

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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
{C 000}	Initial Comments  The Adult Care Licensure Section conducted a follow-up survey on 01/24/23.	{C 000}			
C 246	<p>10A NCAC 13G .0902(b) Health Care</p> <p>10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to notify the physician for finger stick blood sugar (FSBS) readings less than 100 as ordered for 1 of 3 sampled resident (#1).</p> <p>The findings are:</p> <p>Review of Resident #1's FL-2 dated 09/01/22 revealed: -Diagnoses included dementia, diabetes mellitus type 2, and hypertension. -The resident was intermittently disoriented. -The resident had wandering behaviors. -There was a medication order for Insulin Aspart Flex Pen, 2 units three times a day before meals with the instructions do not give if blood sugar is less than 100. (Insulin Aspart is a short-acting insulin used to control high blood sugar. Novolog is the brand name for Insulin Aspart). -There was an order for Insulin Glargine 25 units at bedtime. (Insulin Glargine is also known as Lantus and is a long-acting insulin used to control high blood sugar). -There was an order for Freestyle Lite (Glucose) Test Strips to use 1 test strip for FSBS testing as instructed four times a day.</p> <p>Review of Resident #1's Resident Register</p>	C 246			

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>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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	
C 246	<p>Continued From page 1</p> <p>revealed an admission date of 09/07/22.</p> <p>Review of a physician communication dated 10/11/22 revealed:</p> <ul style="list-style-type: none"> <li>-The facility made a request on 10/11/22 for Resident #1 to be on a sliding scale for Insulin Aspart throughout the day because his FSBS was still running high.</li> <li>-There was a physician order to increase Resident #1 Insulin Aspart from 2 units three times a day before meals to 5 units three times a day before meals.</li> <li>-There were no parameters for FSBS levels.</li> </ul> <p>Review of a physician order dated 11/18/22 revealed:</p> <ul style="list-style-type: none"> <li>-Check FSBS before meals.</li> <li>-Hold mealtime insulin (Aspart) if blood glucose is less than or equal to 100.</li> <li>-Hold mealtime insulin (Aspart) if resident was not eating a meal at that time.</li> <li>-Check blood glucose before breakfast, lunch, dinner and at bedtime.</li> <li>-Hold Glargine and contact physician if am (before breakfast) blood glucose is consistency lower than 100. (Glargine, also called Lantus, is a long acting insulin used to control high blood sugar)</li> <li>-Glargine was to be administered at bedtime and blood glucose trends to be followed for blood glucose at specific times.</li> </ul> <p>Review of Resident #1's November 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Novolog, 5 units before meals at 7:30am, 11:30am, and 4:30pm.</li> <li>-There was no entry to hold Novolog if FSBS was less than or equal to 100.</li> <li>-There was documentation that Novolog 5 units</li> </ul>	C 246			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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	
C 246	<p>Continued From page 2</p> <p>was administered at 7:30am on 11/19/22, 11/20/22, 11/21/22, 11/22/22, 11/24/22, 11/25/22, 11/26/22, 11/27/22 and 11/29/22.</p> <p>-There was documentation the FSBS on 11/19/22 at 7:30am was 84.</p> <p>-There was documentation the FSBS on 11/20/22 at 7:30am was 60.</p> <p>-There was documentation the FSBS on 11/21/22 at 7:30am was 74.</p> <p>-There was documentation the FSBS on 11/22/22 at 7:30am was 92.</p> <p>-There was documentation the FSBS on 11/24/22 at 7:30am was 99.</p> <p>-There was documentation the FSBS on 11/25/22 at 7:30am was 54.</p> <p>-There was documentation the FSBS on 11/26/22 at 7:30am was 53.</p> <p>-There was documentation the FSBS on 11/27/22 at 7:30am was 90.</p> <p>-There was documentation the FSBS on 11/29/22 at 7:30am was 52.</p> <p>-There was documentation that Novolog 5 units was administered at 11:30am on 11/25/22, 11/26/22, and 11/28/22.</p> <p>-There was documentation that the FSBS on 11/25/22 at 11:30am was 61.</p> <p>-There was documentation that the FSBS on 11/26/22 at 11:30am was 87.</p> <p>-There was documentation that the FSBS on 11/28/22 at 11:30am was 98.</p> <p>-There was documentation that Novolog 5 units was administered at 4:30pm on 11/25/22.</p> <p>-There was documentation the FSBS on 11/25/22 at 4:30pm was 72.</p> <p>Review of the December 2022 eMAR revealed:</p> <p>-There was an entry for Novolog 5 units before meals at 7:30am, 11:30am, and 4:30pm.</p> <p>-There was no entry to hold Novolog if FSBS was less than or equal to 100.</p>	C 246			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R 01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP APEX, NC 27523</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
