

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL051061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PROVIDENCE ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4302 NC 210 SMITHFIELD, NC 27577</b>
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D 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey and follow up survey on August 10 - 11, 2022.	D 000		
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, record reviews, and interviews, the facility failed to ensure the electronic medication administration records (eMARs) were accurate for 1 of 3 sampled residents (#3) related to documentation of medications administered by injections.  The findings are:	D 367		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D 367	<p>Continued From page 1</p> <p>Review of Resident #3's current FL-2 dated 09/27/21 revealed diagnoses included bipolar disorder, major depressive disorder, anxiety disorder, type 2 diabetes mellitus, and diabetic neuropathy.</p> <p>a. Review of a physician's order for Resident #3 dated 09/27/21 revealed an order for fingerstick blood sugar checks before meals.</p> <p>Review of physician's orders for Resident #3 revealed: -On 03/21/22, there was an order for fingerstick blood sugar checks before meals scheduled at 7:30am, 11:30am, and 4:30pm daily. -On 03/21/22, there was an order for Humalog insulin (used to lower blood sugar) with sliding scale parameters of 70 - 130 = 0 units, 131 - 180 = 4 units, 181 - 240 = 8 units, 241 - 300 = 10 units, 301 - 350 = 12 units, 351 - 400 = 16 units and call physician. -On 07/25/22, there was a physician's order to continue Humalog, and "blood sugar improved". -There were no additional physicians' orders for the fingerstick blood sugar checks or the Humalog insulin sliding scale for Resident #3.</p> <p>Review of Resident #3's June 2022 electronic medication administration records (eMARs) revealed: -There was a printed entry for blood sugar checks before meals scheduled at 7:30am, 11:30am, and 4:31pm daily with 90 documented blood sugar readings ranging from 91 to 341. -There were 70 documented blood sugar readings ranging from 131 to 341.</p> <p>Continued review of Resident #3's June 2022 eMARs revealed:</p>	D 367		

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D 367	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-There was a second printed entry for the Humalog sliding scale scheduled at 7:30am, 11:30am, and 4:30pm daily with an area for documentation of the site of administration.</li> <li>-There were 70 of 90 opportunities when a site was documented for administration of Humalog sliding scale insulin, one refusal, and 18 times when "NS" (per body location site key, NS meant no site required) was documented.</li> <li>-There was no designated area for the documentation of the units of Humalog insulin administered per the sliding scale ordered parameters.</li> </ul> <p>Review of another section of the eMARs titled "Admin History" for Resident #3's blood sugar results for June 2022 revealed:</p> <ul style="list-style-type: none"> <li>-There were notes documenting accurate administration of Humalog insulin sliding scale for 6 of the 70 opportunities when Resident #3's blood sugar readings were between 131 to 341.</li> <li>-There was no documentation of administration for units of Humalog sliding scale insulin administered for the remaining 64 opportunities.</li> </ul> <p>Review of Resident #3's July 2022 eMARs revealed:</p> <ul style="list-style-type: none"> <li>-There was a printed entry for blood sugar checks before meals scheduled at 7:30am, 11:30am, and 4:31pm daily with 92 documented blood sugar readinranging from 51 to 315.</li> <li>-There were 68 documented blood sugar readings ranging from 131 to 315.</li> </ul> <p>Continued review of Resident #3's July 2022 eMARs revealed:</p> <ul style="list-style-type: none"> <li>-There was a second printed entry for the Humalog sliding scale scheduled at 7:30am, 11:30am, and 4:30pm daily with an area for documentation of the site of administration.</li> </ul>	D 367		

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D 367	<p>Continued From page 3</p> <p>-There were 67 of 92 opportunities when a site was documented for administration of Humalog sliding scale insulin and 25 times when "NS" (no site required) was documented.</p> <p>-There was no designated area for the documentation of the units of Humalog insulin administered per the sliding scale ordered parameters.</p> <p>Review of another section of the eMARs titled "Admin History" for Resident #3's blood sugar results for July 2022 revealed:</p> <p>-There were notes documenting accurate administration of Humalog insulin sliding scale for 12 of the 67 opportunities when Resident #3's blood sugar readings were between 131 to 315.</p> <p>-There was no documentation of administration for units of Humalog sliding scale insulin administered for the remaining 55 opportunities.</p> <p>Review of Resident #3's August 2022 eMARs revealed:</p> <p>-There was a printed entry for blood sugar checks before meals scheduled at 7:30am, 11:30am, and 4:31pm daily with 90 documented blood sugar readings ranging from 87 to 269.</p> <p>-There were 19 opportunities when the blood sugar readings were documented between 131 to 269.</p> <p>Continued review of Resident #3's August 2022 eMARs revealed:</p> <p>-There was a second printed entry for the Humalog sliding scale scheduled at 7:30am, 11:30am, and 4:30pm daily with an area for documentation of the site of administration.</p> <p>-There were 19 of 27 opportunities when a site was documented for administration of Humalog sliding scale insulin and 8 opportunities when "NS" (no site required) was documented.</p>	D 367		

