

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/07/2023
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NAME OF PROVIDER OR SUPPLIER GUILFORD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5918 NETFIELD RD GREENSBORO, NC 27455
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D 000	Initial Comments	D 000		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to administer medications as ordered for 1 of 5 sampled residents (#3) who had an order for a calcium channel blocker to control heart rate.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL2 dated 07/12/23 revealed: -Diagnoses included spinal stenosis, dementia, atrial fibrillation, and hypertension. -There was an order for diltiazem (a calcium channel blocker used to treat high blood pressure, heart rate and chest pain) 120mg daily.</p> <p>Review of Resident #3's physician's order dated 07/25/23 revealed an order to check blood pressure and heart rate three times daily.</p> <p>Review of Resident #3's hospital discharge summary dated 08/29/23 revealed there was an</p>	D 358		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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D 358	<p>Continued From page 1</p> <p>order to increase diltiazem to 240mg daily.</p> <p>Review of Resident #3's August 2023 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for diltiazem 120mg take 1 capsule daily scheduled at 8:00am, with a discontinue date of 08/30/23. -There was documentation diltiazem 120mg was administered daily at 8:00am from 08/01/23 through 08/24/23. -There was documentation Resident #3 was in the hospital from 08/25/23 through 08/29/23. -There was an entry for diltiazem 240mg take 1 capsule daily scheduled at 8:00am, with a start date of 08/29/23. -Diltiazem 240mg was documented as not administered on 08/30/23 at 8:00am and the reason documented was "other." -There was no documentation diltiazem 240mg was administered on 08/31/23 at 8:00am; the documentation space had an "x" in it. -There was an entry to check blood pressure and heart rate three times daily scheduled at 9:00am, 1:00pm and 9:00pm. -Resident #3's heart rate from 08/01/23 through 08/31/23 ranged from 67 beats per minute (bpm) to 114 bpm. <p>Review of Resident #3's September 2023 eMAR from 09/01/23 to 09/07/23 revealed:</p> <ul style="list-style-type: none"> -There was an entry for diltiazem 240mg take 1 capsule daily scheduled at 8:00am. -There was no documentation diltiazem was administered from 09/01/23 through 09/06/23; the documentation spaces had an "x" in it. -There was documentation diltiazem 240mg was not administered at 8:00am on 09/07/23, but the documented reason was that the diltiazem had been given in the morning. 	D 358		

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D 358	<p>Continued From page 2</p> <ul style="list-style-type: none"> -There was an entry to check blood pressure and heart rate three times daily scheduled at 9:00am, 1:00pm and 9:00pm, with a discontinue date of 09/07/23. -Resident #3's heart rate from 09/01/23 through 09/06/23 ranged from 65 bpm to 135 bpm. <p>Observation of medication on hand for Resident #3 on 09/07/23 at 11:45am revealed:</p> <ul style="list-style-type: none"> -There was one bottle of diltiazem 240mg capsules with a dispensed date of 08/29/23 and a dispensed quantity of 30 capsules. -There were 29 capsules remaining in the bottle. -The label on the prescription was printed from the hospital where Resident #3 had been discharged from on 08/29/23. <p>Interview with a medication aide (MA) on 09/07/23 at 11:47am revealed:</p> <ul style="list-style-type: none"> -She had worked the day shift on Resident #3's hall for the previous week. -She had not administered diltiazem 240mg, or diltiazem 120mg to Resident #3 since her return from the hospital on 08/29/23, because diltiazem had not been popping up on the eMAR as a medication that was due for administration. -Two days prior, on 09/05/23, she had noticed the full bottle of diltiazem 240mg capsules in the medication cart and realized the medication had not been administered because it was not on the eMAR. -She had forgotten to follow up on Resident #3's diltiazem until that morning on 09/07/23. -Earlier that morning on 09/07/23, she had called the pharmacy and Resident #3's hospice nurse to ask if Resident #3 was supposed to be receiving diltiazem 240mg daily or not because she knew Resident #3 had previously been taking a lower dose of the medication. -She had reviewed Resident #3's hospital 	D 358		

