

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL050003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27682
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(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 and the Martin County Department of Social Services completed an annual and follow up survey on 05/05/23 and 05/08/23.	C 000		
C 102	10A NCAC 13G .0317 (a) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to ensure fire safety equipment was maintained in a safe operating condition related to a smoke detector that was not functioning properly due to a dead battery. The findings are: Review of the facility's Fire Safety Policy (not dated) revealed: -The facility would maintain the fire safety equipment in a safe and operating condition. -If the fire equipment becomes inoperative, the facility would call the proper maintenance personnel to repair equipment as soon as possible. -The facility would schedule additional staff for	C 102	Type B: Facility failed to ensure fire safety equipment was maintained in safe operating condition: To prevent this from occurring again these measures have been put in place. The facility policy will be dated and maintained as often as changes occur. The policy has been dated. 1. Fire protection and training and policy has been updated to include to keep this from occurring again. A Fire Watch Log Sheet will maintained at the facility until the re-establishment of fire alarm service; which time this sheet is to be submitted to the Director/Supervisor of the Fields Foundation. The log will be available at all times during the fire watch and include the following information a. Times that the periodic patrol was completed (include start and end of shift. b. Name of the person conducting the fire watch c. Record of any communication(s) to the Fire Department d. Note any alarm system work or any hazardous conditions found. e. Facility Name and Address is included on the Watch Log. f. Form is attached with Plan of correction. To prevent from occurring again these steps will be put in place with documentation to support: 1. All smoke detectors will be tested at least once a month by pressing the test button and making sure they sound. If they do not sound, the batteries will be checked and replace them if needed. 2. All smoke detector batteries will be replaced	5/30/2023

Division of Health Service Regulation

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

Clavin Fields

TITLE

Assistant to the Administrator 6/5/23

(X6) DATE

STATE FORM

6899

RDWP/11

If continuation sheet 1 of 52

The Plan of Corrections with addendum was reviewed and acknowledged on 06/09/23. Refew to addendums on pages 3, 5, 11 and 40 of this Statement of Deficiencies.-MB 06/09/23

MB

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27692
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(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
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C 102	<p>Continued From page 1</p> <p>the purpose of "fire watch" if the equipment cannot be immediately repaired.</p> <p>Review of the facility's fire safety inspection with completion date of 12/08/22 revealed there was documentation of approval with no re-inspection requested.</p> <p>Observation of facility on 05/05/23 intermittently from 8:30am-3:15pm revealed:</p> <ul style="list-style-type: none"> -There was an audible beeping of a smoke detector in a resident bedroom off the living room area. -There was a smoke detector in the living room and 2 in the hallway leading to the far end of the facility. -There was a smoke detector in the kitchen. -There was no mention of the smoke detector beeping by staff until surveyor asked about it. -There was no attempt made to test or replace the batteries in the smoke detector or contact management regarding the need to look into the matter until prompted by the surveyor. <p>Interview with the Assistant to the administrator on 05/05/23 at 5:30pm:</p> <ul style="list-style-type: none"> -He did not know how long the smoke detector had been beeping. -The batteries in the smoke detectors were checked yearly and were last checked in August 2022. <p>Interview with the medication aide (MA) on 05/05/23 at 3:15pm revealed:</p> <ul style="list-style-type: none"> -She had not reported the smoke detector was beeping. -She had not noticed the beeping noise and did not know how long it had been doing so. <p>Interview with the facility Manager on 05/08/23 at</p>	C 102	<p>at least once a year, or whenever they chirp, warning that the battery is low. Fields Foundation will change our smoke detector batteries when we change our clocks for daylight saving time in the spring and fall.</p> <ol style="list-style-type: none"> 3. Our smoke detectors will be replaced every 10 years or more often if needed, or according to the manufacture's instructions. Fields Foundation will check the date printed on the back of the detector to see how old it is. In the event the date is not visible the smoke detector's will be replaced. 4. Smoke detectors are included in each bedroom and sleeping area, kitchen, hallway and common area. 5. A smoke Detector Inspection log sheet will be maintained in the facility at all times to include the following: <ol style="list-style-type: none"> a. Location of smoke detector b. Date inspection was conducted c. Prepared by d. Smoke Detector Inspection which will include: <ol style="list-style-type: none"> e. Room/Unit f. Location g. Serial Number of the smoke detector h. Is the smoke detector securely fastened to the wall or ceiling i. Does the smoke detector show no evidence of physical damage, paint application, or excessive grease and dirt accumulation j. What is the expiration date of the smoke detectors battery k. Does the battery need replacement l. Testing of Detectors m. Have all Smoke Detectors in the installation been tested? n. How many Smoke Detectors were tested o. Have all detectors what were tested passed the operational test procedures p. How many Smoke Detectors were tested? q. Have-all Smoke Detectors that failed the tests been replaced r. Is any further action required to meet compliance of these installations s. Next due date for Smoke Detector Inspection 	
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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
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C 102 Continued From page 2

4:45pm revealed:
-It was important to keep equipment functioning properly in-case of a fire.
-He did not remember hearing the smoke detector beeping when he visited the facility on 05/05/23 and he thought the beeping had just begun on 05/05/23.
-He was contacted on 05/05/23 in the early afternoon about the smoke alarm beeping.
-Smoke detector batteries were checked yearly during the annual fire inspection but the facility used batteries that were suppose to be good for 10 years.
-He expected staff to review facility policies, including fire safety yearly and report any smoke detectors where suspected of not working properly immediately.

Interview with the Assistant to the Administrator on 05/08/23 at 4:50pm revealed:
-He contacted an electrician to come and check the smoke detector for proper functioning on 05/05/23 immediately after being notified of the beeping.
-He had not noticed the smoke detector was beeping and not operating as it should.

Observation of the facility on 05/05/23 at 5:46pm:
-Two men entered the facility with a ladder and were directed to the resident room with the beeping smoke detector.
-The battery was changed in the smoke detector.
-The smoke detector no longer beeped.

The facility failed to ensure safety equipment was maintained in safe operating condition as evidenced by a beeping smoke detector that was ignored by staff that was present. The facility's failure to ensure the safe operating condition of safety equipment was detrimental to the health,

C 102

t. Next test is due on

Fields Foundation will implement Smoke-in-can that is a sprayable aerosol that mimics the properties of real smoke. It will activate smoke detectors like real smoke. This will be used monthly to test all smoke detectors as an additional safety measure. All staff will be trained on how to administer the use of Smoke Detector Tester in the can for functional testing of smoke detectors monthly.

Type B: Facility failed to ensure fire safety equipment was maintained in safe operating condition:
To prevent this from occurring again these measures have been put in place. The facility policy will be dated and maintained as often as changes occur. The policy has been dated.

1. Fire protection and training and policy has been updated to include to keep this from occurring again.

A Fire Watch Log Sheet will maintained at the facility until the re-establishment of fire alarm service; which time this sheet is to be submitted to the Director/Supervisor of the Fields Foundation. The log will be available at all times during the fire watch and include the following information

- a. Times that the periodic patrol was completed (include start and end of shift.
- b. Name of the person conducting the fire watch
- c. Record of any communication(s) to the Fire Department
- d. Note any alarm system work or any hazardous conditions found.
- e. Facility Name and Address is included on the Watch Log.
- f. Form is attached with Plan of correction.

C102: Addendum per telephone conversation with Mr. Fields on 06/09/23: the Facility Manager will be responsible for the monitoring as outlined above.
06/09/23-M. Bennett

5/30/23

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892		
(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 102	Continued From page 3 safety and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/05/23 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 22, 2023.	C 102	Type B: Facility failed to ensure all staff qualifications were met to meet the 6 hours of continuing education annually related to medication administration. To prevent this from occurring again Fields Foundation has trained and will continue training all staff to meet the 6 hours of medication education training annually or more often if needed. And the required 12 hours of continuing education. a. To prevent this from occurring again a dated training record will be kept at the facility at all times that will be maintained by the facility Registered Nurse that will facilitate all medication training. b. Training log sheet will include the following c. A staff medication training log sheet for Fields Foundation home will be a document that records the date, name and signature of each staff member who has completed medication administration. d. The log sheet will also indicate which course the amount of hours and the staff member has taken and passed. e. The medication administration courses will provide unlicensed-staff at Fields Foundation basic knowledge and skills needed to ensure that medication administration is performed in a safe and effective manner. f. Successful completion of the annual 6 hours plus training will prepare all staff employed at Fields Foundation to successfully administer medication. g. Name and position of the staff member h. Date and duration of the training i. Name and credentials of the instructor j. Topics covered in the training	5/30/2023
C 132	10A NCAC 13G. 0403(b) Qualifications Of Medication Staff (b) Medication aides and their direct supervisors, except persons authorized by state occupational licensure laws to administer medications, shall complete six hours of continuing education annually related to medication administration. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to ensure staff administering medications had the required 6 hours of annual training for medication administration. The findings are: 1. Review of Staff A's personnel record revealed: -She was hired on 03/12/21 as a medication aide (MA).	C 132		

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PRINTED: 05/25/2023
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL052003	(02) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(03) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(04) 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)	(05) COMPLETE DATE
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C 132	<p>Continued From page 4</p> <ul style="list-style-type: none"> -She completed 15 hour medication aide training on 05/21/21. -The was documentation she passed the Medication Aide exam on 06/02/21. -She completed the Medication Administration Clinical Skills Checklist on 05/18/21. -There was documentation of 1 hour of continuing education related to medication administration conducted on 03/30/22 by a local geriatric/adult mental health specialty team. <p>Review of a resident's medication administration record for April 2023 revealed Staff A administered medications 18 of 31 days.</p> <p>Interview with Staff A on 05/08/23 at 11:20am revealed :</p> <ul style="list-style-type: none"> -She received medication training once in awhile but could not remember when she last received medication training. -She did not think she received 6 hours of medication training each year. -She did not know 6 hours of continuing education for medication was required each year. <p>Refer to interview with the Facility Manager on 05/08/23 at 4:00pm.</p> <p>Refer to interview with the Assistant to the Administrator on 05/08/23 at 5:15pm.</p> <p>2. Review of Staff B's personnel record revealed:</p> <ul style="list-style-type: none"> -She was hired on 01/06/06 as a MA. -The was documentation she passed the Medication Aide exam on 09/13/07. -She completed the Medication Administration Clinical Skills Checklist on 10/01/07. -There was documentation of 1 hour of continuing education related to medication administration conducted on 03/30/22 by a local geriatric/adult 	C 132	<ul style="list-style-type: none"> k. Signature of the staff member and instruction l. Training form will include: <ol style="list-style-type: none"> 1. Facility name and address 2. Staff name and position 3. Date of completion of each course 4. Signature of staff member 5. Signature of instructor 6. Certificate number (if applicable) 7. The training log sheet will be kept in a secure place and be available for inspection by the Adult Care Licensure Section or Martin County Department of Social Services as needed. 8. Training Forms attached for 6 hours of Management Continuing Education and 6 hours for Medication Management annually. 	
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C132: Addendum per telephone conversation with Mr. Fields on 06/09/23: The Facility Manager will be responsible for monitoring as outlined above. 06/09/23-M. Bennett

