

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2020
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NAME OF PROVIDER OR SUPPLIER CROWN COLONY	STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE MOORESVILLE, NC 28115
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(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
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D 000 Initial Comments

The Adult Care Licensure Section conducted an annual and a follow-up survey on January 2-3, 2020.

D 310 10A NCAC 13F .0904(e)(4) Nutrition and Food Service

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.

This Rule is not met as evidenced by:
Based on observation, interviews and record reviews, the facility failed to serve mighty shakes (a nutritional supplement) three times daily as ordered by the resident's physician for 1 of 5 sampled residents (Resident #4).

The findings are:

Review of Resident #4's current FL2 dated 11/18/19 revealed:
-Diagnoses included memory loss, vitamin D insufficiency, and hyperthyroidism.
-There was an order for a regular diet.
-Resident #4 required no assist with her meals.
-There was no weight documented on the FL2 for Resident #4.

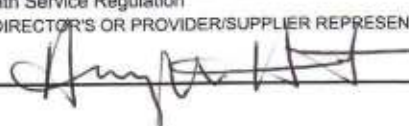
Review of Resident #4 Resident Registry revealed an admission date of 11/18/19.

Review of Resident #4's subsequent signed physician order dated 12/11/19 revealed the order included mighty shakes three times daily.

D 000

The administration and Nursing staff worked together to develop a policy to help track licensure orders are not omitted from E-MARS we will use a stamp to ensure checks to balances are done on all orders. (see exhibit A) all med orders or treatments will not be filed in chart until all lines are completed from the stamp. This stamp method can be used by all med techs. When stamp comes in a invoice will be held by DRS with all med techs to explain policy.

2-10-2020 ongoing

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 1/28/2020
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D 310	<p>Continued From page 1</p> <p>Review of Resident #4's electronic Medication Administration record (eMAR) for December 2019 revealed there was no entry for mighty shakes three times daily.</p> <p>Review of Resident #4's eMAR for January 2020 revealed there was no entry for mighty shakes three times daily.</p> <p>Observation of Resident #4's during the lunch meal on 01/02/20 served between 12:05pm and 1:10pm revealed Resident #4 did not receive a mighty shake with her lunch meal.</p> <p>Review of the kitchen menu for residents who were ordered mighty shake supplements on 01/02/20 at 2:50pm revealed Resident #4 was not the list to receive mighty shakes three times daily.</p> <p>Interview with two of the dietary staff on 01/02/19 at 2:54pm revealed: -The residents in the facility who received mighty shakes received them with their meals. -The dietary staff were responsible for serving the mighty shakes to the residents at meal time. -The was a list posted in the kitchen area for the dietary staff to follow for which residents received mighty shakes and how many times daily they were to receive them. -The Resident Care Coordinator (RCC) or the Medication Aides (MA) would give the dietary staff orders and update the list of residents receiving mighty shakes and how often. -Resident #4 was not served a mighty shake at lunch on 01/02/20 because she was not on the list to receive a mighty shake.</p> <p>Interview with the RCC on 02/03/20 at 8:48am revealed: -The process when receiving orders was to fax</p>	D 310		

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D 310	<p>Continued From page 2</p> <p>the order to the pharmacy and get confirmation the order was received.</p> <p>-A copy of the order goes into a pharmacy tote, the pharmacy picked up the tote nightly.</p> <p>-The RCC and the MAs could fax orders to the pharmacy.</p> <p>-The fax confirmation was attached to the order and placed in the resident's record.</p> <p>-The new order or any changes were documented in the resident's progress notes in the resident's record.</p> <p>-Pharmacy placed the order entry on the eMAR, then facility staff were to verify the order with the hard copy.</p> <p>-The mighty shakes should be on the eMAR for the staff to administer to Resident #4 three times daily.</p> <p>-She was not aware the order for the mighty shakes three times daily for Resident #4 was not on the eMAR.</p> <p>-The RCC and the MAs were responsible for relaying dietary orders' and updating the nutritional supplement list with new orders.</p> <p>-She was not aware Resident #4 did not receive mighty shakes three times daily as ordered by the physician.</p> <p>Review of Resident #4's progress notes dated 12/11/19 revealed:</p> <p>-Resident #4 was seen by the NP on 12/11/19.</p> <p>-Resident #4 had no new medications changes.</p> <p>-Resident #4 was ordered several laboratory studies.</p> <p>Interview with Resident #4's Nurse Practitioner on 01/03/20 at 8:54am revealed:</p> <p>-Resident #4 was new to the facility.</p> <p>-She had seen Resident #4 on 12/11/19 and had written an order for mighty shakes three times daily.</p>	D 310		