C 246	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-There was documentation that Novolog 5 units was administered at 7:30am on 12/03/22, 12/04/22, 12/20/22, and 12/30/22.</li> <li>-There was documentation that the FSBS on 12/03/22 at 7:30am was 86.</li> <li>-There was documentation that the FSBS on 12/04/22 at 7:30am was 56.</li> <li>-There was documentation that the FSBS on 12/20/22 at 7:30am was 96.</li> <li>-There was documentation that the FSBS on 12/30/22 at 7:30am was 98.</li> <li>-There was documentation that Novolog 5 units was administered at 11:30am on 12/06/22.</li> <li>-There was documentation that the FSBS on 12/06/22 at 11:30am was 91.</li> </ul> <p>Review of the January 2023 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Novolog 5 units before meals at 7:30am, 11:30, and 4:30pm.</li> <li>-There was no entry to hold Novolog if FSBS was less than or equal to 100.</li> <li>-There was documentation that Novolog 5 units was administered at 7:30am on 01/07/23, 01/08/23, and 01/14/23,</li> <li>-There was documentation that the FSBS on 01/07/23 at 7:30am was 96.</li> <li>-There was documentation that the FSBS on 01/08/23 at 7:30am was 70.</li> <li>-There was documentation that the FSBS on 01/14/23 at 7:30am was 64.</li> <li>-There was documentation that Novolog 5 units was administered at 11:30am on 01/09/23</li> <li>-There was documentation that the FSBS on 01/09/23 at 11:30am was 95.</li> </ul> <p>Review of Resident #1's records on 01/24/23 revealed there was no documentation that Resident #1's physician was notified for the FSBS below 100 from 11/19/22 through 01/14/23.</p>	C 246		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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
C 246	<p>Continued From page 4</p> <p>Telephone interview with the facility's contracted pharmacist on 01/24/23 at 2:00pm revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry on the 11/18/22 order to hold Glargine and contact physician if am (before breakfast) blood glucose is consistency lower than 100. (Glargine, also called Lantus, is a long acting insulin used to control high blood sugar)</li> <li>-There was an entry on the 11/18/22 order for Glargine to be administered at bedtime and blood glucose trends to be followed for blood glucose at specific times.</li> <li>-The facility's contracted pharmacy did not receive any response to their request for clarification from the facility regarding the medication order dated 11/18/22 and the order was placed on hold and not processed.</li> <li>-Hypoglycemia or low blood sugar levels could cause shakiness, confusion, nausea, and dizziness.</li> <li>-Continued low blood sugar levels could cause more serious problems such as seizures and other life-threatening complications.</li> </ul> <p>Interview with the medication aide (MA) on 01/21/23 at 1:30pm.</p> <ul style="list-style-type: none"> <li>-She had worked at the facility as a MA for about a month.</li> <li>-There were no parameters on the electronic medication administration record (eMAR) for Resident #1's FSBS.</li> <li>-She was told when she was training to hold Resident #1's Novolog when his FSBS was less than 100.</li> <li>-She did not administer Resident #1's Novolog at 7:30am on 01/24/23 because the FSBS was 79.</li> <li>-If Resident #1's blood sugar was low, she would notify the Resident Care Coordinator (RCC) or the Director of Clinical Services (DCS).</li> <li>-The RCC and the DCS were responsible for ensuring medication orders were on the eMAR</li> </ul>	C 246		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R 01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP APEX, NC 27523</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	
C 246	<p>Continued From page 5</p> <p>and following up with the PCP or pharmacy regarding any clarifications.</p> <p>Interview with the DCS on 01/24/23 at 12:30pm revealed:</p> <ul style="list-style-type: none"> <li>-She was a Licensed Practical Nurse (LPN).</li> <li>-She had been employed at the facility for about 3 months.</li> <li>-She was aware there had been some confusion regarding Resident #1's FSBS parameters.</li> <li>-She made a request to Resident #1's physician for Novolog to have a sliding scale with parameters because she did not want Resident #1's FSBS to "bottom out" (get too low).</li> <li>-Residents #1's PCP did not order a sliding scale for the resident and instead increased his Novolog.</li> <li>-The Resident Care Coordinator (RCC), who was on leave, and she were responsible for ensuring orders received from the PCP were processed and placed on the eMAR.</li> <li>-The RCC and she were responsible for the clarification of any medications.</li> <li>-Resident #1's eMAR should reflect the current medication order for Novolog.</li> <li>-She did not recall seeing the order for Novolog 5 units with the parameters to hold insulin if FSBS was less than or equal to 100.</li> <li>-She did not recall receiving a call or being notified by the facility's contracted pharmacy to clarify the medication order dated 11/18/22 for Resident #1.</li> <li>-The MA's could call the PCP if Resident #1's FSBS was running low.</li> <li>-The MA's were not accustomed to calling the PCP.</li> <li>-The clinical team, consisting of the RCC, DCS, and the Administrator, were responsible for ensuring communication with Resident #1's PCP regarding his low FSBS readings.</li> </ul>	C 246			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R 01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP APEX, NC 27523</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