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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C 132	<p>Continued From page 5</p> <p>mental health specialty team.</p> <p>-There was documentation of a 3 hour training on nebulzation and inhalers on 04/20/22.</p> <p>Review of a resident's medication administration record for April 2023 revealed Staff A administered medications 12 of 31 days.</p> <p>Interview with Staff B on 05/08/23 at 1:25pm revealed:</p> <p>-She supervised the other MAs in the facility.</p> <p>-She was not aware she needed to have 6 hours of medication and 6 hours of management continuing education each year.</p> <p>-She could not remember the last time she received continuing education for medications.</p> <p>-She had not received continuing education for management.</p> <p>Refer to interview with the Facility Manager on 05/08/23 at 4:00pm</p> <p>Refer to interview with the Assistant to the Administrator on 05/08/23 at 5:15pm.</p> <p>3. Review of Staff C's personnel record revealed:</p> <p>-She was hired on 07/21/19 as a MA.</p> <p>-She completed 15 hours of medication aide training on 07/12/19.</p> <p>-There was documentation he passed the Medication Aide exam on 08/05/19.</p> <p>-She completed the Medication Administration Clinical Skills Checklist on 07/12/19.</p> <p>-There was documentation of 1 hour of continuing education related to medication administration conducted on 03/30/22 by a local geriatric/adult mental health specialty team.</p> <p>Review of a resident's medication administration record for April 2023 revealed Staff C</p>	C 132		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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C 132	<p>Continued From page 6</p> <p>administered medications 13 of 31 days.</p> <p>Refer to interview with the Facility Manager on 05/08/23 at 4:00pm</p> <p>Refer to interview with the Assistant to the Administrator on 05/08/23 at 5:15pm.</p> <p>Interview with the Facility Manager on 05/08/23 at 4:00pm revealed:</p> <ul style="list-style-type: none"> -He was responsible for scheduling trainings for the staff. -He thought MAs were required to have 12 hours of continuing education each year. -He used to schedule trainings with a local mental health team but the team had become unreliable over the past year. -He thought there had been more trainings but he did not know when they happened. <p>Interview with the Assistant to the Administrator on 05/08/23 at 5:15pm revealed:</p> <ul style="list-style-type: none"> -The Administrator and the facility Manager were responsible for scheduling trainings for the staff. -He did not know when trainings were conducted. <p>Refer to Tag 330 10A NCAC 13G .1004(a) Medication Administration.</p> <p>Refer to Tag 330 10A NCAC 13G .1004(j) Medication Administration.</p> <p>The facility failed to ensure medication aides received 6 hours of continuing education credits each year for medication aides that administered medications including high risk medication such as insulin by injection. The facility's failure to ensure 6 hours of continuing education was detrimental to the health, safety and welfare of the resident and constitutes a Type B Violation.</p>	C 132		5/30/2023
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Type B-2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FGL052006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/09/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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C 132	Continued From page 7 The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/08/23 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 22, 2023.	C 132	Type B: Facility failed to ensure all staff qualifications were met qualifications of Supervisor-In-Charge. To prevent this from occurring again Fields Foundation has trained and will continue training all staff including the Supervisor-In-Charge. a. To prevent this from occurring again a dated training record will be kept at the facility at all times that will be maintained by the facility Registered Nurse and Supervisor-In-Charge that will facilitate all Management trainings related to Continuing Education. b. Training log sheet will include the following c. A staff Continued Education training log sheet for Fields Foundation home will be a document that records the date, name and signature of each staff member who has completed training. d. The log sheet will also indicate which course the amount of hours and the staff member has taken and passed. e. The training will provide unlicensed staff at Fields Foundation basic knowledge and skills needed to ensure that training is performed in a safe and effective manner annually f. Successful completion of the annual 6 hours plus training will prepare all staff employed at Fields Foundation to successfully care for the home and residents. 2. Continuing Education 12 hours annually is a requirement of Fields Foundation staff but not limited to: a. Infection Control, this training will cover topics such as what is an infection, how infections are transmitted. 3. How to protect self and others from bloodborne pathogens. 4. Personal Care, Residents Rights, communication, hygiene, grooming, nutrition, elimination, mobility,	
C 134	10A NCAC 13G .0402 Qualifications of Supervisor-In-Charge 10A NCAC 13G .0402 Qualifications of Supervisor-In-Charge The supervisor-in-charge, who is responsible to the administrator for carrying out the program in a family care home in the absence of the administrator, shall meet the following requirements: (1) be 21 years or older, if employed on or after the effective date of this Rule; (2) the supervisor-in-charge, employed on or after August 1, 1991, shall be a high school graduate or certified under the GED Program or passed the alternative examination established by the Department of Health and Human Services prior to the effective date of this Rule; and (3) earn 12 hours a year of continuing education credits related to the management of adult care homes and care of aged and disabled persons. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: TYPE B VIOLATION	C 134		5/30/2023

C102: Addendum per telephone conversation with Mr. Fields on 06/09/23: the Facility Manager will

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C 134 Continued From page 8

Based on interviews and record reviews, the facility failed to ensure the Supervisor in Charge received 12 hours of continuing education related to management of adult care homes and care of the aged and disabled persons.

The findings are:

Review of Staff B's personnel record revealed:
 -She was hired on 01/06/06 as a medication aide (MA).
 -She completed the Medication Administration Clinical Skills Checklist on 10/01/07.
 -There was documentation of 1 hour of continuing education related to medication administration conducted on 03/30/22 by a local geriatric/adult mental health specialty team.
 -There was documentation of a 3 hour training on nebulization and inhalers on 04/20/22.
 -There was documentation of a 1 hour Team Building education on 09/28/22.

Interview with Staff B on 05/08/23 at 1:25pm revealed:
 -She supervised the other MAs in the facility.
 -It was her responsibility to ensure medication orders were implemented, medications were administered as ordered, and residents' attended their scheduled appointments.
 -Staff concerns were reported to her and she would notify the facility Manager or the Assistant to the Administrator since the Administrator was not available due to a medical concern.
 -She was not aware she needed to have 12 hours of continuing education each year.
 -She had not received continuing education specific to the management of adult care homes.

Interview with the Facility Manager on 05/08/23 at 4:00pm revealed:

C 134 safety, management of adult care homes and care of the aged and disabled person etc.

5. Medication administration will also teach staff how to safely and accurately administer medications to residents. Training will cover topics such as medication orders, labels, forms storage, disposal, orientation training to the facility, safety training, special needs, practical knowledge and skills, cognitive and behavioral care, infection control nutrition and hydration, nebulization and inhalers food and safety handling, documentation, errors, adverse reactions, etc.

6. All staff who work directly with residents must complete all training

6. These trainings will be provided to all staff employed at Fields Foundation.

A. Supervisor-in-Charge

1. Will supervisor all MA in the facility and duties and responsibilities will include.
2. Will receive continuing education specific to the management of adult care homes.

a. All medications will be administered as ordered by a licensed professional.

b. Ensure medication administered as ordered

c. Residents attend scheduled appointments.

The facility Registered Nurse will ensure that medication aides receive 6 hours of continuing education each year including high risk medication such as insulin by injection, which could be detrimental to the health, safety and welfare of the residents.

5/30/22

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL052006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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C 134	<p>Continued From page 9</p> <p>-He was responsible for scheduling trainings for the staff.</p> <p>-He thought MAs were required to have 12 hours of continuing education each year but he did not know 6 hours in management were required for the Supervisor in Charge.</p> <p>-He thought there had been more trainings but he did not know when they happened.</p> <p>Interview with the Assistant to the Administrator on 05/08/23 at 5:15pm revealed:</p> <p>-The Administrator and the facility Manager were responsible for scheduling trainings for the staff.</p> <p>-He was not aware 6 hours in management were required for the Supervisor in Charge.</p> <p>-He did not know when trainings were conducted.</p> <p>The facility failed to ensure medication aides received 6 hours of continuing education credits each year for medication aides that administered medications including high risk medication such as insulin by injection. The facility's failure to ensure 6 hours of continuing education was detrimental to the health, safety and welfare of the resident and constitutes a Type B Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/08/23 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 22, 2023.</p>	C 134	<p>Type B: Facility failed to ensure all staff qualifications were met that administered medications including high risk medications such as insulin by injection. To prevent this from occurring again Fields Foundation has trained and will continue training all staff including the Supervisor-In-Charge. Training will be provided and documented by Registered Nurse.</p> <ol style="list-style-type: none"> To prevent this from occurring again a dated training record will be kept at the facility at all times that will be maintained by the facility Registered Nurse and Supervisor-In-Charge that will facilitate all Management trainings related to high risk medications such as insulin by injection. The Fields Foundation will ensure all medication aids receive 6 hours o of continuing education each year. Training will be available by a Registered Nurse of all Fields Foundation staff on insulin administered by injection. The training to prepare staff to administer insulin safely and effectively. The training includes education about injection technique for delivery of insulin, including a review of hypoglycemia (causes, detection, treatment and prevention) as well as when to check blood glucose and individualized pre and post meal targets. Staff will receive training to administer insulin as a delegated task and should be assessed as competent to administer insulin to the resident(s) served. Staff will receive diabetes patient education annually or as often as needed. 	5/30/23
C 185	<p>10A NCAC 13G .0601(a) Management and Other Staff</p> <p>10A NCAC 13G .0601Mangement and Other Staff</p>	C 185		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059008	(02) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(03) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER
FIELDS FOUNDATION