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D 367	<p>Continued From page 4</p> <p>-There was no designated area for the documentation of the units of Humalog insulin administered per the sliding scale ordered parameters.</p> <p>Review of another section of the eMARs titled "Admin History" for Resident #3's blood sugar results for August 2022 revealed there were notes documenting accurate administration of Humalog insulin sliding scale for the 19 of 27 when Resident #3's blood sugar readings were documented between 131 to 269.</p> <p>Interview with the Administrator on 08/11/22 at 9:28am revealed: -She did not know why the units of insulin administered per Resident #3's sliding scale insulin (SSI) was not documented on the eMARs. -The medication aides documented in the eMAR system the amount of insulin administered and there may be another report needed to provide that information. -This facility was her first experience with using an eMAR system.</p> <p>Interview with the Medication Aide on 08/11/22 at 2:18pm revealed: -There was no place on the eMAR to document the amount of Humalog sliding scale insulin administered. -She documented on the "vital sign sheet" the amount of Humalog sliding scale insulin she administered to Resident #3.</p> <p>Interview with the Resident Care Coordinator (RCC) on 08/11/22 at 3:27pm revealed: -Resident #3 was supposed to have SSI administered based on her fingerstick blood sugar readings which were obtained three times a day.</p>	D 367		

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D 367	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-She documented the amount of Humalog sliding scale insulin administered to Resident #3 on the vital sign sheet.</li> <li>-She had not noticed that the amount of SSI administered to Resident #3 did not populate on the eMARs.</li> <li>-She was responsible for approving physician orders once entered to the eMARs by the pharmacy.</li> <li>-She did not normally review eMARs.</li> <li>-Reviewing the eMARs would be the responsibility of herself, the MAs and the Administrator.</li> <li>-She would be able to tell how much SSI was administered to Resident #3 by asking the MA who administered the SSI.</li> </ul> <p>Interview with Resident #3 on 08/11/22 at 3:35pm revealed:</p> <ul style="list-style-type: none"> <li>-She was administered insulin.</li> <li>-The amount of insulin administered depended on her finger stick blood sugar reading.</li> <li>-She did not know the kind of insulin she was administered.</li> <li>-She sometimes saw how much insulin she was being administered.</li> </ul> <p>Telephone interview with the contracted provider pharmacy representative on 08/11/22 at 3:40pm revealed:</p> <ul style="list-style-type: none"> <li>-The pharmacy input physician orders to the eMARs.</li> <li>-When the original order for the SSI administration was entered to the eMARs, the SSI box to document the units of SSI administered did not trigger.</li> <li>-The facility approved physician orders once entered to the eMARs by the pharmacy staff and could manually adjust the orders.</li> </ul> <p>Refer to the interview with the Administrator on</p>	D 367		

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D 367	<p>Continued From page 6</p> <p>08/11/22 at 4:01pm.</p> <p>b. Review of a physician's order for Resident #3 dated 09/27/21 revealed an order for Haloperidol Dec Injection (used to treat mental disorders such as agitation) 0.75ml=75mg intramuscularly two times a month on the 7th and 26th.</p> <p>Review of a physician's order dated 07/08/22 revealed the Haldol injection was changed to administer every fifteen days instead of the 7th and 26th of each month.</p> <p>Review of Resident #3's June 2022 electronic medication administration records (eMARs) on 08/11/22 revealed:</p> <ul style="list-style-type: none"> <li>-There was a printed entry for Haldol Dec inject 0.75ml=75mg intramuscularly twice a month on the 7th and 26th and scheduled administration time of 9:00am.</li> <li>-There were initials documented for administration on the 7th and 26th that matched staff names listed on the "caregiver key" on the eMARs.</li> </ul> <p>Review of Resident #3's July 2022 eMARs) on 08/11/22 revealed:</p> <ul style="list-style-type: none"> <li>-There was a printed entry for Haldol Dec inject 0.75ml=75mg intramuscularly every 15 days and scheduled administration time of 8:00am to 6:00pm.</li> <li>-There were initials documented for administration on the 14th and 29th that matched staff names listed on the "caregiver key" on the eMARs.</li> </ul> <p>Interview with the Medication Aide on 08/11/22 at 12:51pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not administer the Haldol injection to Resident #3.</li> </ul>	D 367		

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D 367	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>-She documented her initials on the eMAR on the date the Haldol injection populated on the eMARs for administration to Resident #3.</li> <li>-Her initials on the June 2022 eMAR for the administering of the Haldol injection meant the injection was administered by the Home Health Nurse.</li> <li>-The Home Health Nurse documented in their notes and did not document on the eMAR.</li> </ul> <p>Review of the visit notes for Resident #3 from the Home Health Nurse dated 06/06/22, 06/30/22, 07/13/22, 07/26/22, and 08/09/22 revealed documentation for administration of the Haldol injection.</p> <p>Interview with the RCC on 08/11/22 at 3:27pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not normally review eMARs.</li> <li>-Reviewing the eMARs would be the responsibility of herself, the MAs and the Administrator.</li> <li>-She would be able to tell how much SSI was administered to Resident #3 by asking the MA who administered the SSI.</li> </ul> <p>No additional documentation for units of sliding scale insulin administration to Resident #3 from 06/01/22 through 08/10/22 was provided prior to survey exit.</p> <p>Refer to the interview with the Administrator on 08/11/22 at 4:01pm.</p> <p>Interview with the Administrator on 08/11/22 at 4:01pm revealed:</p> <ul style="list-style-type: none"> <li>-The MAs were expected to correctly document medication administration on the eMARs.</li> <li>-If a MA did not administer a medication that populated on the eMARs, the MA could initial and circle their initials and provide documentation for</li> </ul>	D 367		



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