C 246	Continued From page 6  Interview with the Administrator on 01/24/23 at 1:44pm revealed: -She expected the RCC and the DCS, who were new, to ensure medication orders were processed according to the new order tracking form and placed on the eMAR. -She expected medication cart audits to be done weekly by the RCC and the DCS ensuring orders were placed on the eMAR. -She expected the RCC or the DCS to notify the PCP when Resident #1's FSBS were running low.  Based on observations, record reviews and interviews, it was determined that Resident #1 was not interviewable.	C 246		
C 315	10A NCAC 13G .1002(a) Medication Orders  10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.  This Rule is not met as evidenced by: Based on record reviews and interviews, the	C 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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
C 315	<p>Continued From page 7</p> <p>facility failed to ensure the resident's physician was notified for clarification of an order for 1 of 3 sampled residents (#1) related to an insulin medication used to control blood sugar.</p> <p>The findings are:</p> <p>Review of Resident #1's FL-2 dated 09/01/22 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included dementia, diabetes mellitus type 2, and hypertension.</li> <li>-The resident was intermittently disoriented.</li> <li>-The resident had wandering behaviors.</li> <li>-There was a medication order for Insulin Aspart Flex Pen, 2 units three times a day before meals with the instructions do not give if blood sugar is less than 100. (Insulin Aspart is a short-acting insulin used to control high blood sugar. Novolog is the brand name for Insulin Aspart).</li> <li>-There was an order for Insulin Glargine 25 units at bedtime. (Insulin Glargine is also known as Lantus is a long-acting insulin used to control high blood sugar).</li> <li>-There was an order for Freestyle Lite (Glucose) Test Strips to use 1 test strip for FSBS testing as instructed four times a day.</li> </ul> <p>Review of Resident #1's Resident Register revealed an admission date of 09/07/22.</p> <p>Review of a physician communication dated 10/11/22 revealed:</p> <ul style="list-style-type: none"> <li>-The facility made a request for Resident #1 to be on a sliding scale for insulin throughout the day because his FSBS was still running high.</li> <li>-There was an order to increase Resident #1 Insulin Aspart from 2 units three times a day before meals to 5 units three times a day before meals.</li> <li>-There were no parameters for FSBS levels.</li> </ul>	C 315			



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R 01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP APEX, NC 27523</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
C 315	<p>Continued From page 8</p> <p>Review of a physician order dated 11/18/22 revealed:</p> <ul style="list-style-type: none"> <li>-Check FSBS before meals.</li> <li>-Hold mealtime insulin (Aspart) if blood glucose is less than or equal to 100.</li> <li>-Hold mealtime insulin (Aspart) if resident was not eating a meal at that time.</li> <li>-Check blood glucose before breakfast, lunch, dinner and at bedtime.</li> <li>-Hold Glargine and contact physician if am (before breakfast) blood glucose is consistency lower than 100. (Glargine, also called Lantus, is a long acting insulin used to control high blood sugar)</li> <li>-Glargine was to be administered at bedtime and blood glucose trends to be followed for blood glucose at specific times.</li> </ul> <p>Review of Resident #1's November 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Novolog, 5 units before meals at 7:30am, 11:30am, and 4:30pm.</li> <li>-There was no entry to hold Novolog if FSBS was less than or equal to 100.</li> <li>-There was documentation that Novolog 5 units was administered at 7:30am on 11/19/22, 11/20/22, 11/21/22, 11/22/22, 11/24/22, 11/25/22, 11/26/22, 11/27/22 and 11/29/22.</li> <li>-There was documentation the FSBS on 11/19/22 at 7:30am was 84.</li> <li>-There was documentation the FSBS on 11/20/22 at 7:30am was 60.</li> <li>-There was documentation the FSBS on 11/21/22 at 7:30am was 74.</li> <li>-There was documentation the FSBS on 11/22/22 at 7:30am was 92.</li> <li>-There was documentation the FSBS on 11/24/22 at 7:30am was 99.</li> </ul>	C 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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