STREET ADDRESS, CITY, STATE, ZIP CODE
**1057 LAND-FIELDS LANE
WILLIAMSTON, NC 27882**

(04) 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)	(05) COMPLETE DATE
C 185	<p>Continued From page 10</p> <p>(a) A family care home administrator shall be responsible for the total operation of a family care home and shall also be responsible to the Division of Health Service Regulation and the county department of social services for meeting and maintaining the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term administrator also refers to co-administrator where it is used in this Subchapter.</p> <p>✓ This Rule is not met as evidenced by: B TYPE B VIOLATION</p> <p>Based on observations, record reviews and interviews, the Administrator failed to ensure the total operation of the facility to meet the rule areas related to building service equipment, medication administration, qualifications of supervisor in charge and qualifications of medication staff.</p> <p>The findings are:</p> <p>Review of the facility's license revealed: -The facility was licensed effective 01/01/23 for a capacity of 6 ambulatory residents. -The expiration date of the facility's license was 12/31/23.</p> <p>Observation of the facility upon arrival on 05/05/23 at 8:30am revealed: -Six residents were at the facility. -The medication aide (MA) was present. -The Administrator was not on-site.</p>	C 185	<p>C185: Addendum per telephone conversation with Mr. Fields on 06/09/23: The Facility Manager will ensure there is an Administrator available to oversee the the operations of the facility. 06/09/23 M. Bennett</p> <p>Type B: Facility Administrator failed to ensure the total operation of the facility to meet the rule related to building service equipment, medication administration, qualifications of supervisor in charge and qualification of medication staff.</p> <ol style="list-style-type: none"> To prevent this from happening again the SIC has been fully trained in all areas to support building service equipment, medication administration, health and safety and all annual training requirements related to the above. Safety equipment has been identified in the beginning section of this plan of correction and will continue to be followed. Administering medication and required 6 hours of annual training for medication has been identified and corrected. Facility has documented training for SIC has 6 hours of continuing education and this will continue annually and more often if needed. <p>Based on observation interviews and record reviews the facility failed to administer medication as ordered.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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 185	<p>Continued From page 11</p> <p>Interview with a MA on 05/08/23 at 11:20am revealed: -The SIC was the Supervisor in Charge (SIC) and she reported any issues to her. -The Administrator had been on a leave of absence but she could not say how long.</p> <p>Interview with the SIC on 05/08/23 at 1:25pm revealed: -She was the Supervisor in Charge for the MAs at the facility. -Staff concerns were reported to her and she would notify the facility Manager or the Assistant to the Administrator since the Administrator was not available. -She was not aware of any process for oversight of her work role but the facility had monthly staff meetings to discuss concerns that came up.</p> <p>Interview with the facility Manager on 05/08/23 at 10:05am revealed: -The Administrator was in the facility at least weekly prior to March 2023. -He and the Assistant to the Administrator took on the duties of the Administrator temporarily since she had been out. -Staff would call him first but could always call the Assistant to the Administrator if he was not available. -He expected the Administrator to return at the end on May 2023. -They had not looked for a temporary Administrator since the Administrator was going to return to duties within a few months of being absent.</p> <p>Interview with the Assistant to the Administrator on 05/08/23 at 5:15pm revealed: -The Administrator had been on a leave of</p>	C 185		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FGL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER
FIELDS FOUNDATION

STREET ADDRESS, CITY, STATE, ZIP CODE
**1057 LAND-FIELDS LANE
WILLIAMSTON, NC 27892**

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C 185	<p>Continued From page 12</p> <p>absence since March 2023.</p> <p>-He and the facility Manager were managing the facility temporarily until the Administrator was able to return.</p> <p>-He lived next door to the facility and was in and out of the facility almost daily.</p> <p>-He and the facility Manager were always available by phone for staff questions or issues that came up.</p> <p>-He had "good staff" and he thought they were doing what was required in the facility.</p> <p>-Oversight of staff had not been what it should have since the Administrator went out in March 2023 and things had fallen through the cracks.</p> <p>Non-compliance was identified in the following rule areas:</p> <ol style="list-style-type: none"> 1. Based on observations and interviews, the facility failed to ensure fire safety equipment was maintained in a safe operating condition related to a smoke detector that was not functioning properly due to a dead battery. [Refer to Tag 102 10A NCAC 13G .0317(a) Building Service Equipment (TYPE B VIOLATION)]. 2. Based on interviews and record reviews, the facility failed to ensure staff administering medications had the required 6 hours of annual training for medication administration. [Refer to Tag 132 10A NCAC 13G .0403(b) Qualifications of Medication Staff (TYPE B VIOLATION)]. 3. Based on interviews and record reviews, the facility failed to ensure the staff supervisor for staff that were administering medications had the required 6 hours of continuing education for management annually. [Refer to Tag 134 10A NCAC 13G .0402 Qualifications of Supervisor-in-Charge (TYPE B VIOLATION)]. 	C 185	<ol style="list-style-type: none"> A. To prevent this from occurring again: B. Fields Foundation will have training on how to document changes from a physician's orders on the Medication Administration Record. Medication will only be administered in accordance to a physicians order. C. It will include instructions on how to transcribe orders onto the MAR correctly. This will include proper abbreviations, calculating stop dates correctly, transcribing 	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FC1058006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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
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C 185	<p>Continued From page 13</p> <p>4. Based on observations, interviews and record reviews, the facility failed to administer medications as ordered for 2 of 3 residents (#1, #3) that were prescribed long-acting insulin (#1, #3) and a short acting insulin (#3) to be administered by injection. [Refer to Tag 330 10A NCAC 13G .1004(a) Medication Administration (TYPE B VIOLATION)].</p> <p>5. Based on observations, interviews, and record reviews, the facility failed to ensure the medication administration records were accurate for 1 of 3 sampled residents (#3) who had several dose changes ordered for a medication used to control blood sugar. [Refer to Tag 342 10A NCAC 13G .1004(j) Medication Administration (TYPE B VIOLATION)].</p> <p>6. Based on interview and record reviews, the facility failed to ensure an assessment and physician's order was in place for 3 of 3 sampled residents (#1, #2, #3) who self-administered medications used to control blood sugar by injection (#1, #2, #3). [Refer to Tag 350 10A NCAC 13G .1005 Self-Administration of Medications (Standard Deficiency)].</p> <p>The Administrator failed to ensure the overall management and total operations of the facility as evidenced by failure to maintain substantial compliance with the rules and statutes governing Adult Care Homes, related to building service equipment, medication administration; qualifications of supervisor in charge and qualifications of medication staff. This failure detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation.</p> <p>The facility provided a plan of protection in</p>	C 185	<p>PRN orders appropriately copying orders completely and legibly, and discontinuing orders.</p> <p>D. Keeping up with medication orders. The home will stay organized and create and maintain a list of medications for each patient.</p> <p>E. The list will include information such as the name of the medication, the dose, the route of administration, and the frequency.</p> <p>F. The Medication Administration Record will be used at all times, to document when medications are given and any changes to the physician's orders, advanced practice registered nurse, or physician assistant. It is important for staff to consult with a registered nurse prior to administering any insulin dose that is determined based on a blood glucose test result.</p> <p>G. Staff will be trained on how to transcribe orders onto the MAR correctly and how to document any changes.</p> <p>H. All orders will be filed with the patients FL-2 and MAR book.</p> <p>I. A medical consultation sheet will accompany each resident to any medical appointment for the doctor to document findings, train staff, resident and to give consultative information to support orders.</p> <p>J. Any residents who self administer medication should have a physicians order to self administer medications and will be maintained in the patients MAR book. Residents must be competent and physically able to self-administer their medications if the following requirements are met: the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and specific instructions for administration of prescription medications are printed on the medication label.</p> <p>K. The residents medication administration record (MAR) will be accurate and include the following resident's name; name of the medication or treatment order; strength and dosage or quantity of medication administered; instructions for administering</p>	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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C 185 Continued From page 14
accordance with G.S. 131D-34 on 05/08/23 for this violation.

CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 22, 2023.

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.

This Rule is not met as evidenced by:
TYPE A2 VIOLATION

Based on observations, interviews and record reviews, the facility failed to administer medications as ordered for 2 of 3 residents that were prescribed long-acting insulin (#1, #3) and a short acting insulin (#3) to be administered by injection.

The findings are:

Review of the facility's Medication Administration Policy (not dated) revealed:
-Medications should be administered in accordance with the prescribing practitioner's orders.
-Staff who have demonstrated competency

C 185
L. the medication for treatment. Staff will assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with orders by a licensed prescribing practitioner which are maintained in the resident's record.

C 330
Type A2: Facility failed to to administer medications as ordered that were prescribe long-acting insulin and a short acting insulin to be administered by injection:
1. To prevent this from happening again the SIC has been fully trained in all areas to support medication administration, health and safety and all annual training requirements related to the above.
2. Registered Nurse and Physicians office will provide training and documentation to support training occurred.
Based on observation interviews and record reviews the facility failed to administer medication as ordered.
3. The facility policy will updated and dated to reflect any changes:
4. Training to support proper administration of medication for long-acting insulin and a short acting insulin to be administered by injection.
a. Training will include the following by a licensed medical provider.
b. The medication administration record (MAR) shall be accurate and include the following: resident's name; name of the medications or treatment order; strength and dosage or quantity of medication administered; instructions for administering the medication or treatment
c. reparation and administration of all medications, prescription and non-prescription,

5/30/2023

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NAME OF PROVIDER OR SUPPLIER
FIELDS FOUNDATION

STREET ADDRESS, CITY, STATE, ZIP CODE
**1057 LAND-FIELDS LANE
WILLIAMSTON, NC 27892**

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C 330

Continued From page 15

according to State rules may prepare and administer medications.

1. Review of Resident #3's current FL-2 dated 02/01/23 revealed:
-Diagnoses included diabetes type II.
-There was no information documented for orientation status.

Review of Resident #3's Resident Register revealed an admission date of 04/01/19.

Review of Resident #3's Licensed Health Professional Support (LHPS) dated 04/03/23 revealed:
-The LHPS was signed by the facility's Registered Nurse (RN).
-There was documentation Resident had "blood glucose 300 on insulin and oral glycemic medications".
-LHPS tasks included blood glucose monitoring.
-There was no documentation for LHPS task of administering medications by injection.

Observation of Novolog administration on 05/05/23 at 11:56am revealed: (Novolog is a short acting insulin used to control blood sugar levels.)
-The medication aide (MA) put a new needle on the Novolog pen and dialed up 14 units before she placed a NovoLog pen in front of Resident #3.
-Resident #3 requested assistance to administer the injection.
-The MA washed her hands and donned gloves before picking up the Novolog pen.
-The MA removed 1 cap to reveal a smaller cap that covered the needle.
-The MA placed the capped needle to Resident #3's abdomen and pressed the pen to administer

C 330

and treatments by staff are ordered by a licensed prescribing practitioner in the residents record.

d. Training of staff on how to properly administer a Novolog pen will include instructions on how to attach a fresh pen needle, prime the pen, and dial the correct dose. Staff will also be trained on how to properly store and dispose of used needles.

e. staff will be trained on how to uncap both caps on the pen.

f. These are the steps to be trained on how to properly use a Novolog Flexpen:

- attach a fresh pen needle: Screw or click the needle securely in place according to the manufacture's instructions. Remove the cap(s) from the pen needle to expose the needle.
- prime the pen: Pointing the needle up in the air, dial one or two units on the pen and press the plunger fully with your thumb. Repeat until a drop appears.
- dial the correct dose: Turn the dose selector dial until the number of units you need to inject is displayed in the dose window.
- inject the insulin: pinch the skin at your injection site and insert the needle at a 90-degree angle. Press down on the injection button until it stops moving and slowly count to 6 before removing needle from your skin.
- dispose of used needles properly: Remove and safely dispose of used needles.
- staff will be trained to wash hands and use gloves.

5/30/2023

Training on how to blood glucose monitoring: A glucometer is a small, portable device that lets you check blood sugar levels. Here are the training steps that will be followed.

