

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/04/2020
NAME OF PROVIDER OR SUPPLIER GUILFORD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 5918 NETFIELD RD GREENSBORO, NC 27455		
(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 a follow-up and annual survey on 03/03/20 and 03/04/20.	D 000		
D 375	10A NCAC 13F .1005(a) Self-Administration Of Medications 10A NCAC 13F .1005 Self -Administration Of Medications (a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure 1 of 5 residents sampled (#1) had physicians' orders to self-administer medications for an antacid medication, a pain medication, a fiber supplement, vitamin C supplement, and hair, skin and nails supplement. The findings are: Review of Resident 1's current FL2 dated 06/19/19 revealed: -Diagnoses included Alzheimer's disease, anemia, and osteoarthritis.	D 375	Any resident who desires to self administer medications will have Self Administer Assessment Tool completed and order to self administer signed by MD. Administrator, Care Managers And Area Director of Operations will monitor to ensure compliance monthly-	3-4-20

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Brenda G. Peckol, Executive Director

TITLE

(X8) DATE

5/13/2020

STATE FORM

6889

R5F811

If continuation sheet 1 of 4

Reviewed + Acknowledged
5-14-20 Darlene Kay Pauer

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/04/2020
NAME OF PROVIDER OR SUPPLIER GUILFORD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 5918 NETFIELD RD GREENSBORO, NC 27455		
(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 375	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Resident #1 was intermittently confused. -There was no order for acetaminophen (used to treat mild pain), Antacid tablets (used to treat heartburn), vitamin C supplement (used to treat immune or vitamin deficiency), fiber supplement (used to treat constipation) and hair, skin, and nails supplement with biotin (used to treat vitamin deficiency). -There was no order for self-administration. <p>Review of Resident #1's record revealed:</p> <ul style="list-style-type: none"> -There was no documentation of a "Self-Administration of Medication Assessment" and no physician's order to self-administer medications. -There was no documentation specific to residents who may keep any medication in their room or on their person. <p>Observation of Resident #1's room on 03/03/20 at 9:50am revealed:</p> <ul style="list-style-type: none"> -On the bathroom counter top were six unidentified pills. -The pills were lined in a row directly in front of the sink. -There were two round plump red gummies, two round flat white tablets and two oblong clear capsules filled with a bright tan substance in the capsules. -There was a bottle of over-the-counter (OTC) acetaminophen 500mg, a bottle of OTC antacid calcium carbonate 1000mg tablets, vitamin C 1000mg, daily fiber 100% natural psyllium husk fiber, and a bottle of hair, skin, and nails gummies with biotin 2500mg. -The medications and supplements did not have a prescription label. <p>Interview with Resident #1 on 03/03/20 at 9:55am revealed:</p>	D 375		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/04/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GUILFORD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5918 NETFIELD RD GREENSBORO, NC 27455
---	---

(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 375	<p>Continued From page 2</p> <ul style="list-style-type: none"> -He had the medications and supplements since he moved into the facility last summer. -No one at the facility had told him that he was unable to have the medications. -He took the acetaminophen and antacid medications as needed. -He took the supplements daily which was how he prevented illnesses. <p>Interview with the medication aide (MA) on 03/04/20 at 10:50am revealed:</p> <ul style="list-style-type: none"> -She passed medications to Resident #1 daily on the first shift. -She did not know Resident #1 had medications in his room. -Resident #1 was protective of his room and did not allow her to enter his room past the doorway entrance to the room. -She had never been in Resident #1's room and was not aware he had medications and supplements in his room. -Resident #1 did not sleep all night and even during the daytime he was in and out of his going outside to smoke. -Once when Resident #1 had left his room staff tried to go into his room but was caught and the resident yelled and told staff to stay out of his room. -If Resident #1's room was searched for medications and supplements she did not know when it was searched or what staff initiated the search. <p>Interview with the Director of Resident Care (DRC) on 03/04/20 at 11:20am revealed:</p> <ul style="list-style-type: none"> -Shortly after he started to work at the facility in December 2019, he searched all the residents' rooms. -During the search he identified medications and supplements in Resident #1's room. 	D 375		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/04/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GUILFORD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5918 NETFIELD RD GREENSBORO, NC 27455
---	---

(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 375	<p>Continued From page 3</p> <ul style="list-style-type: none"> -He removed the items and made the resident's family member aware the resident could not have those items in his room. -In January 2020, he again did a search of the residents' rooms and identified more medications and supplements in Resident #1's room. -He removed the items and again told Resident #1's family member the resident was not allowed to have medications and supplements because the resident did not have an order to self-administer medications. -The family told him that Resident #1 would not listen to him and when he took the resident out Resident #1 purchased the items for himself. -He had not contacted Resident #1's Primary Care Provider (PCP) to obtain an order for the resident to self-administer medications. <p>Telephone interview with Resident #1's Primary Care Provider (PCP) on 03/04/20 at 9:50am revealed:</p> <ul style="list-style-type: none"> -She was not aware Resident #1 self-administered medications and supplements. -As of this date, no one at the facility had informed her that Resident #1 self-administered medications and supplements. -Based on previous encounters with Resident #1 she felt the resident was capable of self-administering supplements. -She felt facility should be responsible for administering medications that were not supplements. <p>Attempted interview with Resident #1's family member on 03/04/20 t 2:45pm was unsuccessful.</p>	D 375		