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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080030	A. BUILDING: _____ B. WING _____	R 09/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRABELLA SALISBURY	1915 MOORESVILLE ROAD SALISBURY, NC 28147

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey from 09/20/23 through 09/21/23.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 5 sampled residents (Residents # 3) was tested upon admission for tuberculosis (TB) disease in compliance with the control measures for the Commission for Health Services. The findings are: 1. Review of Resident #3's current FL-2 dated 02/02/23 revealed diagnoses included multiple myeloma, chronic obstructive pulmonary disease (COPD), dementia without behaviors, and generalized weakness. Review of Resident #3's Resident Register revealed an admission date of 11/30/2020.	D 234	In accordance to 10A NCAC 13F .0703(a) Tuberculosis Test, Medical Examination & Immunizations 1. Resident #3 has received his tuberculosis test on 10/4/2023 and was read on 10/6/2023 with a negative result. A second step will be given on 10/18/2023. The results will be placed in resident #3 chart. An admission check off list has been developed listing all the documents required prior to move in, including the Tuberculosis completed first step. ED will review all admission checklists to ensure completion and ongoing compliance. DHW will maintain a tracker for all residents indicating when the first and second step was completed. DHW, RCC, MCD will complete a chart audit on all residents. Any identified issues will be corrected.	11/3/2023

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tori Darling-Behrendt, Executive Director — TITLE — (X6) DATE: 10/9/2023

Reviewed and acknowledged 10/12/23. SG

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D 234	Continued From page 1 Review of Resident #3's record for a tuberculosis (TB) skin test revealed: -There was no documentation of a TB skin test upon admission. -There was no documentation of a second TB skin test. Interview with the Resident Care Coordinator (RCC) on 09/30/23 at 9:45am revealed the facility's Nurse, the Business Office Manager (BOM), and the Executive Director (ED) were responsible for ensuring residents had admission requirements completed including TB skin tests. Interview with a corporate Nurse on 09/20/23 at 10:46am revealed: -The facility did not have a full-time Nurse for several months due to staff shortages. -She was working at the facility a day or two weekly or every other week while the the facility Nurse position was vacant. -She had not done audits of residents' records information related to TB skin test documentation at admission. -She was unable to locate any documentation for TB skin testing for Resident #3. -Resident #3's TB test results must have been thinned from the resident's record sometime during the transition process of two different owners since the resident's admission on 11/30/20. -She located a chest X-ray done in August 2023 but it was not specific for TB screening. Interview with Resident #3 on 09/21/23 at 12:15pm revealed: -He came to the facility from a veterans' hospital. -He thought he had a TB skin test at some time in the past. -He could not recall if he had one or two TB skin	D 234		

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D 234	Continued From page 2 tests or if the tests were before or after he came to the facility. Interview with the facility's Nurse on 09/21/23 at 3:15pm revealed: -He had been employed for 4 days. -He was currently in orientation and training for the facilty's computer and record keeping systems. -He had not done residents' record audits for documentation related to TB skin testing results. Interview with the Executive Director (ED) on 09/20/23 at 3:10pm revealed: -She or the Business Office Manager (BOM) were responsible to ensure residents' had documentation for at least one negative TB test prior to admission to the facility and arranging for TB skin testing if necessary. -Resident #3 was a resident at the facility under the previous ownership. -She had been the ED for less than one year. -She had audited residents' admission paperwork for TB compliance. -The facility's Nurse was responsible to ensure all residents received two TB skin tests upon admission. -The previous Nurse left the facility 11 months earlier (no exact date provided). -The current facility's Nurse had been employed 4 days and was presently being oriented by a Corporate Nurse (CN).	D 234		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.	D 273		