- staff will wash hand or clean them with an alcohol pad.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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C 330	<p>Continued From page 16</p> <p>the medication. -The MA removed and discarded the capped needle into a biohazard container.</p> <p>Interview with the MA on 05/05/23 at 11:53am revealed: -She thought the Novolog pen was a new way of administering the insulin and the insulin was administered through the small cap covering the needle. -She did not know the second cap covering the needle needed to be removed prior to administration of the medication. -Resident #3's Novolog and Lantus insulins were in the same type pen delivery system and used the same type needles. -Both insulins were administered the same way without removing the small cap that covered the needle. -She thought the small cap remained in place during administration for safety and so the injection did not hurt as bad.</p> <p>Review of Resident #3's lab report dated 12/28/22 revealed her hemoglobin A1C was 8.2. (According to the American Diabetes Association, a hemoglobin A1C value of 5.7 to 6.4 is prediabetes and a value of 6.5 and above is in the diabetic range. The goal range for people living with diabetes is less than 7.)</p> <p>Review of Resident #3's lab report for 03/31/23 revealed her hemoglobin A1C was 8.5.</p> <p>Review of Resident #3's flowsheet for February 2023 revealed: -There was documentation Resident #3's fingerstick blood sugar (FSBS) was checked four times each day at breakfast, lunch, dinner and bedtime.</p>	C 330	<p>b. turn on the glucometer by inserting a test strip</p> <p>c. prick finger with a lancet to get a small dep of blood</p> <p>d. place the drop of blood on the test strip</p> <p>e. wait for the glucometer to display your blood sugar level.</p> <p>Staff will receive additional training on what to do if blood glucose is low or high may include instruction on how to recognize the symptoms of low and high blood sugar.</p> <p>1. low blood sugar can occur if you miss a meal, take too much insulin or other diabetes medication, exercise more than usual, or drink alcohol. Symptoms of low blood sugar may include shaking, sweating, nervousness or anxiety, irritability or confusion, dizziness, and hunger. All staff will follow doctor's instructions for treating low blood sugar.</p> <p>2. high blood sugar can occur if you eat more carbohydrates than usual, are less active than usual, are sick or under stress, or take certain medication. Symptoms of high blood sugar my include frequent urination, increased thirst, blurred vision, fatigue, and headache. All staff will follow doctor's instructions for treating high blood sugar.</p> <p>3. Training on removing the small cap that covers the insulin needle on a Novolog flexpen:</p> <p>a. Nurse will train all staff to wash hands</p> <p>b. remove the cap(s) of the insulin pen</p> <p>c. attach a new pen needle onto the insulin pen by pulling the paper tab off the pen needle and screwing the new needle onto the pen</p> <p>d. remove the outer cap of the needle. Staff will need the outer cap to remove the needle from the pen when are done with the injection'</p> <p>e. remove the inner cap</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL050006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/03/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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C 330	<p>Continued From page 17</p> <ul style="list-style-type: none"> -The FSBS ranged from 100 to 146 before breakfast. -The FSBS ranged from 123 to 269 before lunch. -The FSBS ranged from 168 to 423 before dinner. -The FSBS ranged from 150 to 344 at bedtime. <p>Review of Resident #3's flowsheet for March 2023 revealed:</p> <ul style="list-style-type: none"> -There was documentation Resident #3's FSBS was checked four times each day at breakfast, lunch, dinner and bedtime. -The FSBS ranged from 106 to 194 before breakfast. -The FSBS ranged from 137 to 276 before lunch. -The FSBS ranged from 144 to 366 before dinner. -The FSBS ranged from 125 to 359 at bedtime. <p>Review of Resident #3's flowsheet for April 2023 revealed:</p> <ul style="list-style-type: none"> -There was documentation Resident #3's FSBS was checked four times each day at breakfast, lunch, dinner and bedtime. -The FSBS ranged from 106 to 194 before breakfast. -The FSBS ranged from 137 to 276 before lunch. -The FSBS ranged from 144 to 366 before dinner. -The FSBS ranged from 125 to 359 at bedtime. <p>Review of Resident #3's flowsheet for May 2023 revealed:</p> <ul style="list-style-type: none"> -There was documentation Resident #3's FSBS was checked four times each day at breakfast, lunch, dinner and bedtime. -The FSBS ranged from 80 to 172 before breakfast. -The FSBS ranged from 50 to 225 before lunch. -The FSBS ranged from 113 to 331 before dinner. 	C 330	<ol style="list-style-type: none"> 4. Nurse will provide training on steps to check finger stick blood sugar: <ol style="list-style-type: none"> a. staff will always wash hands b. turn on the glucometer by inserting a test strip. The glucometer screen will tell ou when it's time put blood on the strip c. staff will use the lancing device to pierce the side of the finger, next to the fingernail (or another recommended location). This hurts less than lancing the pads of the finger. d. blood glucose level will appear on the meter's display 5. nurse will provide training on how to administer the proper units for NovoLog FlexPen <ol style="list-style-type: none"> a. staff will read the MAR b. check the label to make sure they are using the right insulin pen c. remove the pen cap to check the insulin. Do not use insulin that is cloudy or not clear, or if it has any specks. d. wipe the pen tip with an alcohol pad e. remove the seal on the needle cap and twist or push (based on the needle type) the needle straight onto the pen tip. f. select a dose of 2 units and take off the outer needle cap (save it) and Inner needle cap (throw it away) g. with the pen pointing up, tap the insulin to move the air bubbles to thep. h. press the button all in and make sure insulin comes out of the needle. Repeat up to two more times with the same needle if needed. i. check tha the dose counter show "0" after the safety test. 	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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> <p>-The FSBS ranged from 103 to 314 at bedtime.</p> <p>a. Review of Resident #3's current FL-2 dated 02/01/23 revealed a physician's order for Novolog Flexpen, 12 units to be administered by injection each day with lunch and breakfast.</p> <p>Review of Resident #3's physicians order dated 10/12/22 revealed Novolog 10 units, to be administered by injection with breakfast and lunch each day.</p> <p>Review of Resident #3's physicians order dated 12/28/22 revealed an order to increase Humalog to 12 units with breakfast and lunch each day. (Humalog is short-acting insulin used to control blood sugar levels.)</p> <p>Review of Resident #3's physicians order dated 03/31/23 revealed:</p> <p>-Humalog 14 units were to be administered by injection with breakfast and lunch each day.</p> <p>-There was documentation that Novolog could be given depending on insurance coverage.</p> <p>Review of Resident #3's medication administration record (MAR) for March 2023 revealed:</p> <p>-There was a computerized entry for Novolog Flexpen 12 units to be administered with breakfast and lunch.</p> <p>-There was documentation of administration each day at 8:00am and 12:00pm from 03/01/23 to 03/31/23.</p> <p>Review of Resident #3's MAR for April 2023 revealed:</p> <p>-There was a computerized entry for Novolog Flexpen 12 units to be administered with breakfast and lunch.</p>	C 330	<p>turn the dose counter to select you prescribed dose of NovoLog FlexPen units. Please do not push the button while selecting dose for patient.</p> <p>Training on administering Basaglar will be provided the nurse: Training step will be documented for each staff.</p> <p>a. staff will administer Basaglar subcutaneously into the abdominal area, thigh, or deltoid</p> <p>b. staff will rotate injection sites within the same region from one injection to the next to reduce the risk of lipodystrophy and localized cutaneous amyloidosis</p> <p>c. wipe the skin with an alcohol swab and let the injection site dry before you inject dose</p> <p>d. staff will administer at the same time each day and use a new needle for each dose. Training will be provided for all staff to review orders and MAR at the beginning of each shift.</p> <p>6. nurse will provide training for all staff to be familiar with all resident orders. Nurse will train staff to record when medication was given on the MAR.</p> <p>7. nurse will train staff on how to follow the process for correctly changing medications on the MAR with supporting documentation from a licensed provider.</p> <p>8. the nurse will ensure that all training is up to date and documented on training log to support training occurred.</p>	

