had used the signed physician order sheet dated 05/24/19 for the list of medications to complete the FL2.</li> <li>-"I transcribed it wrong" on the FL2.</li> <li>-The aspirin order on the physician order sheet dated 06/03/19 was the correct order.</li> <li>-Resident #5 had been receiving the correct dosage of aspirin.</li> <li>-She had spoken with the contracted pharmacy and they had not received a copy of the FL2 or the physician order sheet dated 06/03/19.</li> <li>-She had not faxed Resident #5's FL2 and physician order sheet dated 06/03/19 to the pharmacy.</li> <li>-She did not know why she had forgotten to fax the new FL2 and updated physician order sheet to the pharmacy.</li> <li>-It was the facility's policy to fax all new FL2s, signed physician order sheets, and orders to the pharmacy.</li> <li>-She performed weekly medication cart audits for all residents in the special care unit.</li> </ul> <p>Telephone interview with a pharmacist at the</p>	D 344		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	<p>Continued From page 8</p> <p>facility's contracted pharmacy on 08/14/19 at 11:05am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #5's current order was for aspirin 325mg daily.</li> <li>-They had been dispensing aspirin 325mg tablets for Resident #5.</li> <li>-The current order for Resident #5's aspirin was obtained from a signed physician order sheet with an ending date of 05/31/19.</li> <li>-The previous order was for aspirin 325mg daily from an order from January 2019.</li> <li>-"We are just going from the most recent MAR that was signed."</li> <li>-They had not received a copy of the new FL2 dated 06/03/19.</li> </ul> <p>Review of Resident #5's Nurse Practitioner's order clarification dated 08/14/19 revealed aspirin 325mg daily.</p> <p>Based on observations, interviews, and record reviews it was determined Resident #5 was not interviewable.</p> <p>Refer to the interview with the Executive Director and Regional Nurse on 08/14/19 at 11:55am.</p> <p>b. Review of Resident #5's current FL2 dated 06/03/19 revealed there was an order for metoprolol (used to treat high blood pressure) 25mg daily.</p> <p>Review of Resident #5's signed physician order sheet dated 06/03/19 revealed an order for metoprolol 25mg twice daily.</p> <p>Review of Resident #5's June 2019 electronic Medication Administration Records (eMARs) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for metoprolol 25mg twice</li> </ul>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	<p>Continued From page 9</p> <p>daily scheduled at 8:00am and 8:00pm. -The metoprolol 25mg was documented as administered twice daily from 06/01/19 to 06/30/19.</p> <p>Review of Resident #5's July 2019 eMAR revealed: -There was an entry for metoprolol 25mg twice daily scheduled at 8:00am and 8:00pm. -The metoprolol 25mg was documented as administered twice daily from 07/01/19 to 07/31/19 with the exception of 7/27/19 at 8:00pm due to "leave of absence."</p> <p>Review of Resident #5's August 2019 eMAR revealed: -There was an entry for metoprolol 25mg twice daily scheduled at 8:00am and 8:00pm. -The metoprolol 25mg was documented as administered twice daily from 08/01/19 to 08/13/19 at 8:00am.</p> <p>Observation of Resident #5's medications on hand on 08/14/19 at 9:29am revealed: -There was one bubble pack of metoprolol 25mg tablets. -The label directions were metoprolol 25mg 1 tablet twice daily. -There were five tablets remaining in the pack. -There was a dispense date of 07/12/19.</p> <p>Interview with the Special Care Coordinator (SCC) on 08/14/19 at 9:05am and 11:25am revealed: -She was responsible for ensuring resident's FL2's and medication orders in the Special Care Unit were renewed. -Resident #5's FL2 and signed physician order sheet were both dated 06/03/19. -She would have to get a clarification order from</p>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	<p>Continued From page 10</p> <p>Resident #5's primary care provider, because the orders for the metoprolol were different.</p> <ul style="list-style-type: none"> <li>-She had completed Resident #5's FL2 dated 06/03/19 and had the resident's primary care provider sign it.</li> <li>-She had used the signed physician order sheet dated 05/24/19 for the list of medications for the FL2.</li> <li>-"I transcribed it wrong" on the FL2.</li> <li>-The metoprolol order on the physician order sheet dated 06/03/19 was the correct order.</li> <li>-Resident #5 had received the metoprolol correctly.</li> <li>-She had spoken with the pharmacy and they had not received a copy of the FL2 or the physician order sheet dated 06/03/19.</li> <li>-She had failed to fax Resident #5's FL2 and physician order sheet dated 06/03/19 to the pharmacy.</li> <li>-She did not know why she had forgotten to fax the orders to the pharmacy.</li> <li>-It was the facility's policy to fax all new FL2's, signed physician order sheets, and orders to the pharmacy.</li> <li>-The residents physician order sheets were updated at least every 6 month.</li> <li>-She performed weekly medication cart audits for all residents in the special care unit.</li> </ul> <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 08/14/19 at 11:05am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #5's current order was for metoprolol 25mg twice daily.</li> <li>-They had been dispensing metoprolol 25mg tablets for Resident #5.</li> <li>-The current order for Resident #5's metoprolol was obtained from a signed physician order sheet with an ending date of 05/31/19.