C 315	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>-There was documentation the FSBS on 11/25/22 at 7:30am was 54.</li> <li>-There was documentation the FSBS on 11/26/22 at 7:30am was 53.</li> <li>-There was documentation the FSBS on 11/27/22 at 7:30am was 90.</li> <li>-There was documentation the FSBS on 11/29/22 at 7:30am was 52.</li> <li>-There was documentation that Novolog 5 units was administered at 11:30am on 11/25/22, 11/26/22, and 11/28/22.</li> <li>-There was documentation that the FSBS on 11/25/22 at 11:30am was 61.</li> <li>-There was documentation that the FSBS on 11/26/22 at 11:30am was 87.</li> <li>-There was documentation that the FSBS on 11/28/22 at 11:30am was 98.</li> </ul> <p>Review of the December 2022 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Novolog 5 units before meals at 7:30am, 11:30am, and 4:30am..</li> <li>-There was no entry to hold Novolog if FSBS was less than or equal to 100.</li> <li>-There was documentation that Novolog 5 units was administered at 7:30am on 12/03/22, 12/04/22, 12/20/22, and 12/30/22.</li> <li>-There was documentation that the FSBS on 12/03/22 at 7:30am was 86.</li> <li>-There was documentation that the FSBS on 12/04/22 at 7:30am was 56.</li> <li>-There was documentation that the FSBS on 12/20/22 at 7:30am was 96.</li> <li>-There was documentation that the FSBS on 12/30/22 at 7:30am was 98.</li> <li>-There was documentation that Novolog 5 units was administered at 11:30am on 12/06/22.</li> <li>-There was documentation that the FSBS on 12/06/22 at 11:30am was 91.</li> </ul> <p>Review of the January 2023 eMAR revealed:</p>	C 315			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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
C 315	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-There was an entry for NovoLog 5 units before meals at 7:30am, 11:30, and 4:30am.</li> <li>-There was no entry to hold Novolog if FSBS was less than or equal to 100.</li> <li>-There was documentation that Novolog 5 units was administered at 7:30am on 01/07/23, 01/08/23, and 01/14/23,</li> <li>-There was documentation that the FSBS on 01/07/23 at 7:30am was 96.</li> <li>-There was documentation that the FSBS on 01/08/23 at 7:30am was 70.</li> <li>-There was documentation that the FSBS on 01/14/23 at 7:30am was 64.</li> <li>-There was documentation that Novolog 5 units was administered at 11:30am on 01/09/23</li> <li>-There was documentation that the FSBS on 01/09/23 at 11:30am was 95.</li> </ul> <p>Telephone interview with the facility's contracted pharmacist on 01/24/23 at 2:00pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1's private pharmacy dispensed his medications and sent the medication to the family member who brings them to the facility.</li> <li>-The facility's contracted pharmacy staff entered the medication order into the electronic system and submitted it to the facility for approval and to be placed on their eMAR.</li> <li>-The facility's contracted pharmacy staff received an order from Resident #1's primary care provider (PCP) on 09/01/22 for Novolog 2 units three times a day before meals with the instructions do not give if FSBS is less than 100.</li> <li>-A separate order was received from the resident's PCP to use Freestyle Test Strips to check FSBS four times a day before meals and at bedtime.</li> <li>-The facility's contracted pharmacy staff received an order from the resident's PCP on 10/11/22 for Novolog 5 units three times a day before meals without parameters.</li> </ul>	C 315			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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	
C 315	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>-The facility's contracted pharmacy staff received an order from the resident's PCP on 11/18/22 and notified the Administrator at the facility for clarification because there were a lot of instructions on the order.</li> <li>-There was an entry on the 11/18/22 order to check FSBS before meals.</li> <li>-There was an entry on the 11/18/22 order to hold mealtime insulin (Aspart) if blood glucose is less than or equal to 100.</li> <li>-There was an entry on the 11/18/22 order to hold mealtime insulin (Aspart) if resident was not eating a meal at that time.</li> <li>-There was an entry on the 11/18/22 to check blood glucose before breakfast, lunch, dinner and at bedtime.</li> <li>-There was an entry on the 11/18/22 order to hold Glargine and contact physician if am (before breakfast) blood glucose is consistency lower than 100. (Glargine, also called Lantus, is a long acting insulin used to control high blood sugar)</li> <li>There was an entry on the 11/18/22 for Glargine to be administered at bedtime and blood glucose trends to be followed for blood glucose at specific times.</li> <li>-The facility's contracted pharmacy staff did not receive any response to their request for clarification from the facility regarding the medication order dated 11/18/22 and the order was placed on hold and not processed.</li> <li>-Hypoglycemia or low blood sugar levels could cause shakiness, confusion, nausea, and dizziness.</li> <li>-Continued low blood sugar levels could cause more serious problems such as seizures and other life-threatening complications.</li> </ul> <p>Review of the facility's new order tracking form revealed:</p> <ul style="list-style-type: none"> <li>-This form needed to be completed for ALL</li> </ul>	C 315			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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	