Training will occur to ensure Medication Administration records are accurate related to the dose of insulin that will be administered. There will be an order to support anything on the MAR.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FGL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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>03/31/23 revealed Humalog 16 units was to be administered by injection each evening with dinner.</p> <p>Review of Resident #3's medication administration record (MAR) for March 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized enter for Novolog Flexpen 14 units to be administered with dinner. -There was documentation of administration each day at 5:00pm from 03/01/23 to 03/31/23. <p>Review of Resident #3's MAR for April 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Novolog Flexpen 14 units to be administered with dinner. -The 14 was marked through and 16 was handwritten above the entry with handwritten instructions to start 03/31/23. -There was documentation of administration each day at 5:00pm from 04/01/23 to 04/30/23. <p>Review of Resident #3's MAR for May 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Novolog Flexpen 14 units to be administered with dinner. -There was documentation Novolog Flexpen 14 units was administered each day at 5:00pm on 05/01/23 to 05/04/23. <p>Refer to telephone interview with the Registered Nurse (RN) for the facility on 05/05/23 at 4:05pm.</p> <p>Refer to interview with the facility Manager on 05/08/23 at 4:45pm.</p> <p>Refer to interview with the Assistant to the Administrator on 05/08/23 at 5:15pm.</p> <p>c. Review of Resident #3's current FL-2 dated</p>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FGL058006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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> <p>02/01/23 revealed a physician's order for Basaglar 40 units to be administered each night at bed time. (Basaglar is a long-acting insulin used to control blood sugar levels.)</p> <p>Review of Resident #3's physicians order dated 09/16/22 revealed Lantus was to be increased to 38 units each day. (Lantus is a long-acting insulin used to control blood sugar levels.)</p> <p>Review of Resident #3's physicians order dated 12/28/22 revealed Lantus was to be increased to 40 units each day.</p> <p>Review of Resident #3's physicians order dated 01/30/23 revealed Lantus was to be increased to 42 units each day.</p> <p>Review of Resident #3's physicians order dated 03/31/23 revealed Lantus 46 units was to be administered each day.</p> <p>Review of Resident #3's medication administration record (MAR) for March 2023 revealed: -There was a computerized entry for Basaglar 38 units that was marked through with a hand written 40 over the units to be administered with dinner. -There was documentation of administration each day at 5:00pm from 03/01/23 to 03/31/23.</p> <p>Review of Resident #3's MAR for April 2023 revealed: -There was a computerized entry for Basaglar 38 units to be administered every day and was scheduled for 8:00pm.. -The 38 was marked through, and a hand written 42 was also marked through with a hand written 46 handwritten over the units to be administered. -There was documentation of administration each</p>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/09/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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>day at 5:00pm from 04/01/23 to 04/30/23.</p> <p>Review of Resident #3's MAR for May 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Basaglar with hand written 46 units to be administered each day. -There was documentation Basaglar 46 units was administered each day at 8:00pm on 05/01/23 to 05/04/23. <p>Interview with Resident #3 on 05/08/23 at 1:12pm revealed:</p> <ul style="list-style-type: none"> -Her FSBS ran high daily; usually over 200. -She gave herself insulin injections but sometimes the staff would do it. -Her insulins were in a pen delivery system and the staff would dial in the dose for each medication before giving she gave the injection to herself. -She did not know there was a second cap covering the needle and she nor the staff removed the small cap prior to injecting the medication before 05/05/23. -She woke up on 05/07/23 and didn't feel well; she was pouring sweat and felt like she was floating. -She pulled the call bell for staff to assist her and asked the MA to walk behind her in case she fell as they walked to the kitchen. -Her FSBS was 50 and she was given orange juice that helped her feel a little better. <p>Interview with the RN for Resident #3's primary care provider's (PCP) office on 05/08/23 at 9:25am revealed:</p> <ul style="list-style-type: none"> -Resident #3 was diagnosed with diabetes that was uncontrolled. -Both long and short acting insulins had been increased several times in an effort to control the 	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL055008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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 23</p> <p>blood sugar levels. .</p> <ul style="list-style-type: none"> -Uncontrolled diabetes caused damage to small blood vessels including the heart and eyes. -Blood sugar levels that were too low could lead to dizziness, falls and possibly coma. -Blood sugar levels that were too high could lead to diabetic ketoacidosis (DKA) due to the breakdown of fat too quickly and the body would become toxic, requiring hospitalization. -Blood sugars that run too low or too high could be life threatening. <p>Interview with the facility's contracted pharmacist on 05/08/23 at 2:15pm revealed:</p> <ul style="list-style-type: none"> -Resident #3 was ordered both long and short acting insulins that were administered by injection via a pen device on 11/02/21. -Whether Resident #3 received Lantus or Basaglar and Humalog or Novolog depended on what insurance would agree to pay for and the medications were used interchangeably. -Not receiving the insulins as ordered would cause blood glucose to not be controlled. -Uncontrolled diabetes caused damage to blood vessels that could lead to decreased vision and heart problems such as stroke. <p>Second interview with a MA on 05/08/23 at 1:25pm revealed:</p> <ul style="list-style-type: none"> -Resident #3 had been on insulins by pen delivery system for quite a while but she was not sure of the date. -She thought the facility RN conducted diabetes training every 3 months but removing the caps of the needle was not included in the training. -She did not ask for any additional training on the pen because she thought they were using it correctly. <p>Interview with a second MA on 05/08/23 at</p>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27692
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(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 24</p> <p>11:20am revealed:</p> <ul style="list-style-type: none"> -Resident #3's FSBS consistently ran in the 200's to 300's range. -She thought Resident #3's insulins may have been dispensed in a vial and administered by syringe when she began working approximately one and a half years ago but she was not sure. -She completed diabetic training yearly that was taught by the facility RN, but the training did not include the administration of medications only signs and symptoms to watch for if the blood sugar was too high or too low. -She received training from the RN on the administration of insulin using the pen, but she did not remember when that training was. -The training using the pen delivery system included putting a new needle on each time but did not include uncapping the needle prior to injection. -She had administered both the long and short acting insulins to the residents using the same type delivery system that used the same needles. -She did not know there was a second cap over the needle that needed to be removed and she did not know the residents did not receive the medications through the capped needle. -The facility RN conducted a training on 05/05/23 and she (MA) administered medications on 05/06/23 and 05/07/23. -Resident #3 rang her call bell on 05/07/23 saying she did not feel well. -Resident #3 was very sweaty and her FSBS was found to be 50 at about 8:55am. -She gave Resident #3 orange juice and some grapes and rechecked her FSBS at 10:00am with result of 100. <p>Attempted telephone interview with Resident #3's primary care provider (PCP) on 05/08/23 at 9:16am was unsuccessful.</p>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1657 LAND-FIELDS LANE WILLIAMSTON, NC 27692
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(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 26</p> <p>revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Tresiba FlexTouch 38 units to be injected each night at bedtime. -There was documentation of administration each night at 8:00pm from 03/01/23 to 03/31/23. <p>Review of Resident #1's flowsheet for March 2023 revealed:</p> <ul style="list-style-type: none"> -There was documentation Resident #1's FSBS was checked three times each day at breakfast, lunch and dinner. -There was documentation FSBS ranged from 136 to 227 at breakfast. -There was documentation FSBS ranged from 71 to 294 at lunch. -There was documentation FSBS ranged from 93 to 284 at dinner. <p>Review of Resident #1's MAR for April 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Tresiba FlexTouch 38 units to be injected each night at bedtime. -There was documentation of administration each night at 8:00pm from 04/01/23 to 04/06/23 and from 04/12/23 to 04/30/23. -There was documentation Tresiba FlexTouch was not administered on 04/07/23 to 04/11/23 because he was on a home visit. <p>Review of Resident #1's flowsheet for April 2023 revealed:</p> <ul style="list-style-type: none"> -There was documentation Resident #1's FSBS was checked three times each day at breakfast, lunch and dinner. -There was documentation FSBS ranged from 144 to 217 at breakfast. (Range is approximate based on legibility of documentation.) -There was documentation FSBS ranged from 84 	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCLO58008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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 27</p> <p>to 214 at lunch. (Range is approximate based on legibility of documentation.) -There was documentation FSBS ranged from 121 to 371 at dinner. (Range is approximate based on legibility of documentation.)</p> <p>Review of Resident #1's MAR for May 2023 revealed: -There was a computerized entry for Tresiba FlexTouch 38 units to be injected each night at bedtime. -There was documentation of administration each night at 8:00pm from 05/01/23 to 05/07/23.</p> <p>Review of Resident #1's flowsheet for May 2023 revealed: -There was documentation Resident #1's FSBS was checked three times each day at breakfast, lunch and dinner. -There was documentation FSBS ranged from 77 to 203 at breakfast. -There was documentation FSBS ranged from 126 to 179 at lunch. -There was documentation FSBS ranged from 110 to 186 at dinner.</p> <p>Interview with Resident #1 on 05/08/23 at 6:34pm revealed: -He gave himself Tresiba using the pen delivery system at night and his wife would give it when he went home for visits. -One cap was removed from the needle and the plastic tip was pressed to his skin for administration. -he felt better since staff began administering his medication on 05/05/23. -His blood sugars ran in the 200s prior to 05/06/23 and has been running in the 100s since the staff began administering the Tresiba.</p>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL056008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892		
(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 28</p> <p>Attempted telephone interview with Resident #1's primary care provider (PCP) on 05/08/23 at 9:16am was unsuccessful.</p> <p>Refer to telephone interview with the Registered Nurse (RN) for the facility on 05/05/23 at 4:05pm.</p> <p>Refer to interview with the facility Manager on 05/08/23 at 4:45pm.</p> <p>Refer to interview with the Assistant to the Administrator on 05/08/23 at 5:15pm.</p> <p>Telephone interview with the Registered Nurse (RN) for the facility on 05/05/23 at 4:05pm revealed:</p> <ul style="list-style-type: none"> -She was responsible for educating facility staff. -She remembered completing an in-service with the MAs individually when the residents were initially prescribed insulins to be administered via the pen delivery system, but she did not recall the date. -The in-service included the procedure for administering medications by injection and how to place needle and dial up the dose using the pen delivery system. -The in-service did not include uncapping the needle for administration. -She was not aware staff did not know about removing the second cap to expose the needle prior to the administration of the medications. <p>Interview with the facility Manager on 05/08/23 at 4:45pm revealed:</p> <ul style="list-style-type: none"> -The facility RN was responsible for education and trainings. -The staff received diabetic education yearly. -The full procedure, including the uncapping of the needle should have been included in the training for administration of insulin using the pen 	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL050008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 05/08/2023
NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION			STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892		
(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 29</p> <p>delivery system to ensure staff administered the medications properly when the insulin pens were ordered.</p> <ul style="list-style-type: none"> -He was not sure exactly what the training consisted of. -He did not know staff had not been exposing the needle for proper administration of the insulin medications. -It was important residents received their medications as ordered by the provider to keep them healthy. <p>Interview with the Assistant to the Administrator on 05/08/23 at 5:15pm revealed:</p> <ul style="list-style-type: none"> -The facility RN was responsible for training the MAs to ensure they were administering medications competently. -He expected each step of administering medications by pen delivery system, including uncapping, to be covered during training. <p>The facility failed to administer insulin injections to sampled insulin dependant residents which caused high blood sugars which could damage to the heart. High blood sugar could have caused the Residents to develop a life-threatening condition. The failure placed the residents at substantial risk for serious physical harm, illness and death and constitutes a Type A2 violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/05/23 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JUNE 7, 2023.</p>	C 330	<p>Type A2: The facility failed to administer insulin injections to dependent residents.</p> <p>To prevent this from occurring again the following measures have been in place. The facility Nurse and the SIC will monitor the MAR daily for completeness. The facility Nurse will monitor the following and train.</p> <p>a. Fields Foundation Staff will make sure all Residents MAR include Residents name; name of medication or treatment order, strength and dosage or quantity of medication administered. It will also include instructions for administering medications or treatment.</p>	5/30/2023	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER: **FIELDS FOUNDATION**
STREET ADDRESS, CITY, STATE, ZIP CODE: **1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892**

(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 342	Continued From page 30	C 342		
C 342	<p>10A NCAC 13G .1004(j) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following:</p> <ul 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: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure the medication administration records were accurate for 1 of 3 sampled residents (#3) who had several dose changes ordered for a medication used to control blood sugar.</p> <p>The findings are:</p> <p>Review of the facility's Medication Administration Policy (not dated) revealed medications should be</p>	C 342	<p>Type B: Facility failed to ensure the medication administration records were accurate for residents due to several dose changes ordered for a medication used to control blood sugar:</p> <p>All staff will be trained by a Registered Nurse or licensed Medical Professional to ensure all residents medication administration record (MAR) is accurate and include the following: Resident's name; name of the medication or treatment order; strength and dosage or quantity of medication administered; instructions for administering the medication or treatment.</p> <ol style="list-style-type: none"> 1. To prevent this from happening again the SIC has been fully trained in all areas to support medication administration, health and safety and all annual training requirements related to the above. 2. Registered Nurse and Physicians office will provide training and documentation to support training occurred. <p>Based on observation interviews and record reviews the facility failed to administer medication as ordered.</p> <ol style="list-style-type: none"> 3. The facility policy will updated and dated to reflect any changes. 4. Training to support proper administration of medication for long-acting insulin and a short acting insulin to be administered by injection. 	<p>5/30/2023</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/09/2023
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NAME OF PROVIDER OR SUPPLIER
FIELDS FOUNDATION

STREET ADDRESS, CITY, STATE, ZIP CODE
**1057 LAND FIELDS LANE
WILLIAMSTON, NC 27892**

(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
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C 342

Continued From page 31

administered in accordance with the prescribing practitioner's orders.