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D 273	Continued From page 3 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure follow up with health care providers for 1 of 5 sampled residents (#2) who had medication refusals. The findings are: Review of Resident #2's current FL2 dated 02/20/23 revealed: -Diagnoses included type 2 diabetes, hypertension, and atrial fibrillation. -There was an order for Humalog insulin (a fast-acting insulin used to control blood sugar spikes with meal intake) inject 10 units three times daily before meals. Review of Resident #2's physician's order dated 04/12/23 revealed an order to decrease Humalog insulin to inject 5 units three times daily before meals. Review of Resident #2's signed physician's order sheet dated 05/18/23 revealed an order to check blood sugar via Dexcom (a sensor implanted under the skin used to wirelessly transmit blood glucose readings to a receiver) three times daily before meals and notify the endocrinologist for a blood sugar less than 60 or greater than 400. Review of Resident #2's record revealed there were no endocrinology appointment notes for review. Review of Resident #2's July 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Humalog insulin, inject 5	D 273	Rule 10A NCAC 13F .0902 Health Care (b) The community shall assure referral and follow-up to meet the routine and accute health care needs of the residents. Resident #2 refusal's and Blood glucose were sent to the Endroconologist. A clarification order will be obtained. DHW will educate Med Techs on proper documentation. The Director of Health and Wellness will review daily exception reports and follow-up as needed with the physician. ED/Designee will review exception reports and follow-up during management meeting Monday through Friday to ensure ongoing compliance.	11/3/2023

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D 273	Continued From page 4 units three times daily before meals scheduled at 7:30am, 11:30am, and 4:30pm. -There was documentation Resident #2 refused Humalog insulin 30 out of 93 opportunities. -There was an entry for Dexcom: check and record blood sugar three times daily before meals, notify doctor if less than 60 or greater than 400, scheduled at 6:30am, 11:30am, and 4:30pm. -Resident #2's blood sugar values from 07/01/23 through 07/31/23 ranged from 99 to 307. Review of Resident #2's August 2023 eMAR revealed: -There was an entry for Humalog insulin, inject 5 units three times daily before meals scheduled at 7:30am, 11:30am, and 4:30pm. -There was documentation Resident #2 refused Humalog insulin 31 out of 93 opportunities. -There was an entry for Dexcom: check and record blood sugar three times daily before meals, notify doctor if less than 60 or greater than 400, scheduled at 6:30am, 11:30am, and 4:30pm. -Resident #2's blood sugar values from 08/01/23 through 08/31/23 ranged from 64 to 308. Review of Resident #2's September 2023 eMAR from 09/01/23 through 09/20/23 revealed: -There was an entry for Humalog insulin, inject 5 units three times daily before meals scheduled at 7:30am, 11:30am, and 4:30pm. -There was documentation Resident #2 refused Humalog insulin 15 out of 58 opportunities. -There was an entry for Dexcom: check and record blood sugar three times daily before meals, notify doctor if less than 60 or greater than 400, scheduled at 6:30am, 11:30am, and 4:30pm. -Resident #2's blood sugar values from 09/01/23 through 09/20/23 ranged from 104 to 312. Interview with a medication aide (MA) on	D 273		

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D 273	Continued From page 5 09/20/23 at 4:00pm revealed: -Resident #2 had a Dexcom sensor that the MAs used to obtain her blood sugar readings from. -Resident #2 refused Humalog insulin any time her blood sugar level was 150 or lower. -She did not know if Resident #2's endocrinologist was aware of her refusals for Humalog insulin. -She had not contacted the endocrinologist's office because she worked second shift and Resident #2 had only refused insulin for her once in July 2023. Interview with Resident #2 on 09/21/23 at 10:30am revealed: -She had a Dexcom that the MAs used to obtain her blood sugar readings. -She had her blood sugar readings checked at least three times daily. -She did not take Humalog insulin if her blood sugar was less than 150 because her endocrinologist preferred for her blood sugar levels to be higher rather than lower. -She had talked to her endocrinologist at her last visit, she could not remember when the visit was, about how she had been taking insulin. -She did not know if the facility provided a copy of her eMAR to the endocrinologist when she went to her appointments. -Her blood sugars had been stable and had not increased or decreased to a level where she experienced symptoms. Interview with a second MA on 09/21/23 at 12:20pm revealed: -Resident #2 refused Humalog insulin if her blood sugar reading was less than 150 because she did not want her blood sugar to drop too low. -She thought that Resident #2's endocrinologist had been notified about her Humalog refusals because a third shift MA who no longer worked at	D 273		

