STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096031	A. BUILDING: _____ B. WING _____	R 07/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDSBORO ASSISTED LIVING & ALZHEIMER'S CAI	2201 ROYALE AVENUE GOLDSBORO, NC 27534

(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 follow-up survey via desk review 06/23/20 through 06/26/20, 06/29/20 through 07/02/20 and 07/06/20, including Infection Control onsite visit conducted on 06/26/20.	{D 000}		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to implement a physician order for the application of thrombo-embolic deterrent (TED) hose (used to prevent blood clots) for 1 of 4 sampled residents (#5). The findings are: Review of Resident #5's current FL-2 dated 03/16/20 revealed diagnoses included Alzheimer's, hypertension, and depressive	D 276	The facility shall assure documentation and implementation of procedures, treatments + orders from physicians + other licensed health professionals. ACC will review all orders that come in for residents → new FL2's, doctor's visits, faxes, etc. for any new or changed orders. All new / changed orders will be implemented as written. Administrator will review all new / changed orders for ACC staff to assure implementation. →	7/31/20

Reviewed and accepted 2020-12-03 KHH

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D 276	Continued From page 1 disorder. Review of a physician note dated 03/16/20 for Resident #5 revealed: -The resident was seen for a three month follow up appointment and blood pressure check. -Diagnoses included hypertension, edema, obesity hyperlipidemia, anemia, dementia, insomnia, hypokalemia, and gastro-esophageal reflux disease. -There was a physician order for the resident to wear thrombo-embolic deterrent (TED) hose (used to manage peripheral edema and prevent blood clots) daily. Review of Resident #5's electronic medication administration records (eMARs) for 03/2020, 04/2020, 05/2020, and 06/2020 revealed: -There was a "fyi" (for your information) entry dated 02/06/20 printed to the eMARs to elevate feet as much as possible. -There was no entry for TED hose application or removal daily. Observation of Resident #5 on 06/26/2020 at 1:00pm revealed: -She was sitting in a chair in her bedroom watching television. -Her feet were positioned flat on the floor. -She was wearing ankle socks and bedroom slippers. -She was not wearing TED hose. Interview with Resident #5 on 06/26/2020 at 1:00pm revealed her hands and feet were swollen. Telephone interview with the responsible family member for Resident #5 on 06/29/20 at 2:00pm revealed:	D 276	RCC + Administrator will initial each after review. (This includes any clarifications.)	

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D 276	Continued From page 6 -The RCC reviewed pending orders and approved the orders. -Since implementing the eMAR system, the facility did not perform end of the month review of medication administration records. -Every "couple of months" the facility reviewed the medications on hand to ensure there were no residents missing medications. -When the facility received an order for TED hose she expected the facility to get the TED hose and the resident should be wearing them. -She did not know Resident #5 was having any swelling in her ankles, feet, and legs. Telephone interview with the PCP on 07/01/20 at 4:00pm revealed: -Resident #5 was supposed to wear TED hose. -The resident usually did not have the TED hose on when she came to the PCP office. -She did not know if the resident was refusing to wear the TED hose. -She expected Resident #5 to wear the TED hose. -Resident #5 would swell a lot and the TED hose were to help with the swelling. -The resident had worn TED hose before. -When the resident was seen on 03/16/20, the resident had swelling less than 1+ edema and she wrote an order for the resident to wear TED hose daily.	D 276		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:	D 358	All medications will be administered as ordered by licensed prescribing practitioners. →	7/31/20

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D 358	Continued From page 7 (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Type B Violation Based on record reviews, observations, and interviews, the facility failed to administer medications as ordered by a licensed prescribing practitioner for 1 of 5 sampled residents (Resident #4) related to discontinuing an anti-hypertensive medication without a physician's order. The findings are: Review of Resident #4's current FL2 dated 05/28/20 revealed: -Diagnoses included hypertension, type 2 diabetes mellitus, and schizophrenia. -Medication orders included Catapress/clonidine (used to lower high blood pressure) 0.2mg tablet twice daily. Review of Resident #4's hospital discharge summary report dated 05/28/20 revealed: -Discharge medications included clonidine HCL 0.2mg tablet take 2 times daily. -There was documentation on the hospital discharge summary report with special instructions "Continue taking this medication and follow the directions you see here." Review of Resident #4's May 2020 electronic Medication Administration Records (eMARs) revealed: -There was an entry for clonidine 0.2mg twice daily at 9:00am and 9:00pm.	D 358	RCC will review all orders that come in for residents → new FL2's, doctor's visits, faxes, etc. for any new / changed orders. all new / changed orders / procedures will be implemented as written. Administrator will review twice weekly. RCC + Administrator will initial after review. A discontinued med report will be printed from Accu-Chs system weekly + reviewed by both RCC + Administrator to make sure all d/c'd orders / treatments / procedures have corresponding order.	

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D 358	Continued From page 14 clonidine without a discontinue order and not administering clonidine for four and half weeks resulting in Resident #4 having hypertension, dizziness, weakness and a fall. This failure was detrimental to the health, safety and welfare of the resident and constitutes a Type B violation. _____ A plan of protection was requested from the facility in accordance with G.S. 131D-34 on 07/01/20 for this violation. _____ THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 20, 2020.	D 358		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights 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 ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to medication administration. The findings are: Based on record reviews, observations, and interviews, the facility failed to administer medications as ordered by a licensed prescribing	{D912}	All residents will receive care + services which are adequate, appropriate and in compliance with relevant federal, state laws + rules and regulations - per attached POC.	7/31/20

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