Review of Resident #3's current FL-2 dated 02/01/23 revealed:
-Diagnoses included diabetes type II.
-There was no information documented for orientation status.
-There was an order for diabetic testing 4 times daily.

Review of Resident #3's lab report dated 12/28/22 revealed her hemoglobin A1C was 8.2.

Review of Resident #3's lab report for 03/31/23 revealed her hemoglobin A1C was 8.5.

Review of Resident #3's flowsheet for February 2023 revealed:
-There was documentation Resident #3's fingerstick blood sugar (FSBS) was checked four times each day at breakfast, lunch, dinner and bedtime.
-The FSBS ranged from 100 to 146 before breakfast.
-The FSBS ranged from 123 to 269 before lunch.
-The FSBS ranged from 168 to 423 before dinner.
-The FSBS ranged from 150 to 344 at bedtime.

Review of Resident #3's flowsheet for March 2023 revealed:
-There was documentation Resident #3's FSBS was checked four times each day at breakfast, lunch, dinner and bedtime.
-The FSBS ranged from 106 to 194 before breakfast.
-The FSBS ranged from 137 to 276 before lunch.
-The FSBS ranged from 144 to 366 before dinner.

C 342

Training will include the following by a licensed medical provider.

b. The medication administration record (MAR) shall be accurate and include the following: resident's name; name of the medications or treatment order; strength and dosage or quantity of medication administered; instructions for administering the medication or treatment

c. preparation and administration of all medications, prescription and non-prescription, and treatments by staff are ordered by a licensed prescribing practitioner in the residents record.

d. Training of staff on how to properly administer a Novolog pen will include instructions on how to attach a fresh pen needle, prime the pen, and dial the correct dose. Staff will also be trained on how to properly store and dispose of used needles.

e. staff will be trained on how to uncap both caps on the pen.

f. These are the steps to be trained on how to properly use a Novolog Flexpen:

1. attach a fresh pen needle: Screw or click the needle securely in place according to the manufacture's instructions. Remove the cap(s) from the pen needle to expose the needle.
2. prime the pen: Pointing the needle up in the air, dial one or two units on the pen and press the plunger fully with your thumb. Repeat until a drop appears.
3. dial the correct dose: Turn the dose selector dial until the number of units you need to inject is displayed in the dose window.
4. inject the insulin: pinch the skin at your injection site and insert the needle at a 90-degree angle. Press down on the injection button until it stops moving and slowly count to 6 before removing needle from your skin.
5. _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27692
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(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
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C 342	<p>Continued From page 32</p> <p>-The FSBS ranged from 125 to 359 at bedtime.</p> <p>Review of Resident #3's flowsheet for April 2023 revealed:</p> <p>-There was documentation Resident #3's FSBS was checked four times each day at breakfast, lunch, dinner and bedtime.</p> <p>-The FSBS ranged from 106 to 194 before breakfast.</p> <p>-The FSBS ranged from 137 to 276 before lunch.</p> <p>-The FSBS ranged from 144 to 366 before dinner.</p> <p>-The FSBS ranged from 125 to 359 at bedtime.</p> <p>Review of Resident #3's flowsheet for May 2023 revealed:</p> <p>-There was documentation Resident #3's FSBS was checked four times each day at breakfast, lunch, dinner and bedtime.</p> <p>-The FSBS ranged from 80 to 172 before breakfast.</p> <p>-The FSBS ranged from 50 to 225 before lunch.</p> <p>-The FSBS ranged from 113 to 331 before dinner.</p> <p>-The FSBS ranged from 103 to 314 at bedtime.</p> <p>a. Review of Resident #3's current FL-2 dated 02/01/23 revealed a physician's order for Novolog Flexpen, 12 units to be administered by injection each day with lunch and breakfast. (Novolog is a short-acting insulin used to control blood sugar levels.)</p> <p>Review of Resident #3's physicians order dated 10/12/22 revealed Novolog 10 units, to be administered by injection with breakfast and lunch each day.</p> <p>Review of Resident #3's physicians order dated 12/28/22 revealed an order to increase Humalog to 12 units with breakfast and lunch each day.</p>	C 342	<p>dispose of used needles properly; Remove and safely dispose of used needles.</p> <p>6. staff will be trained to wash hands and use gloves.</p> <p>Training on how to blood glucose monitoring: A glucometer is a small, portable device that lets you check blood sugar levels. Here are the training steps that will be followed.</p> <ol style="list-style-type: none"> staff will wash hand or clean them with an alcohol pad. turn on the glucometer by inserting a test strip prick finger with a lancet to get a small dep of blood place the drop of blood on the test strip wait for the glucometer to display your blood sugar level. <p>Staff will receive additional training on what to do if blood glucose is low or high may include instruction on how to recognize the symptoms of low and high blood sugar.</p> <ol style="list-style-type: none"> low blood sugar can occur if you miss a meal, take too much insulin or other diabetes medication, exercise more than usual, or drink alcohol. Symptoms of low blood sugar may include shaking, sweating, nervousness or anxiety, irritability or confusion, dizziness, and hunger. All staff will follow doctor's instructions for treating low blood sugar. high blood sugar can occur if you eat more carbohydrates than usual, are less active than usual, are sick or under stress, or take certain medication. Symptoms of high blood sugar my include frequent urination, increased thirst, blurred vision, fatigue, and headache. All staff will follow doctor's instructions for treating high blood sugar. Training on removing the small cap that covers the insulin needle on a Novolog flexpen: <ol style="list-style-type: none"> Nurse will train all staff to wash hands 	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL052008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER: **FIELDS FOUNDATION**
STREET ADDRESS, CITY, STATE, ZIP CODE: **1057 LAND-FIELDS LANE
WILLIAMSTON, NC 27882**

(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
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C 342 Continued From page 33
(Humalog is a short acting insulin used to control blood sugar levels.)

Review of Resident #3's physicians order dated 03/31/23 revealed:
-Humalog 14 units were to be administered by injection with breakfast and lunch each day.
-There was documentation that Novolog could be given depending on insurance coverage.

Review of Resident #3's medication administration record (MAR) for March 2023 revealed:
-There was a computerized entry for Novolog Flexpen 12 units to be administered with breakfast and lunch.
-There was documentation of administration each day at 8:00am and 12:00pm from 03/01/23 to 03/31/23.

Review of Resident #3's MAR for April 2023 revealed:
-There was a computerized entry for Novolog Flexpen 12 units to be administered with breakfast and lunch.
-The 12 was marked through and 14 was handwritten above the entry and handwritten instructions to start 03/31/23.
-There was documentation of administration each day at 8:00am and 12:00pm from 04/01/23 to 04/30/23.

Review of Resident #3's MAR for May 2023 revealed:
-There was a computerized entry for Novolog Flexpen 14 units to be administered with breakfast and lunch.
-There was documentation Novolog Flexpen 14 units was administered each day at 8:00am on 05/01/23 to 05/05/23 and at 12:00pm on 05/01/23

C 342

- b. remove the cap(s) of the insulin pen
- c. attach a new pen needle onto the insulin pen by pulling the paper tab off the pen needle and screwing the new needle onto the pen
- d. remove the outer cap of the needle. Staff will need the outer cap to remove the needle from the pen when are done with the injection'
- e. remove the inner cap
4. Nurse will provide training on steps to check finger stick blood sugar:
 - a. staff will always wash hands
 - b. turn on the glucometer by inserting a test strip. The glucometer screen will tell ou when it's time put blood on the strip
 - c. staff will use the lancing device to pierce the side of the finger, next to the fingernail (or another recommended location). This hurts less than lancing the pads of the finger.
 - d. blood glucose level will appear on the meter's display
 5. nurse will provide training on how to administer the proper units for NovoLog FlexPen
 - a. staff will read the MAR.
 - b. check the label to make sure they are using the right insulin pen
 - c. remove the pen cap to check the insulin. Do not use insulin that is cloudy or not clear, or if it has any specks.
 - d. wipe the pen tip with an alcohol pad
 - e. remove the seal on the needle cap and twist or push (based on the needle type) the needle straight onto the pen tip.
 - f. select a dose of 2 units and take off the outer needle cap (save it) and Inner needle

5/30/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCLO58008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER: **FIELDS FOUNDATION**
STREET ADDRESS, CITY, STATE, ZIP CODE: **1057 LAND-FIELDS LANE
WILLIAMSTON, NC 27682**

(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 342	<p>Continued From page 34 to 05/04/23.</p> <p>Refer to telephone interview with the Registered Nurse (RN) for Resident #3's primary care provider's (PCP) office on 05/08/23 at 9:25am.</p> <p>Refer to interview with the MA on 05/8/23 at 11:20am.</p> <p>Refer to interview with a second MA on 05/08/23 at 1:25pm.</p> <p>Refer to interview with the facility Manager on 05/08/23 at 10:05am.</p> <p>Refer to interview with the Assistant to the Administrator on 05/08/23 at 4:15pm.</p> <p>b. Review of Resident #3's current FL-2 dated 02/01/23 revealed a physician's order for Basaglar 40 units to be administered each night at bed time. (Basaglar is a long acting insulin used to control blood sugar levels.)</p> <p>Review of Resident #3's physicians order dated 09/16/22 revealed Lantus was to be increased to 38 units each day. (Lantus is long-acting insulin used to control blood sugar levels.)</p> <p>Review of Resident #3's physicians order dated 12/28/22 revealed Lantus was to be increased to 40 units each day.</p> <p>Review of Resident #3's physicians order dated 01/30/23 revealed Lantus was to be increased to 42 units each day.</p> <p>Review of Resident #3's physicians order dated 03/31/23 revealed: Lantus 46 units was to be administered each day.</p>	C 342	<p>cap (throw it away)</p> <p>g. with the pen pointing up, tap the insulin to move the air bubbles to thep.</p> <p>h. press the button all in and make sure insulin comes out of the needle. Repeat up to two more times with the same needle if needed.</p> <p>i. check tha the dose counter show "0" after the safety test.</p> <p>j. turn the dose counter to select you prescribed dose of NovoLog FlexPen units. Please do not push the button while selecting dose for patient.</p> <p>Training on administering Basaglar will be provided the nurse: Training step will be documented for each staff.</p> <p>a. staff will administer Basaglar subcutaneously into the abdominal area, thigh, or deltoid</p> <p>b. staff will rotate injection sites within the same region from one injection to the next to reduce the risk of lipodystrophy and localized cutaneous amyloidosis</p> <p>c. wipe the skin with an alcohol swab and let the injection site dry before you inject dose</p> <p>d. staff will administer at the same time each day and use a new needle for each dose. Training will be provided for all staff to review orders and MAR at the beginning of each shift.</p>	5/30/23

6. nurse will provide training for all staff to be familiar with all resident orders. Nurse will train staff to record when medication was given on the MAR.
7. nurse will train staff on how to follow the process for correctly changing medications on