C 315	<p>Continued From page 12</p> <p>orders.</p> <ul style="list-style-type: none"> <li>-The order was received from the primary care provider (PCP).</li> <li>-Fax the order to the PCP for clarification, if warranted.</li> <li>-The original order was to be faxed to pharmacy, then filed in the resident's record.</li> <li>-A copy of the order was attached to the new order tracking form .</li> <li>-Once the order was faxed, verify by phone that the pharmacy received order.</li> <li>-If medication was a "hold" order, staff must notify clinical management for follow-up.</li> <li>-Document Medication Verified/Accepted on eMAR and ensure no "duplicate order" was present.</li> <li>-Ensure medication was delivered, compared to order, and placed in the medication cart, refrigerator or designated area.</li> <li>-Document on the 24 hour report.</li> <li>-Document in Resident Service Notes.</li> </ul> <p>Interview with the medication aide (MA) on 01/21/23 at 1:30pm.</p> <ul style="list-style-type: none"> <li>-She had worked at the facility as a MA for about a month.</li> <li>-There were no parameters on the electronic medication administration record (eMAR) for Resident #1's FSBS.</li> <li>-She was told when she was training to hold Resident #1's Novolog when his BS was less than 100.</li> <li>-She did not administer Resident #1's Novolog at 7:30am on 01/24/23 because the FSBS was 79.</li> <li>-If Resident #1's blood sugar was low, she would notify the Resident Care Coordinator (RCC) or the Director of Clinical Services (DCS).</li> <li>-The RCC and the DCS were responsible for ensuring medication orders were on the eMAR and following up with the PCP or pharmacy</li> </ul>	C 315			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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	
C 315	<p>Continued From page 13</p> <p>regarding any clarification.</p> <p>-She was not aware of the 11/18/22 order clarification request from pharmacy.</p> <p>Interview with the DCS on 01/24/23 at 12:30pm revealed:</p> <p>-She had been employed at the facility for about 3 months.</p> <p>-She was aware there had been some confusion regarding Resident #1's FSBS parameters.</p> <p>-She spoke to Resident #1's PCP and requested Insulin Aspart with a sliding scale with parameters because she did not want Resident #1's FSBS to "bottom out" (get to low).</p> <p>-Residents #1's PCP did not order a sliding scale for the resident.</p> <p>-The Resident Care Coordinator (RCC), who was on leave, and she were responsible for ensuring orders received from the PCP were processed and placed on the eMAR.</p> <p>-The RCC and she were responsible for the clarification of any medications.</p> <p>-Resident #1's eMAR should reflect the current medication order for Insulin Aspart.</p> <p>-She did not recall seeing the order dated 11/18/22 for Insulin Aspart 5 units with the parameters to hold insulin if FSBS was less than or equal to 100.</p> <p>-She did not recall receiving a call or being notified by the facility's contracted pharmacy to clarify the medication order dated 11/18/22 for Resident #1.</p> <p>Interview with the Administrator on 01/24/23 at 1:44pm revealed:</p> <p>-She was not aware of the medication order dated 11/18/22 to hold Resident #1's FSBS if less than or equal to 100..</p> <p>-She did not recall being notified by the facility's contracted pharmacy to clarify the Insulin Aspart</p>	C 315			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R 01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP APEX, NC 27523</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
C 315	Continued From page 14  order dated 11/18/22 for Resident #1. -The facility had a new order tracking form that should be followed. -She expected the RCC and the DCS, who were new, to ensure medication orders were processed according to the new order tracking form and placed on the eMAR. -She did know know why the order dated 11/18/22 for Resident #1's FSBS parameters was not processed according to the PCP's order. -She expected medication cart audits to be done weekly by the RCC and the DCS ensuring orders were placed on the eMAR. -She expected the RCC or the DCS to clarify medication orders if warranted.  Based on observation, record review and interviews, it was determined that Resident #1 was not interviewable.  Progress notes were requested for Resident #1 by the surveyor covering a three-month period from 11/01/22 to 01/24/23 and were not received prior to exit	C 315		