</li> <li>-The previous order was for metoprolol 25mg</li> </ul>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	<p>Continued From page 11</p> <p>twice daily from an order from January 2019. -"We are just going from the most recent MAR that was signed." -They had not received a copy of the FL2 dated 06/03/19.</p> <p>Review of Resident #5's physician order clarification dated 08/14/19 revealed metoprolol 25mg twice daily.</p> <p>Based on observations, interviews, and record reviews it was determined Resident #5 was not interviewable.</p> <p>Refer to the interview with the Executive Director and Regional Nurse on 08/14/19 at 11:55am.</p> <p>2. Review of Resident #6's current FL2 dated 06/17/19 revealed: -Diagnoses included dementia, depression, anxiety, diabetes, and hypertension. -There was a physician's order for tramadol 50mg take 1 tablet twice daily (used to treat pain).</p> <p>Review of Resident #6's physician order sheet dated 05/14/19 revealed a signed physician's order for tramadol 50mg take 1 tablet twice daily for pain.</p> <p>Review of Resident #6's physician's orders dated 06/03/19 revealed a signed physician's order for tramadol 50mg take 1 tablet twice daily as needed for pain.</p> <p>Review of Resident #6's August 2019 electronic Medication Administration Record (eMAR) revealed: -There was a computer-generated entry for tramadol 50mg take 1 tablet twice daily as needed for pain.</p>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	<p>Continued From page 12</p> <p>-Tramadol was not documented as administered from 08/01/19 to 08/14/19.</p> <p>Observation of Resident #6's medication on hand on 08/14/19 at 1:30pm revealed:</p> <p>-There was 58 tablets of tramadol 50mg dispensed on 05/28/19 available for administration.</p> <p>-Directions on the prescription label were to administer 1 tablet twice daily for pain.</p> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 08/14/19 at 11:20am revealed:</p> <p>-The pharmacy last dispensed 60 tablets of tramadol 50mg to Resident #6 on 05/28/19 with directions to take 1 tablet twice daily.</p> <p>-The pharmacy had a new order for tramadol 50mg take 1 tablet twice daily as needed for pain dated 06/03/19 but the prescription had never been filled because the pharmacy had just dispensed 60 tablets to Resident #6.</p> <p>-They did not have a copy of the FL2 dated 06/17/19 for Resident #6 at the pharmacy.</p> <p>Telephone interview with a nurse from the facility's contracted Nurse Practitioner's office on 08/14/19 at 9:03am revealed:</p> <p>-Resident #6's medication list included tramadol 50mg take 1 tablet twice daily.</p> <p>-She did not see any documentation in Resident #6's record that the order for tramadol was changed to as needed.</p> <p>Interview with the medication aide (MA) on 08/14/19 at 8:35am revealed:</p> <p>-The directions for Resident #6's tramadol 50mg was to take 1 tablet twice daily as needed.</p> <p>-She knew the directions on the eMAR was to give tramadol as needed.</p>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	<p>Continued From page 13</p> <p>-She did not know the current order for tramadol in Resident #6's record was to administer twice daily.</p> <p>Interview with the Special Care Coordinator (SCC) on 08/14/19 at 8:45am revealed:</p> <p>-She was responsible for updating the FL2 annually for each resident in the special care unit.</p> <p>-She or the MA were responsible for faxing new medication orders to the pharmacy and approving orders to appear on the eMAR.</p> <p>-She had updated Resident #6's FL2 in June 2019.</p> <p>-She had prepared the FL2 several weeks before the Nurse Practitioner had signed the document.</p> <p>-She knew Resident #6 had an order dated 06/03/19 changing the directions of the tramadol to as needed.</p> <p>-She did not know the physician's order for tramadol on the FL2 did not match the eMAR.</p> <p>-She "must have written the directions wrong" when she updated the FL2.</p> <p>Review of Resident #6's clarification order from the facility's contracted Nurse Practitioner dated 08/14/19 revealed Resident #6's current order for tramadol 50mg was 1 tablet twice daily as needed for pain.</p> <p>Interview with the Administrator on 08/14/19 at 1:25pm revealed:</p> <p>-She did not know Resident #6's current order for tramadol on the FL2 did not match the eMAR.</p> <p>-She did not know the SCC did not get the order for tramadol clarified when the FL2 did not match the eMAR or the previous physician's order.</p> <p>Based on observations, interviews, and record reviews, it was determined Resident #6 was not interviewable.</p>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF ROCKY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 S. WINSTEAD AVENUE ROCKY MOUNT, NC 27804</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	<p>Continued From page 14</p> <p>Refer to the interview with the Administrator and Regional Nurse on 08/14/19 at 11:55am.</p> <hr/> <p>Interview with the Administrator and Regional Nurse on 08/14/19 at 11:55am revealed:                      -It was the facility's policy to fax all new FL2's, signed physician order sheets, and new orders to the contracted pharmacy on the same day they were obtained "so orders can be reconciled."                      -The SCC was responsible for faxing the FL2's, signed physician order sheets, and new orders to the contracted pharmacy.                      -The SCC had filed the signed FL2 and physician order sheet in the chart without first faxing them to the pharmacy.</p>	D 344		