

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/09/2021
NAME OF PROVIDER OR SUPPLIER BROOKDALE REYNOLDA ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 2980 REYNOLDA ROAD WINSTON SALEM, NC 27106		
(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 and follow up survey on 09/08/21 to 09/09/21.	D 000	All self Admin Resident will be reviewed for accuracy every 3 months. Med techs have been trained that all new orders need to be entered into PCC on 9.13.21. Mandatory Med Tech meetings monthing to reivew and update on new procedures.HWD/RCC	
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the electronic Medication Administration Record (eMAR) was accurate for 1 of 2 residents (Resident #2) who self-administered medications. The findings are:	D 367	to review all New order Tracking forms to ensure 3 checks on all orders.	

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

Doreen Adams

TITLE

Executive Director

(X6) DATE

10-3-2021

Mary K. Agena

Reviewed and Acknowledged on 10/04/21 by MA

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D 367	<p>Continued From page 1</p> <p>Review of Resident #2's current FL2 dated 03/25/21 revealed multiple diagnoses that included chronic atrial fibrillation (irregular heart rhythm), uncontrolled type 2 diabetes, hyperlipidemia (high cholesterol), and chronic kidney disease.</p> <p>Review of Resident #2's Self-Administration of Medication Review dated 04/21/21 revealed he was approved to self-administer his medications.</p> <p>Review of Resident #2's signed physician orders dated 04/20/21 revealed he was to receive hydrocodone 5mg-acetaminophen 325mg, one tablet three times daily.</p> <p>Review of Resident #2's signed physician orders dated 05/17/21 revealed there were orders for Novolog insulin (a fast acting medication used to lower blood sugar) inject 40 units in the morning, 40 units at lunch and 45 units at supper; coumadin (a medication used to treat or prevent blood clots) 3mg daily to be given along with coumadin 5mg for a total of 8mg daily; multivitamin one tablet daily; Basaglar insulin (a slow acting medication used to lower blood sugar) 110 units every morning; vitamin D3 5000 units one tablet daily; vitamin C 500mg one tablet daily; zinc 66mg one tablet daily; and omega-3 1000mg one capsule daily.</p> <p>Review of Resident #2's signed physician order dated 07/20/21 revealed there were orders for Triamcinolone cream 0.1% apply to lower extremities twice daily and gabapentin 100mg one tablet at bedtime.</p> <p>Review of Resident #2's July 2021, August 2021, and September 2021 eMARs revealed:</p>	D 367		

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D 367	<p>Continued From page 2</p> <ul style="list-style-type: none"> -There was an entry for hydrocodone 5mg-acetaminophen 325mg three tablets three times daily. -There was an entry for Novolog 40 units before meals. -There were two entries for coumadin; coumadin 5mg one tablet daily and coumadin 1mg three tablets three times daily. -The vitamin D3 entry contained no dosage. -There were no entries for multivitamin, Basaglar insulin, vitamin C, zinc, omega-3, triamcinolone cream, and gabapentin. -The documentation revealed it was unknown if the resident received his medication because he self-administered his medications. <p>Interview with Resident #2 on 09/09/21 at 9:46am revealed:</p> <ul style="list-style-type: none"> -He self-administered his medications according to the printed pharmacy label. -He self-administered one tablet daily of each dietary supplement, including multivitamin, vitamin D3, vitamin C, zinc, and omega-3. -He self-administered hydrocodone 5mg-acetaminophen 325mg one tablet three times daily; Novolog insulin 40 units in the morning and at lunch and 45 units at supper; coumadin 3mg daily with coumadin 5mg for a total of 8mg daily; and Basaglar insulin 110 units every morning. <p>Interview with the medication aide (MA) on 09/09/21 at 12:30pm revealed:</p> <ul style="list-style-type: none"> -When she entered physician orders into the residents' electronic Medication Administration Record (eMAR) the physician orders were not reviewed by another MA. -During the medication pass Resident #2's eMAR automatically populated each of Resident #2's medications as self-administered. 	D 367		

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D 367	<p>Continued From page 3</p> <p>Interview with the Resident Care Coordinator (RCC) on 09/09/21 at 12:55pm revealed:</p> <ul style="list-style-type: none"> -The MAs were responsible for entering Resident #2's physician's order into the eMAR. -When the MA entered Resident #2's physician's order into the eMAR profile they were not reviewed by another MA for accuracy. -She did not review Resident #2's eMAR for accuracy because Resident #2 administered his medications to himself. -Resident #2's eMAR documentation occurred when the MAs completed their daily medication pass. -Resident #2's medications on his eMAR were automatically documented when the MAs opened Resident #2's chart during the medication pass. -The Health and Wellness Director (HWD) reviewed Resident #2's eMAR, physician orders, and medications during his quarterly self-administration assessment. <p>Interview with the HWD on 09/09/21 at 11:54am revealed:</p> <ul style="list-style-type: none"> -She reviewed the eMARs of residents who self-administered medications when she completed the self-administration assessment. -She tried to perform the self-administration assessments quarterly, but she got behind completing them. -Resident #2's most recent self-administration assessment was 04/21/21. -She was unsure why Resident #2's medication orders did not get placed on his eMAR but thought it possible the MA did not think it was necessary since the resident self-administered his medications. <p>Interview with the Administrator on 09/09/21 at 1:26pm revealed:</p>	D 367		

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D 367	Continued From page 4 -The MAs were responsible for inputting physician orders into the eMAR. -Orders were then to be reviewed by both the RCC and HWD. -Resident's that self-administered medications were to have a self-administration assessment every three months and the eMAR was reviewed for accuracy at that time.	D 367		