{C 330}	10A NCAC 13G .1004(a) Medication Administration  10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (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.	{C 330}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP APEX, NC 27523</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
{C 330}	<p>Continued From page 15</p> <p>This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION</p> <p>Based on these findings, the previous Type B Violation was not abated.</p> <p>Based on observations, record reviews and interviews, the facility failed to administer medication as ordered for 1 of 3 sampled residents (#1) as evidenced by a short-acting insulin being administered when finger stick blood sugars (FSBS) were below ordered parameters for medications used to control blood sugar.</p> <p>The findings are:</p> <p>Review of Resident #1's FL-2 dated 09/01/22 revealed: -Diagnoses included dementia, diabetes mellitus type 2, and hypertension. -The resident was intermittently disoriented. -The resident had wandering behaviors. -There was an order for Freestyle Lite (Glucose) Test Strips to use 1 test strip for FSBS testing as instructed four times a day.</p> <p>Review of Resident #1's Resident Register revealed an admission date of 09/07/22.</p> <p>Review of a physician order dated 09/01/22 revealed an order for Insulin Aspart Flex Pen, 2 units three times a day before meals with the instructions do not give if blood sugar is less than 100. (Insulin Aspart, also called Novolog, is a short-acting insulin used to control high blood sugar).</p> <p>Review of a physician order dated 10/11/22 revealed:</p>	{C 330}		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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	
{C 330}	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>-There was an order for Insulin Aspart 5 units three times a day before meals.</li> <li>-There were no parameters for blood sugar levels.</li> </ul> <p>Review of a physician order dated 11/18/22 revealed:</p> <ul style="list-style-type: none"> <li>-Check FSBS before meals.</li> <li>-Hold mealtime insulin (Aspart) if blood glucose is less than or equal to 100.</li> <li>-Hold mealtime insulin (Aspart) if resident was not eating a meal at that time.</li> <li>-Check blood glucose before breakfast, lunch, dinner and at bedtime.</li> </ul> <p>Review of Resident #1's November 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Insulin Aspart, 5 units before meals at 7:30am, 11:30am, and 4:30pm.</li> <li>-There was no entry to hold Insulin Aspart if FSBS was less than or equal to 100.</li> <li>-There was documentation that Insulin Aspart, 5 units was administered at 7:30am on 11/19/22, 11/20/22, 11/21/22, 11/22/22, 11/24/22, 11/25/22, 11/26/22, 11/27/22 and 11/29/22.</li> <li>-There was documentation the FSBS on 11/19/22 at 7:30am was 84.</li> <li>-There was documentation the FSBS on 11/20/22 at 7:30am was 60.</li> <li>-There was documentation the FSBS on 11/21/22 at 7:30am was 74.</li> <li>-There was documentation the FSBS on 11/22/22 at 7:30am was 92.</li> <li>-There was documentation the FSBS on 11/24/22 at 7:30am was 99.</li> <li>-There was documentation the FSBS on 11/25/22 at 7:30am was 54.</li> <li>-There was documentation the FSBS on 11/26/22 at 7:30am was 53.</li> </ul>	{C 330}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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
{C 330}	<p>Continued From page 17</p> <ul style="list-style-type: none"> <li>-There was documentation the FSBS on 11/27/22 at 7:30am was 90.</li> <li>-There was documentation the FSBS on 11/29/22 at 7:30am was 52.</li> <li>-There was documentation that Insulin Aspart 5 units was administered at 11:30am on 11/25/22, 11/26/22, and 11/28/22.</li> <li>-There was documentation that the FSBS on 11/25/22 at 11:30am was 61.</li> <li>-There was documentation that the FSBS on 11/26/22 at 11:30am was 87.</li> <li>-There was documentation that the FSBS on 11/28/22 at 11:30am was 98.</li> <li>-There was documentation that Insulin Aspart 5 units was administered at 4:30pm on 11/25/22.</li> <li>-There was documentation that the FSBS on 11/25/22 at 4:30pm was 72.</li> </ul> <p>Review of the December 2022 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Insulin Aspart 5 units before meals at 7:30am, 11:30am, and 4:30pm.</li> <li>-There was no entry to hold insulin if FSBS was less than or equal to 100.</li> <li>-There was documentation that Insulin Aspart 5 units was administered at 7:30am on 12/03/22, 12/04/22, 12/20/22, and 12/30/22.</li> <li>-There was documentation that the FSBS on 12/03/22 at 7:30am was 86.</li> <li>-There was documentation that the FSBS on 12/04/22 at 7:30am was 56.</li> <li>-There was documentation that the FSBS on 12/20/22 at 7:30am was 96.</li> <li>-There was documentation that the FSBS on 12/30/22 at 7:30am was 98.</li> <li>-There was documentation that Insulin Aspart 5 units was administered at 11:30am on 12/06/22.</li> <li>-There was documentation that the FSBS on 12/06/22 at 11:30am was 91.</li> </ul> <p>Review of the January 2023 eMAR revealed:</p>	{C 330}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R 01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP APEX, NC 27523</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