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D 273	Continued From page 6 the facility told her she had contacted the endocrinologist's office regarding the refusals a few months prior. -She had not contacted the endocrinologist's office regarding Resident #2's Humalog refusals because she thought he was already aware of how the resident was refusing Humalog. -Resident #2 never had a blood sugar outside of her parameters to notify the doctor for a blood sugar of less than 60 or greater than 400. -Resident #2 never had symptoms of high or low blood sugar. Interview with a third MA on 09/21/23 at 2:00pm revealed: -Resident #2 refused Humalog insulin if her blood sugar reading from her Dexcom sensor was less than 150. -Resident #2 refused insulin prior to breakfast a lot, and occasionally also refused insulin before lunch. -She had contacted Resident #2's endocrinology office regarding her Humalog insulin refusals whenever her blood sugar was less than 150 but she could not remember which month or day and did not document the notification. -The endocrinology office did not advise her to change any orders for Resident #2 because the endocrinologist planned to review her eMAR at her appointments and make changes as needed based on her blood sugar values. Interview with the Resident Care Coordinator (RCC) on 09/21/23 at 2:15pm revealed: -She was aware that Resident #2 refused Humalog insulin if her blood sugar was less than 150. -In February or March 2023, she attempted to contact Resident #2's primary care provider (PCP) regarding her Humalog refusals but she	D 273		

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D 273	Continued From page 7 never heard back from him. -She was not aware that Resident #2 had an endocrinologist who was managing her diabetes and insulin orders. -Resident #2's power of attorney (POA) took her to all her doctor appointments and had never mentioned the endocrinologist to her before. -She did not know if any of the MAs had contacted Resident #2's endocrinologist regarding her Humalog insulin refusals. -The MAs were expected to contact the doctor if a resident had a medication refusal of three consecutive doses, along with notifying her. -She audited the eMARs every Monday by pulling a report of missed medications, medications administered late, and medication refusals. -Resident #2 showed up on the medication refusal report every Monday but since she had tried to contact Resident #2's PCP earlier in the year and did not receive a response back, she had not followed up on it since. Interview with the Director of Health and Wellness (DHW) on 09/21/23 at 2:50pm revealed: -She had not been aware of Resident #2's Humalog insulin refusals. -If a resident refused a medication, the MAs were expected to notify the prescribing doctor and add the resident's name to the MA's internal communication book. -She did not know if endocrinology had been notified of Resident #2's Humalog insulin refusals. -If a MA contacted a doctor's office to notify them of medication refusals, the MAs were expected to document the call and if any new orders had been received. Interview with the Administrator on 09/21/23 at 3:25pm revealed:	D 273		

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D 273	Continued From page 8 -She was not aware of Resident #2's Humalog insulin refusals. -The MAs were expected to notify either herself or the RCC after a resident refused a medication a few times. -There was no policy advising how many times a medication should be refused prior to notifying the doctor. -If a MA notified a doctor's office about a resident's medication refusals the MA was expected to document the call in either the electronic chart or the MA's internal communication book. Attempted telephone interview with Resident #2's POA on 09/21/23 at 11:15am was unsuccessful. Attempted telephone interview with Resident #2's endocrinologist on 09/21/23 at 12:28pm was unsuccessful.	D 273	In accordance to 10A NCAC 13F .0703(a) Tuberculosis Test, Medical Examination & Immunizations 1. Resident #3 has received his tuberculosis test on 10/4/2023 and was read on 10/6/2023 with a negative result. A second step will be given on 10/18/2023. The results will be placed in resident #3 chart. An admission check off list will be developed listing all the documents required prior to move in, including the Tuberculosis completed first step. DHW will maintain a tracker for all residents indicating when the first and second step was completed. DHW, RCC and MCD will complete a chart audit on all residents. Any identified issues will be corrected.	11/3/2023

Tori Darling-Behrendt, Executive Director, 10/9/2023