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D 358	<p>Continued From page 3</p> <p>discharge paperwork and saw that Resident #3 was supposed to receive diltiazem 240mg daily so she requested for the pharmacy to re-enter diltiazem on Resident #3's eMAR.</p> <p>-She administered diltiazem 240mg to Resident #3 during that morning's medication pass on 09/07/23, but documented it late because she was waiting on the pharmacy to enter the medication order on the eMAR.</p> <p>-She had texted Resident #3's primary care provider (PCP) on 09/07/23, to let her know Resident #3 had not received diltiazem 240mg daily since she returned from the hospital on 08/29/23; she did not receive a response from the PCP.</p> <p>-The night shift MAs completed medication cart audits for each resident once per week by auditing five resident's medications per night.</p> <p>-She did not know if an audit had been completed on Resident #3's medications since she returned from the hospital on 08/29/23.</p> <p>-It was the responsibility of either herself or the Resident Care Coordinator (RCC) to ensure all new medication orders were correct and active on the eMAR after a resident returned from the hospital.</p> <p>Telephone interview with a representative from the facility's contracted pharmacy on 09/07/23 at 12:15pm revealed:</p> <p>-Resident #3 had a current order for diltiazem 240mg daily with an order start date of 08/30/23.</p> <p>-The pharmacy entered medication orders on the facility's eMAR, then someone at the facility had to approve the medication order entry to make it active on the eMAR for documentation.</p> <p>-The pharmacy staff had entered Resident #3's diltiazem order on the eMAR on 08/30/23 and it showed as being an active order since 08/30/23.</p>	D 358		

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D 358	<p>Continued From page 4</p> <p>Telephone interview with Resident #3's PCP on 09/07/23 at 1:45pm revealed: -Resident #3 was prescribed diltiazem due to her diagnoses of atrial fibrillation and pulmonary embolism causing her to have a rapid heart rate, and diltiazem helped to control heart rate. -She was not aware Resident #3 had not received diltiazem from 08/30/23 through 09/06/23. -She expected the MAs to administer diltiazem daily as it was ordered, but she was not concerned about Resident #3's heart rates from not receiving diltiazem for one week.</p> <p>Telephone interview with a representative from Resident #3's hospice service on 09/07/23 at 2:20pm revealed: -Resident #3 admitted to hospice services on 09/02/23. -The MA at the facility contacted them on 09/05/23 due to Resident #3's heart rate of 135 bpm. -The hospice nurse went to the facility on 09/05/23 and was able to get Resident #3 to take her blood pressure medication which resulted in her heart rate also returning to baseline upon recheck a couple of hours later. -The hospice nurse discontinued Resident #3's order for blood pressure and heart rate checks on 09/05/23. -There were no notes from the hospice nurse about Resident #3 not receiving diltiazem as ordered.</p> <p>Interview with the RCC on 09/07/23 at 3:00pm revealed: -Whichever MA had been working when Resident #3 returned from the hospital would have been responsible for ensuring the medication order changes were faxed to the pharmacy and would have put the bottle of diltiazem 240mg capsules</p>	D 358		

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D 358	<p>Continued From page 5</p> <p>on the medication cart.</p> <p>-She was responsible for following up on all new medication order changes and ensuring they were correct and active on the eMAR, but she had overlooked Resident #3's diltiazem order.</p> <p>-The "x" on the eMAR indicated that the medication had not populated on the eMAR as a medication that was due.</p> <p>-The facility had been having technical issues with their eMAR system, so since the pharmacy had entered the order on the eMAR but it was not popping up as a medication that was due, it might have been an error with the eMAR system.</p> <p>-She completed audits of the eMAR and she thought her last audit had been on Friday, 09/01/23, but she did not catch that Resident #3's diltiazem was not active on the eMAR.</p> <p>-If a medication entry was pending approval to become active on the eMAR, there was a notification that would be triggered each time someone logged into the eMAR, but she had not seen a notification for Resident #3's diltiazem.</p> <p>-Resident #3 had not experienced any new symptoms of rapid heart rate since her hospital return; she had been having fluctuating heart rates since she was diagnosed with atrial fibrillation and a pulmonary embolism at the beginning of August 2023.</p> <p>Interview with the Administrator on 09/07/23 at 2:45pm revealed:</p> <p>-When a resident returned from the hospital, the discharge paperwork with medication order changes was given to her to process, and then to the RCC as a second staff to review.</p> <p>-She was not aware Resident #3's diltiazem was not showing up as a medication due for administration on the eMAR.</p> <p>-She was not aware Resident #3 had not received diltiazem as ordered from 08/30/23 through</p>	D 358		

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D 358	<p>Continued From page 6</p> <p>09/06/23.</p> <ul style="list-style-type: none"> -The RCC would have been responsible for ensuring Resident #3's diltiazem had been entered in the eMAR and then approving the entry to activate it. -The MAs were supposed to complete weekly audits on the medication cart on third shift, but she did not know when the last medication cart audit had been completed. -The MAs should have noticed the new bottle of diltiazem 240mg capsules on the medication cart and verified with her if they should be administering the medication or not. -Resident #3's diltiazem entry on the eMAR should have flagged a notification each time a MA logged into the eMAR if it had been pending approval, but she had not seen a notification for any pending medication entries. -She was not aware of Resident #3 experiencing any symptoms of elevated heart rate in the previous week. 	D 358		