{C 330}	<p>Continued From page 18</p> <ul style="list-style-type: none"> <li>-There was an entry for Insulin Aspart 5 units before meals at 7:30am, 11:30am, and 4:30am.</li> <li>-There was no entry to hold Insulin Aspart if FSBS was less than or equal to 100.</li> <li>-There was documentation that Insulin Aspart 5 units was administered at 7:30am on 01/07/23, 01/08/23, and 01/14/23,</li> <li>-There was documentation that the FSBS on 01/07/23 at 7:30am was 96.</li> <li>-There was documentation that the FSBS on 01/08/23 at 7:30am was 70.</li> <li>-There was documentation that the FSBS on 01/14/23 at 7:30am was 64.</li> <li>-There was documentation that Insulin Aspart 5 units was administered at 11:30am on 01/09/23</li> <li>-There was documentation that the FSBS on 01/09/23 at 11:30am was 95.</li> </ul> <p>Review of The American Diabetes Association (ADA) recommendations for individuals with a diagnosis of diabetes revealed:</p> <ul style="list-style-type: none"> <li>-There was a recommendation for target blood sugar level of 80-130 before meals.</li> <li>-There was a recommendation for target blood sugar level of 180 or less 1-2 hours after beginning a meal.</li> <li>-Hypoglycemia (low blood sugar) can cause shakiness, confusion, lightheadedness or dizziness, headaches, feeling weak and having no energy, and coordination problems.</li> <li>-Hypoglycemia was usually when the blood glucose was less than 70.</li> <li>-If blood sugar glucose continued to drop, it could lead to seizures, coma, and very rarely death.</li> </ul> <p>Telephone interview with the facility's contracted pharmacist on 01/24/23 at 2:00pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1's private pharmacy dispensed his medications and sent the medication to the family member who brought them to the facility.</li> </ul>	{C 330}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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
{C 330}	Continued From page 19  -The facility's contracted pharmacy staff entered the medication order into the electronic system and submitted it to the facility for approval and to be placed on their eMAR. -The facility's contracted pharmacy staff received an order from Resident #1's primary care provider (PCP) on 09/01/22 for Insulin Aspart 2 units three times a day before meals with the instructions do not give if FSBS is less than 100. -A separate order was received from the resident's PCP to use Freestyle Test Strips to check FSBS four times a day before meals and at bedtime. -The facility's contracted pharmacy staff received an order from the resident's PCP on 10/11/22 for Insulin Aspart 5 units three times a day before meals without parameters. -The facility's contracted pharmacy staff received an order from the resident's PCP on 11/18/22 and notified the Administrator at the facility for clarification because there were a lot of instructions on the order which included: -The order on 11/18/22 was to check the FSBS before meals. -The order on 11/18/22 was to hold mealtime insulin (Aspart) if blood glucose is less than or equal to 100. -The order on 11/18/22 was to hold mealtime insulin (Aspart) if resident was not eating a meal at that time. -The order on 11/18/22 was to check blood glucose before breakfast, lunch, dinner and at bedtime. -The facility's contracted pharmacy did not receive any response to their request for clarification from the facility regarding the medication order dated 11/18/22 and the order was placed on hold and not processed. -Hypoglycemia or low blood sugar levels could cause shakiness, confusion, nausea, and	{C 330}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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