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D 310	<p>Continued From page 3</p> <ul style="list-style-type: none"> -She thought Resident #4 looked fragile, frail and underweight. -The NP was unsure of Resident #4's nutritional status or her eating habits. -She expected the facility to follow the orders as written for the mighty shakes three times daily to Resident #4. -She was not aware the order for the mighty shakes three times a day for Resident #4 was never implemented. -She did not know Resident #4 weighed 110 pounds on admission (11/18/19) and 101 pounds on 12/10/19. -She was not aware the facility changed from a stand-on floor scale to a digital scale in December 2019. <p>Telephone interview with the facility pharmacist on 01/03/20 9:05am revealed:</p> <ul style="list-style-type: none"> -Resident #4 did not have an order for mighty shakes three times daily. -The facility was responsible for faxing new orders to the pharmacy. -The pharmacy was responsible for entering the new order on the eMAR system. -The facility was responsible for accepting the new order prior to the MAs administering the medications or treatment. -Mighty shakes were used as a supplement for improving weight and adding protein and vitamins to the resident's nutritional status. <p>Interview with the facility manager on 01/03/20 at 9:20am revealed:</p> <ul style="list-style-type: none"> -She relied on the RCC and the MAs to fax new orders to the pharmacy and receive confirmation. -She did not know the mighty shakes were never administered to Resident #4 or that the ordered was never implemented. -The order for Resident #4's mighty shakes were 	D 310		

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D 310	<p>Continued From page 4</p> <p>faxed to the pharmacy but was not entered on the eMAR system.</p> <p>-The staff should have followed up on the mighty shakes to see why they were not added to Resident #4's eMAR.</p> <p>-The facility changed from a stand-on floor scale to a digital scale in December 2019.</p> <p>Observation of Resident #4 on 01/03/20 at 9:32am revealed she ambulated with the assist of a walker to the standup digital scales, her current weight was 102.8 pounds.</p> <p>Interview with the Administrator on 01/03/20 at 9:40am revealed:</p> <p>-She was not aware Resident #4 had an order for mighty shakes three times daily.</p> <p>-She did not know the order for Resident #4 mighty shakes was never implemented on the eMAR.</p> <p>-The facility faxed Resident #4's order for the mighty shakes to the pharmacy, but the pharmacy never entered on the order on the eMAR.</p> <p>-She relied on the RCC, MAs, and the manager to implement new resident's orders and follow-up on the completion of the new orders.</p> <p>Based on record review, observations, interviews with staff it was determined that Resident #4 was not interviewable.</p>	D 310		

NEW ORDERS

FAXED PHARMACY _____
E-MAR APPROVED _____
MEDICATION RECEIVED _____
ORDER COMPLETE _____

~~Exhibit~~ Exhibit A

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER HAL049010	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/3/2020
NAME OF FACILITY CROWN COLONY	STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE MOORESVILLE, NC 28115	

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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix D0273	Correction	ID Prefix D0318	Correction	ID Prefix _____	Correction
Reg. # 10A NCAC 13F .0902(b)	Completed	Reg. # 10A NCAC 13F .0905 (e)	Completed	Reg. # _____	Completed
LSC _____	10/31/2018	LSC _____	10/31/2018	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	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 _____	Correction	ID Prefix _____	Correction	ID Prefix _____	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 _____	_____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Jeanne S Robinson RN</i>	DATE 01/06/20
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/3/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		