

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/11/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PROVIDENCE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4302 NC 210 SMITHFIELD, NC 27677
--	--

(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 survey and follow up survey on August 10 - 11, 2022.	D 000		
D 367	<p>10A NCAC 13F .1004(j) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following:</p> <ol style="list-style-type: none"> (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). <p>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.</p> <p>The findings are:</p>	D 367	<p>Please see attachment for plan of correction.</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jermaine Moore TITLE: Administrators (X6) DATE: 9/7/2022

STATE FORM

6800

7DBE11

If continuation sheet 1 of 9

Received via email - Ht

Reviewed and Acknowledged - Ht 09/12/2022

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PROVIDENCE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4302 NC 210 SMITHFIELD, NC 27577
---	--

(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 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:</p> <ul style="list-style-type: none"> -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>Review of Resident #3's June 2022 electronic medication administration records (eMARs) revealed:</p> <ul style="list-style-type: none"> -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>Continued review of Resident #3's June 2022 eMARs revealed:</p>	D 367		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PROVIDENCE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4302 NC 210 SMITHFIELD, NC 27577
---	--

(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 367	<p>Continued From page 2</p> <ul style="list-style-type: none"> -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. -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. -There was no designated area for the documentation of the units of Humalog insulin administered per the sliding scale ordered parameters. <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"> -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. -There was no documentation of administration for units of Humalog sliding scale insulin administered for the remaining 64 opportunities. <p>Review of Resident #3's July 2022 eMARs revealed:</p> <ul style="list-style-type: none"> -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 readings ranging from 51 to 315. -There were 68 documented blood sugar readings ranging from 131 to 315. <p>Continued review of Resident #3's July 2022 eMARs revealed:</p> <ul style="list-style-type: none"> -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. 	D 367		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PROVIDENCE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4302 NC 210 SMITHFIELD, NC 27577
---	--

(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 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		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PROVIDENCE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4302 NC 210 SMITHFIELD, NC 27577
---	--

(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 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:</p> <p>-She did not know why the units of insulin administered per Resident #3's sliding scale insulin (SSI) was not documented on the eMARs.</p> <p>-The medication aides documented in the eMAR system the amount of insulin administered and there may be another report needed to provide that information.</p> <p>-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:</p> <p>-There was no place on the eMAR to document the amount of Humalog sliding scale insulin administered.</p> <p>-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:</p> <p>-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		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PROVIDENCE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4302 NC 210 SMITHFIELD, NC 27577
---	--

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PROVIDENCE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4302 NC 210 SMITHFIELD, NC 27577
---	--

(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 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"> -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. -There were initials documented for administration on the 7th and 26th that matched staff names listed on the "caregiver key" on the eMARs. <p>Review of Resident #3's July 2022 eMARs) on 08/11/22 revealed:</p> <ul style="list-style-type: none"> -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. -There were initials documented for administration on the 14th and 29th that matched staff names listed on the "caregiver key" on the eMARs. <p>Interview with the Medication Aide on 08/11/22 at 12:51pm revealed:</p> <ul style="list-style-type: none"> -She did not administer the Haldol injection to Resident #3. 	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PROVIDENCE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4302 NC 210 SMITHFIELD, NC 27577
---	--

(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 367	<p>Continued From page 7</p> <p>-She documented her initials on the eMAR on the date the Haldol injection populated on the eMARs for administration to Resident #3.</p> <p>-Her initials on the June 2022 eMAR for the administering of the Haldol injection meant the injection was administered by the Home Health Nurse.</p> <p>-The Home Health Nurse documented in their notes and did not document on the eMAR.</p> <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> <p>-She did not normally review eMARs.</p> <p>-Reviewing the eMARs would be the responsibility of herself, the MAs and the Administrator.</p> <p>-She would be able to tell how much SSI was administered to Resident #3 by asking the MA who administered the SSI.</p> <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> <p>-The MAs were expected to correctly document medication administration on the eMARs.</p> <p>-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</p>	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PROVIDENCE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4302 NC 210 SMITHFIELD, NC 27577
---	--

(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 367	Continued From page 8 the reason the medication was not administered.	D 367		
-------	--	-------	--	--

Providence Assistant Living
Plan of Correction
September 7, 2022

In order to be in compliance with state rules and regulations [REDACTED] the administrator for Providence Assisted Living will ensure that Rule number 10A NCAC 13 F.1004J (Medication Administration Rule) is followed by ensuring that the facility electronic Medication Administration Records (eMAR's) are accurate.

- The pharmacy activated the proper tile in the eMAR system on August 11, 2022, to ensure that Medication Aides would have a designated area to document units of Humalog insulin administered.

As of August 23, 2022, these measures have been put in place to prevent eMAR's errors from happening again:

-The Administrator and Resident Care Coordinator (RCC) will ensure that all eMAR's trainings are completed within one week of hire.

- eMARs training software was installed on both facility laptops so all staffs can quickly reference eMARs trainings as needed.

-The eMAR toll-free number [REDACTED] has been given and posted at the nurse's station to ensure that Administrator, RCC and all staffs can ask questions 24/7 through the eMARs customer service team as needed.

-The pharmacy nurse consultant completed refresher eMARs training on 8/15/2022 with the Administrator, RCC and Medication aides.

-Administrator or RCC will complete in-services within one week of new hires on the eMARs system.

-As of 8/23/2022 Primary doctor, administrator, RCC and pharmacy nurse has audited current orders and eMAR's for accuracy.

-Admin and RCC will do weekly medication cart audits for the next 60days, then monthly thereafter.

-Admin and RCC will Approve all physician orders once pharmacy has accurately added them to the eMAR system.

-Providence Assisted Living outside provider policy has been updated as of 8/15/2022. The home health companies have been notified and all residents medical charts have clear instructions on how to document injection in the eMAR system. The Administrator in-serviced the home health nurses and all staff on documenting injections.

- The Administrator, RCC and all Medication Aides have been in-serviced on proper eMARs documentation by the pharmacy nurse consultant as of 8/23/2022

All deficiencies have been corrected as of 8-23-2022 to ensure that all eMARs are accurate. Thanks for your support and expertise during this survey. It is our goal to continue to provide care to the aging and disable population.

Forte, Hope

From: Termaine Moore <t.moore@providenceassistedliving.org>
Sent: Wednesday, September 7, 2022 4:41 PM
To: Forte, Hope
Subject: [External] Fwd: Providence Plan of correction
Attachments: CamScanner 09-07-2022 16.26.pdf

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

----- Original Message -----

From: Termaine Moore <termaine_blount@yahoo.com>
To: Providence <t.moore@providenceassistedliving.org>
Date: 09/07/2022 4:29 PM EDT
Subject: Providence Plan of correction

Have a safe and blessed day.
Termaine Moore, Executive Director