

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/14/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RICHLAND PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3823 LAWDALE DRIVE GREENSBORO, NC 27455</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 and follow-up survey from 07/13/22 to 07/14/22.	D 000		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>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:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to administer medication as ordered for 1 of 5 sampled residents (#2) who had an order for sliding scale insulin.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 06/15/22 revealed: -Diagnoses included dementia and type 2 diabetes. -There was an order for Humalog (a rapid-acting insulin used to treat elevated blood sugar levels) sliding scale insulin (SSI): check fingerstick blood sugar (FSBS) three times daily with meals and inject insulin as follows: 151-200=2 units, 201-250=3 units, 251-300=4 units, 301-350=6 units, 351-400=10 units, greater than 401=12 units and call the primary care provider (PCP).</p>	D 358		

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>HAL041081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/14/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RICHLAND PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3823 LAWDALE DRIVE</b> <b>GREENSBORO, NC 27455</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 358	<p>Continued From page 1</p> <p>Review of Resident #2's May 2022 medication administration record (MAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Humalog SSI, check FSBS three times daily with meals and inject insulin: 151-200=2 units, 201-250=3 units, 251-300=4 units, 301-350=6 units, 351-400=10 units, greater than 401=12 units and call the PCP, scheduled at 6:00am, 11:30am and 4:00pm.</li> <li>-On 05/08/22 at 4:00pm, the FSBS was 254, 3 units of SSI were documented as administered but 4 units should have been given.</li> <li>-On 05/18/22 at 6:00am, the FSBS was 260, 3 units of SSI were documented as administered but 4 units should have been given.</li> <li>-On 05/20/22 at 11:30am, the FSBS was 264, 6 units of SSI were documented as administered but 4 units should have been given.</li> <li>-On 05/27/22 at 4:00pm, the FSBS was 218, 2 units of SSI were documented as administered but 3 units should have been given.</li> <li>-On 05/30/22 at 11:30am, the FSBS was 214, 2 units of SSI were documented as administered but 3 units should have been given.</li> <li>-On 05/30/22 at 4:00pm, the FSBS was 183, 0 units of SSI were documented as administered but 2 units should have been given.</li> <li>-FSBS values from 05/01/22 through 05/31/22 ranged from 79 to 362.</li> </ul> <p>Review of Resident #2's June 2022 MAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Humalog SSI, check FSBS three times daily with meals and inject insulin: 151-200=2 units, 201-250=3 units, 251-300=4 units, 301-350=6 units, 351-400=10 units, greater than 401=12 units and call the PCP, scheduled at 6:00am, 11:30am and 4:00pm.</li> <li>-On 06/20/22 at 4:00pm, the FSBS was 329, 10 units of SSI was documented as administered but 6 units should have been given.</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/14/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RICHLAND PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3823 LAWDALE DRIVE</b> <b>GREENSBORO, NC 27455</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 358	<p>Continued From page 2</p> <p>-FSBS values from 06/01/22 through 06/30/22 ranged from 109 to 401.</p> <p>Interview with a medication aide (MA)/Resident Care Coordinator (RCC) on 07/14/22 at 10:20am revealed:</p> <ul style="list-style-type: none"> <li>-She had documented the incorrect SSI dose for Resident #2 administered on 05/20/22, 05/27/22, and 05/30/22 at 11:30am and 4:00pm.</li> <li>-She thought she had administered the correct units of insulin but documented the incorrect amount of insulin administered.</li> <li>-Her responsibilities as the RCC included completing MAR audits.</li> <li>-She completed MAR audits weekly which included checking for missing documentation, ensuring the MAs completed the correct documentation under the Nurse's Medication Notes, and monitoring the narcotic counts.</li> <li>-She had not noticed the discrepancies between FSBS value, units of SSI ordered, and units of SSI documented as administered.</li> </ul> <p>Interview with a second MA on 07/14/22 at 2:20pm revealed:</p> <ul style="list-style-type: none"> <li>-She had documented the incorrect SSI dose for Resident #2 administered on 06/20/22.</li> <li>-She thought she administered the correct units of insulin but documented the incorrect amount of insulin administered on the MAR.</li> <li>-She always checked Resident #2's FSBS, reviewed the SSI order to verify how many units of insulin to administer, and then administered the insulin.</li> <li>-She was not aware that she documented administering 10 units of SSI when 6 units should have been administered.</li> </ul> <p>Interview with the Care Service Manager (CSM) on 07/14/22 at 10:40am revealed:</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/14/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RICHLAND PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3823 LAWDALE DRIVE GREENSBORO, NC 27455</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 358	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-She was a nurse and it was her responsibility to complete MAR audits.</li> <li>-She audited the MARs weekly, alternating weeks between the two medication carts.</li> <li>-During her audits, she looked for missed dose administrations, clarified any handwriting on the MAR she could not read, and checked for any discrepancies between the order on the MAR versus the medication in the cart versus the signed physician order.</li> <li>-She had not noticed there were 7 occurrences where an incorrect amount of SSI was documented as administered to Resident #2 between May and June 2022.</li> <li>-The MAs were expected the follow the SSI order and administer insulin per the sliding scale written by the PCP.</li> <li>-The MAs were expected to correctly document the number of units of SSI administered.</li> </ul> <p>Telephone interview with Resident #2's PCP on 07/14/22 at 11:30am revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware Resident #2 received the incorrect amount of insulin 7 times between May and June 2022.</li> <li>-She expected the MAs to follow her SSI order as written.</li> <li>-The potential harm to Resident #2 for not receiving the ordered dose of insulin based on her FSBS value was over or under-correcting her blood sugar levels which could result in her blood sugar dropping too low, or her blood sugar level rising too high causing symptoms of blurred vision, weakness, headaches, or confusion.</li> </ul> <p>Interview with the Administrator on 07/14/22 at 1:35pm revealed:</p> <ul style="list-style-type: none"> <li>-The CSM completed MAR audits at the end of every week, and the CSM and RCC completed audits together at the end of each month while</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/14/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RICHLAND PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3823 LAWDALE DRIVE</b> <b>GREENSBORO, NC 27455</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 358	Continued From page 4  preparing the following month's MAR. -The audits included checking for missing documentation, and accuracy of medication administration. -Sometimes errors were missed during the audits because they were challenging to read due to different MA handwriting. -She was not aware that Resident #2 had received the incorrect number of units of SSI on 7 occasions. -She expected the MAs to closely follow the SSI order and to always administer the correct amount of insulin.	D 358		