{C 330}	<p>Continued From page 20</p> <p>dizziness.</p> <p>-Continued low blood sugar levels could cause more serious problems such as seizures and other life-threatening complications.</p> <p>Review of the facility's order tracking form revealed:</p> <p>-This form needed to be completed for ALL orders.</p> <p>-The order was received from the primary care provider (PCP).</p> <p>-Fax the order to the PCP for clarification, if warranted.</p> <p>-The original order was to be faxed to pharmacy, then filed in the resident's record.</p> <p>-A copy of the order was attached to the new order tracking form .</p> <p>-Once the order was faxed, verify by phone that the pharmacy received the order.</p> <p>-If medication was a "hold" order, staff must notify clinical management for follow-up.</p> <p>-Document Medication Verified/Accepted on eMAR and ensure no "duplicate order" was present.</p> <p>-Ensure medication was delivered, compared to order, and placed in the medication cart, refrigerator or designated area.</p> <p>-Document on the 24 hour report.</p> <p>-Document in Resident Service Notes.</p> <p>Interview with the medication aide (MA) on 01/21/23 at 1:30pm.</p> <p>-She had worked at the facility as a MA for about a month.</p> <p>-There were no parameters on the electronic medication administration record (eMAR) for Resident #1's FSBS.</p> <p>-She was told when she was training to hold Resident #1's Insulin Aspart when his FSBS was less than 100.</p>	{C 330}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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
{C 330}	<p>Continued From page 21</p> <ul style="list-style-type: none"> <li>-She did not administer Resident #1's Insulin Aspart at 7:30am on 01/24/23 because the FSBS was 79.</li> <li>-If Resident #1's blood sugar was low, she would notify the Resident Care Coordinator (RCC) or the Director of Clinical Services (DCS).</li> <li>-The RCC and the DCS were responsible for ensuring orders were on the eMAR and any clarifications regarding medication orders.</li> </ul> <p>Interview with the DCS on 01/24/23 at 12:30pm revealed:</p> <ul style="list-style-type: none"> <li>-She was a licensed Practical Nurse (LPN).</li> <li>-She had been employed at the facility for about 3 months.</li> <li>-She was aware there had been some confusion regarding Resident #1's FSBS parameters.</li> <li>-She made a request to Resident #1's PCP for a sliding scale with parameters to ensure the resident's FSBS level would not drop too low.</li> <li>-The PCP did not order a sliding scale with parameters.</li> <li>-The Resident Care Coordinator (RCC), who was on leave, and she were responsible for ensuring orders received from the PCP were processed and placed on the eMAR.</li> <li>-Resident #1's eMAR should reflect the current medication order for Insulin Aspart.</li> <li>-She did not recall seeing the order dated 11/18/22 for Insulin Aspart 5 units with the parameters to hold insulin if FSBS was less than or equal to 100.</li> <li>-She did not recall receiving a call or being notified by the facility's contracted pharmacy to clarify the medication order dated 11/18/22 for Resident #1.</li> </ul> <p>Interview with the Administrator on 01/24/23 at 1:44pm revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware of the medication order</li> </ul>	{C 330}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP APEX, NC 27523</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
{C 330}	<p>Continued From page 22</p> <p>dated 11/18/22 to hold Resident #1's Insulin Aspart if the FSBS was less than or equal to 100.</p> <p>-She did not recall being notified by the facility's contracted pharmacy to clarify the Insulin Aspart order dated 11/18/22 for Resident #1.</p> <p>-The facility had an order tracking form that should have been followed.</p> <p>-She expected the RCC and the DCS, who were new, to ensure medication orders were processed according to the order tracking form and placed on the eMAR.</p> <p>-She did know why the order dated 11/18/22 for Resident #1's FSBS parameters was not processed according to the PCP's order.</p> <p>-She expected medication cart audits to be done weekly by the RCC and the DCS to ensure orders were placed on the eMAR.</p> <p>Based on observation, record review and interviews, it was determined that Resident #1 was not interviewable.</p> <p>Resident #1's progress notes were requested by the surveyor for a three-month period from 11/01/22 to 01/24/23 and were not received prior to exit.</p> <p>_____</p> <p>The facility failed to ensure the administration of medication as ordered for 1 of 3 residents (#1) related to not holding a short-acting insulin per physician order when FSBS was less than 100 that resulted in the insulins being administered to the resident 22 times from 11/19/22 to 01/24/23 with blood sugars ranging from 48 to 99. This failure increased the resident's risk for hypoglycemia that could result in shakiness, confusion, dizziness, falls, seizures and coma. This failure was detrimental to the health, safety and welfare of the resident and constitutes a Type B Violation.</p>	{C 330}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL-092270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE RESERVE AT MILLS FARM VILLA #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 MILLS CHASE LOOP</b> <b>APEX, NC 27523</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	
{C 330}	Continued From page 23  The facility provided a plan of protection in accordance with G.S. 131D-21 on 01/24/23 for this violation.	{C 330}			