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/09/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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 342	<p>Continued From page 35</p> <p>Review of Resident #3's medication administration record (MAR) for March 2023 revealed: -There was a computerized entry for Basaglar 38 units that was marked through with a hand written 40 over the units to be administered with dinner. -There was documentation of administration each day at 5:00pm from 03/01/23 to 03/31/23.</p> <p>Review of Resident #3's MAR for April 2023 revealed: -There was a computerized entry for Basaglar 38 units to be administered with dinner. -The 38 was marked through, and a hand written 42 was also marked through with a hand written 46 handwritten over the units to be administered. -There was documentation of administration each day at 5:00pm from 04/01/23 to 04/30/23.</p> <p>Review of Resident #3's MAR for May 2023 revealed: -There was a computerized entry for Basaglar with hand written 46 units to be administered each day. -There was documentation Basaglar 46 units was administered each day at 8:00pm on 05/01/23 to 05/04/23.</p> <p>Attempted telephone interview with Resident #3's primary care provider on 05/05/23 at 12:15pm and 1:35pm and again on 05/08/23 at 9:16am was unsuccessful.</p> <p>Refer to telephone interview with the Registered Nurse (RN) for Resident #3's primary care provider's (PCP) office on 05/08/23 at 9:25am.</p> <p>Refer to interview with the MA on 05/8/23 at 11:20am.</p>	C 342	<p>the MAR with supporting documentation from a licensed provider.</p> <p>8. the nurse will ensure that all training is up to date and documented on training log to support training occurred. Training will occur to ensure Medication Administration records are accurate related to the dose of insulin that will be administered. There will be an order to support anything on the MAR</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1657 LAND-FIELDS LANE WILLIAMSTON, NC 27692
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(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 342	<p>Continued From page 36</p> <p>Refer to interview with a second MA on 05/08/23 at 1:25pm.</p> <p>Refer to interview with the facility Manager on 05/08/23 at 10:05am.</p> <p>Refer to interview with the Assistant to the Administrator on 05/08/23 at 4:15pm.</p> <p>Telephone interview with the Registered Nurse (RN) for Resident #3's primary care provider's (PCP) office on 05/08/23 at 9:25am revealed:</p> <ul style="list-style-type: none"> -Resident #3 was diagnosed with diabetes that was uncontrolled. -It was important for MARs to be accurate in order to properly administer medications as ordered. -Both Long and short acting insulins had been increased several times in an effort to control the blood sugar levels. -Uncontrolled diabetes caused damage to small blood vessels including the heart and eyes. -Blood sugar levels that were too low could lead to dizziness, falls and possibly coma. -Blood sugar levels that were too high could lead to diabetic ketoacidosis (DKA) due to the breakdown of fat too quickly and the body would become toxic, requiring hospitalization. -Blood sugars that run too low or too high could be life threatening. <p>Interview with a medication aide (MA) on 05/08/23 at 11:20am revealed:</p> <ul style="list-style-type: none"> -Medication orders should be clear and accurate on the MAR to ensure residents received the medication as ordered by the physician. -She marked through dose changes when the dose was changed for a medication, but she did not remember what the dates for the changes 	C 342		5/30/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL056008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27692
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(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
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C 342	<p>Continued From page 37</p> <p>were for Resident #3 and was unable to tell what doses were given on which dates by looking at the MARs.</p> <ul style="list-style-type: none"> -She did not know she should not mark through a dose each time the dose changed. -The facility RN completed her MA training and she may have taught the process for correctly changing medications on the MAR but she did not remember. <p>Interview with a second MA on 05/08/23 at 1:25pm revealed:</p> <ul style="list-style-type: none"> -She had oversight of the other MAs and her duties included ensuring medications were administered as ordered including ensuring new orders and medication changes were on the MAR accurately. -Any new orders for dose changes should be re-written in a blank box on the MAR and documentation that a change had occurred should be made in the administration documentation portion beside the discontinued medication. -She was unable to tell what dose of the prescribed insulins were administered on each day by reviewing Resident #3's MARs. -She was not aware the MA was marking through and overwriting the dose when the medication dose changed. -There was no process in place for reviewing MARs for accuracy. -The process for changing medication orders on the MAR was taught in MA training by the facility RN. <p>Interview with the facility Manager on 05/08/23 at 10:05am revealed:</p> <ul style="list-style-type: none"> -He expected MARs to be clear and accurate. -He and the Assistant Administrator were responsible for reviewing MARs for accuracy but 	C 342		5/30/2023
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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) COMPLE DATE
C 342	<p>Continued From page 38</p> <p>audits had not been completed since sometime in March 2023 when the Administrator was on leave of absence.</p> <ul style="list-style-type: none"> -Staff were trained on the proper way to transcribe orders upon hire. -He was not aware the MA had marked through doses instead of transcribing the order in a new block as she was taught. -He thought the MA may have taken a short cut to save time because of added responsibilities or maybe that was how orders were done at another facility she worked for. <p>Interview with the Assistant to the Administrator on 05/08/23 at 4:15pm revealed:</p> <ul style="list-style-type: none"> -MARs should be accurate for proper administration of medications and should reflect clearly what was administered. -He usually reviewed resident records and MARs monthly but he had not in a couple of months because of personal concerns. -He thought staff knew what they should do, how to do it and were doing it correctly. <p>The facility failed to ensure medication administration records were accurate related to the dose of insulin that was to be administered to a resident with uncontrolled diabetes which increased the risk of life-threatening conditions associated with uncontrolled blood sugar levels. The facility's failure to ensure the accuracy of the medication administration record was detrimental to the health, safety and welfare of the resident and constitutes a Type B Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/08/23 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE B</p>	C 342		5/30/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCLO58008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27602	

(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 342	Continued From page 39 VIOLATION SHALL NOT EXCEED JUNE 22, 2023.	C 342		
C 350	<p>10A NCAC 13G .1005 (a and b) Self-Administration Of Medications</p> <p>10A NCAC 13G .1005 Self-Administration Of Medications (a) The facility shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label. (b) The facility shall notify the physician when: (1) there is a change in the resident's mental or physical ability to self-administer; (2) the resident is non-compliant with the physician's orders; or (3) the resident is non-compliant with the facility's medication policies and procedures. A resident's right to refuse medications does not imply the inability of the resident to self-administer medications.</p> <p>This Rule is not met as evidenced by: Based on interview and record reviews, the facility failed to ensure an assessment and physician's order was in place for 3 of 3 sampled residents (#1, #2, #3) who self-administered medications used to control blood sugar by</p>	<p>C 350</p> <p>C</p> <p>C350: Addendum per telephone conversation with Mr. Fields on 06/09/23: The SIC and the Facility Manager will be responsible for ensuring orders are in place prior to self administration of medications. 06/09/23-M. Bennett</p>	<p>Type A2: Facility failed to medication Self Administration guidelines: To prevent this from occurring again the following measures have been put in place.</p> <p>a.</p> <p>a. The self administration of medication, Fields Foundation staff can only permit residents who are competent and physically able to self-administer their medications if the following requirements are met. The self-administration is ordered by a physician or other person legally authorized to prescribe medication and documented in the resident's record. Staff training will occur to support if there is no evidence of a Physicians order that no resident can self administer medication. Specific instructions for administration of prescription medications will be printed on the medication label.</p> <p>b.</p> <p>Fields Foundation will ensure that an assessment and physicians order be in place for any resident to self-administer medications used to control blood sugar.</p>	<p>5/30/2023</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/03/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27692
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(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 350	<p>Continued From page 41</p> <p>administering medications by injection.</p> <p>Review of Resident #3's resident record revealed there was no documentation of a physician's order for self-administration of any medication.</p> <p>a. Review of Resident #3's current FL-2 dated 02/01/23 revealed a physician's order for Novolog Flexpen, 12 units to be administered by injection each day with lunch and breakfast.</p> <p>Review of Resident #3's physicians order dated 10/12/22 revealed Novolog 10 units, to be administered by injection with breakfast and lunch each day.</p> <p>Review of Resident #3's physicians order dated 12/28/22 revealed an order to increase Humalog to 12 units with breakfast and lunch each day. (Humalog is short-acting insulin used to control blood sugar levels.)</p> <p>Review of Resident #3's physicians order dated 03/31/23 revealed: -Humalog 14 units were to be administered by injection with breakfast and lunch each day. -There was documentation that Novolog could be given depending on insurance coverage.</p> <p>Review of Resident #3's medication administration record (MAR) for March 2023 revealed: -There was a computerized entry for Novolog Flexpen 12 units to be administered with breakfast and lunch. -There was documentation of administration each day at 8:00am and 12:00pm from 03/01/23 to 03/31/23.</p> <p>Review of Resident #3's MAR for April 2023</p>	C 350		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27692
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(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 350	<p>Continued From page 42</p> <p>revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Novolog Flexpen 12 units to be administered with breakfast and lunch. -The 12 was marked through and 14 was handwritten above the entry with handwritten instructions to start 03/31/23. -There was documentation of administration each day at 8:00am and 12:00pm from 04/01/23 to 04/30/23. <p>Review of Resident #3's MAR for May 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Novolog Flexpen 14 units to be administered with breakfast and lunch. -There was documentation Novolog Flexpen 14 units was administered each day at 8:00am on 05/01/23 to 05/05/23 and at 12:00pm on 05/01/23 to 05/04/23. <p>b. Review of Resident #3's current FL-2 dated 02/01/23 revealed a physician's order for Novolog Flexpen, 14 units to be administered each day with dinner.</p> <p>Review of Resident #3's physicians order dated 10/12/22 revealed Novolog Flexpen 12 units was to be administered by injection with dinner.</p> <p>Review of Resident #3's physicians order dated 12/28/22 revealed an order to increase Humalog to 14 units with dinner.</p> <p>Review of Resident #3's physicians order dated 03/31/23 revealed Humalog 16 units was to be administered by injection each evening with dinner.</p> <p>Review of Resident #3's medication</p>	C 350		5/30/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL056908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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 350	<p>Continued From page 43</p> <p>administration record (MAR) for March 2023 revealed: -There was a computerized enter for Novolog Flexpen 14 units to be administered with dinner. -There was documentation of administration each day at 5:00pm from 03/01/23 to 03/31/23.</p> <p>Review of Resident #3's MAR for April 2023 revealed: -There was a computerized entry for Novolog Flexpen 14 units to be administered with dinner. -The 14 was marked through and 16 was handwritten above the entry with handwritten instructions to start 03/31/23. -There was documentation of administration each day at 5:00pm from 04/01/23 to 04/30/23.</p> <p>Review of Resident #3's MAR for May 2023 revealed: -There was a computerized entry for Novolog Flexpen 14 units to be administered with dinner. -There was documentation Novolog Flexpen 14 units was administered each day at 5:00pm on 05/01/23 to 05/04/23.</p> <p>c. Review of Resident #3's current FL-2 dated 02/01/23 revealed a physician's order for Basaglar 40 units to be administered each night at bed time. (Basaglar is a long-acting insulin used to control blood sugar levels.)</p> <p>Review of Resident #3's physicians order dated 09/16/22 revealed Lantus was to be increased to 38 units each day. (Lantus is a long-acting insulin used to control blood sugar levels.)</p> <p>Review of Resident #3's physicians order dated 12/28/22 revealed Lantus was to be increased to 40 units each day.</p>	C 350		5/30/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER: **FIELDS FOUNDATION**
STREET ADDRESS, CITY, STATE, ZIP CODE: **1057 LAND-FIELDS LANE
WILLIAMSTON, NC 27892**

(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 350	<p>Continued From page 44</p> <p>Review of Resident #3's physicians order dated 01/30/23 revealed Lantus was to be increased to 42 units each day.</p> <p>Review of Resident #3's physicians order dated 03/31/23 revealed Lantus 46 units was to be administered each day.</p> <p>Review of Resident #3's medication administration record (MAR) for March 2023 revealed: -There was a computerized entry for Basaglar 38 units that was marked through with a hand written 40 over the units to be administered with dinner. -There was documentation of administration each day at 5:00pm from 03/01/23 to 03/31/23.</p> <p>Review of Resident #3's MAR for April 2023 revealed: -There was a computerized entry for Basaglar 38 units to be administered every day and was scheduled for 8:00pm.. -The 38 was marked through, and a hand written 42 was also marked through with a hand written 46 handwritten over the units to be administered. -There was documentation of administration each day at 5:00pm from 04/01/23 to 04/30/23.</p> <p>Review of Resident #3's MAR for May 2023 revealed: -There was a computerized entry for Basaglar with hand written 46 units to be administered each day. -There was documentation Basaglar 46 units was administered each day at 8:00pm on 05/01/23 to 05/04/23.</p> <p>Interview with Resident #3 on 05/08/23 at 1:12pm revealed: -Her FSBS ran high daily; usually over 200.</p>	C 350		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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 350	<p>Continued From page 45</p> <ul style="list-style-type: none"> -She gave herself insulin injections but sometimes the staff would do it. -Her insulins were in a pen delivery system and the staff would dial in the dose for each medication before giving she gave the injection to herself. -She did not know there was a second cap covering the needle and she nor the staff removed the small cap prior to injecting the medication before 05/05/23. <p>Interview with the Supervisor in Charge (SIC)/medication aide (MA) on 05/05/23 at 1:58pm revealed:</p> <ul style="list-style-type: none"> -Resident #3 usually administered her Humalog and Lantus to herself but sometimes staff would administer the injections. -She did not know if there was an order for Resident #3 to be able to self administer the injection. <p>Attempted telephone interview with Resident #3's primary care provider (PCP) on 05/08/23 at 9:16am was unsuccessful.</p> <p>Refer to interview with the Supervisor in Charge (SIC)/medication aide (MA) on 05/05/23 at 1:58pm.</p> <p>Refer to telephone interview with the facility's contracted pharmacy on 05/08/23 at 2:15pm.</p> <p>Refer to interview with the facility Manager on 05/08/23 at 4:45pm.</p> <p>Refer to interview with the Assistant to the Administrator on 05/08/23 at 5:15pm.</p> <p>2. Review of Resident #1's current FL-2 dated 06/30/22 revealed:</p>	C 350		5/30/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27692
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(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 350	<p>Continued From page 46</p> <ul style="list-style-type: none"> -Diagnoses included diabetes. -There was documentation he was intermittently disoriented. -There was an order for fingerstick blood sugar checks three times each day. -There was an order for Tresiba FlexTouch 38 units to be administered by injection each day at bedtime. <p>Review of Resident #1's Resident Register revealed he was admitted on 06/05/08.</p> <p>Review of Resident #1's current assessment and care plan date 07/15/22 revealed:</p> <ul style="list-style-type: none"> -Resident #1 required limited assistance from staff for eating and dressing. -Resident #1 required extensive assistance from staff for grooming. -Resident #1 was totally dependant on staff assistance for bathing. <p>Review of Resident #1's resident record revealed there was no physician's order for self-administration of any medication.</p> <p>Review of Resident #1's medication administration record (MAR) for March 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Tresiba FlexTouch 38 units to be injected each night at bedtime. -There was documentation of administration each night at 8:00pm from 03/01/23 to 03/31/23. <p>Review of Resident #1's MAR for April 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Tresiba FlexTouch 38 units to be injected each night at bedtime. -There was documentation of administration each 	C 350		5/30/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27692
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(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 350	<p>Continued From page 47</p> <p>night at 8:00pm from 04/01/23 to 04/06/23 and from 04/12/23 to 04/30/23. -There was documentation Tresiba FlexTouch was not administered on 04/07/23 to 04/11/23 because he was on a home visit.</p> <p>Review of Resident #1's MAR for May 2023 revealed: -There was a computerized entry for Tresiba FlexTouch 38 units to be injected each night at bedtime. -There was documentation of administration each night at 8:00pm from 05/01/23 to 05/07/23.</p> <p>Interview with Resident #1 on 05/08/23 at 6:34pm revealed: -He gave himself Tresiba using the pen delivery system at night and his family member would give it when he went home for visits. -One cap was removed from the needle and the plastic tip was pressed to his skin for administration. -He felt better since staff began administering his medication on 05/05/23. -His blood sugars ran in the 200s prior to 05/06/23 and has been running in the 100s since the staff began administering the Tresiba.</p> <p>Interview with the Supervisor in Charge (SIC)/medication aide (MA) on 05/05/23 at 1:56pm revealed: -Resident #1 gave himself his Tresiba injection each night and had been giving himself injections since before he was admitted to the facility. -She did not know if there was an order for Resident #1 to be able to self administer the injection.</p> <p>Attempted telephone interview with Resident #1's primary care provider (PCP) on 05/08/23 at</p>	C 350		5/30/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCLOS8008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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 350	<p>Continued From page 48</p> <p>9:16am was unsuccessful.</p> <p>Refer to interview with the Supervisor in Charge (SIC)/medication aide (MA) on 05/05/23 at 1:56pm.</p> <p>Refer to telephone interview with the facility's contracted pharmacy on 05/08/23 at 2:15pm.</p> <p>Refer to interview with the facility Manager on 05/08/23 at 4:45pm.</p> <p>Refer to interview with the Assistant to the Administrator on 05/08/23 at 5:15pm.</p> <p>3. Review of Resident #2's current FL-2 dated 12/15/22 revealed: -Diagnoses included mild intellectual disability, bipolar disorder and diabetes type II. -There was an order for Trulicity 1.5/0.5ml , 1 syringe to be injected every Tuesday.</p> <p>Review of Resident #2's Resident Register revealed: -Resident #2 was admitted on 11/18/21. -Resident #2 wore glasses due to limited vision.</p> <p>Review of a physician's order dated 04/26/23 revealed Trulicity 3mg/0.5ml, 1 syringe was to be injected every Wednesday.</p> <p>Review of Resident #2's resident record revealed there was no documentation of a physician's order for self-administration of any medication.</p> <p>Review of Resident #2's medication administration record (MAR) for March 2023 revealed: -There was a computerized entry for Trulicity 3mg/0.5ml, 1 syringe was to be injected every</p>	C 350		5/20/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892
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(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 350	<p>Continued From page 49</p> <p>Wednesday.</p> <ul style="list-style-type: none"> -There was documentation of administration on 03/01/23, 03/08/23, 03/15/23 and on 03/29/23. -There was no documentation of administration on 03/22/23. <p>Review of Resident #2's medication administration record (MAR) for April 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Trulicity 3mg/0.5ml, 1 syringe was to be injected every Wednesday. -There was documentation of administration on 04/05/23, 04/12/23, 04/19/23 and 04/26/23. <p>Review of Resident #2's medication administration record (MAR) for May 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Trulicity 3mg/0.5ml, 1 syringe was to be injected every Wednesday. -There was documentation of administration on 05/03/23. <p>Interview with Resident #2 on 05/05/23 at 6:05pm revealed:</p> <ul style="list-style-type: none"> -She gave herself the weekly injection of Trulicity that came in a single use pen. -She was taught by her primary care provider how to administer the medication by injection. <p>Interview with the Supervisor in Charge (SIC)/medication aide (MA) on 05/05/23 at 1:56pm revealed:</p> <ul style="list-style-type: none"> -Resident #2 always gave herself the Trulicity injection each week and the pens were single dose. -Resident #2 was taught how to give the injection at the doctor's office. -She did not know if there was an order for 	C 350		5/30/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER FIELDS FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 LAND-FIELDS LANE WILLIAMSTON, NC 27692
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(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 350	<p>Continued From page 50</p> <p>Resident #2 to be able to self administer the injection.</p> <p>Attempted telephone interview with Resident #2's primary care provider (PCP) on 05/08/23 at 9:16am was unsuccessful.</p> <p>Refer to interview with the Supervisor in Charge (SIC)/medication aide (MA) on 05/05/23 at 1:56pm.</p> <p>Refer to telephone interview with the facility's contracted pharmacy on 05/08/23 at 2:15pm.</p> <p>Refer to interview with the facility Manager on 05/08/23 at 4:45pm.</p> <p>Refer to interview with the Assistant to the Administrator on 05/08/23 at 5:15pm.</p> <hr/> <p>Interview with the Supervisor in Charge (SIC)/medication aide (MA) on 05/05/23 at 1:56pm revealed:</p> <ul style="list-style-type: none"> -Only insulins were self-administered by the residents. -She was not aware residents needed to have a physician's order in place to self-administer medications. <p>Telephone interview with the facility's contracted pharmacy on 05/08/23 at 2:15pm revealed:</p> <ul style="list-style-type: none"> -Residents should be assessed to ensure they were capable prior to self-administering medications. -Without ensuring a resident was capable of self-administering medications, the resident may not receive the correct dose or, if administered by injection, could cause infection if not given correctly. 	C 350		5/30/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2023
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NAME OF PROVIDER OR SUPPLIER
FIELDS FOUNDATION

STREET ADDRESS, CITY, STATE, ZIP CODE
**1057 LAND-FIELDS LANE
WILLIAMSTON, NC 27892**

(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 350	<p>Continued From page 51</p> <p>Interview with the facility Manager on 05/08/23 at 4:45pm revealed: -He thought self-administration orders were in place for the residents on insulin. -He thought the residents' prescribing physician taught them how to give the injections to themselves. -He thought the residents were capable of administering their insulins by injection after the MA dialed up the dose.</p> <p>Interview with the Assistant to the Administrator on 05/08/23 at 5:15pm revealed: -He did not know staff were not aware an order for self administration was required. -The prescriber would be responsible for assessing whether a resident was able to self administer medications prior to writing the order. -He thought the self-administration orders were in place for the Residents that self-administered their insulin by injection.</p>	C 350		5/30/2023