PRINTED: 09/19/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HAL041077		A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 09/07/2023		
		B, WING				
	Rovider or supplies Rd House	5918 NET	DRESS, CITY, FIELD RD BORO, NC	STATE, ZP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES SY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 368	annual survey from 10A NCAC 13F .1 Administration 10A NCAC 13F .1 (a) An adult care is preparation and as prescription and no by staff are in acco (1) orders by a lic which are maintail	004 Medication Administration home shall assure that the iministration of medications, on-prescription, and treatments	D 000	Responses to the cited deficiencies do not constitute admission of the agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report. The Plan of Correction is prepared solely as a matter of compliance with State Law.		
	Based on observa interviews, the faci medications as orc residents (#3) who channel blocker to The findings are: Review of Residen 07/12/23 revealed -Diagnoses include atrial fibrillation, an -There was an ord channel blocker us pressure, heart rati Review of Residen 07/25/23 revealed pressure and heart Review of Residen	at #3's current FL2 dated ed spinal stenosis, dementia, d hypertension. er for dittlazem (a calcium sed to treat high blood e and chest pain) 120mg daily. It #3's physician's order dated an order to check blood trate three times daily.		Medication Administration trai be conducted by facility Area Director to include: Order pro- clarification/verification of order medications from pharmacy, a cart audit process to ensure of Care Coordinator will monitor all new orders from discharge with Executive Director/Care ( reviewing in daily stand up me staff. ACD to retrain all Medication on documentation/PCP notific any issues with receiving med Training conducted by ACD of administration, proper implem verification fof orders on 9/21; med techs.	Clinical cessing, and proper rder accurac and initial summaries, Coordinator betings with Technicians ation for lication.	10/6/23
las of Ha	summary dated 08	/29/23 revealed there was an		<u> </u>		
ORATORY	DIRECTOR BOR PROVI	PERSUPPLIER REPRESENTATIVES SIGN	ATURE SAL	Viector	101	3/2

Reviewed and Acknowledged K.M. 10/13/23

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 09/07/2023	
	HAL041077				09/		
				TATE, ZIP CODE	1 00/	JII LOLO	
NAME OF F	PROVIDER OR SUPPLIER	5918 NET		TATE, ZIF CODE			
GUILFOF	RD HOUSE		ORO, NC 2	7455			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From pa	age 1	D 358				
	order to increase d	iltiazem to 240mg daily.					
	medication administrevealed: -There was an entry capsule daily sched discontinue date of -There was docum administered daily through 08/24/23. -There was docum the hospital from 0 -There was an entry capsule daily sched date of 08/29/23. -Diltiazem 240mg va administered on 08 reason documente -There was no doc was administered of documentation spa -There was an entry heart rate three tim 1:00pm and 9:00pp -Resident #3's hear	entation diltiazem 120mg was at 8:00am from 08/01/23 entation Resident #3 was in 8/25/23 through 08/29/23. ry for diltiazem 240mg take 1 duled at 8:00am, with a start was documented as not 8/30/23 at 8:00am and the ed was "other." sumentation diltiazem 240mg on 08/31/23 at 8:00am; the ace had an "x" in it. ry to check blood pressure and nes daily scheduled at 9:00am,					
	from 09/01/23 to 0 -There was an entricapsule daily sche -There was no door administered from documentation spa -There was docum	ry for diltiazem 240mg take 1 duled at 8:00am. cumentation diltiazem was 09/01/23 through 09/06/23; the aces had an "x" in it. nentation diltiazem 240mg was					

Division of Health Service Regulation STATE FORM

6899

93LN11

If continuation sheet 2 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041077			CONSTRUCTION		(X3) DATE SURVEY COMPLETED 09/07/2023		
			A. BUILDING:				
		B. WING		09/			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE			
	RD HOUSE	5918 NET	FIELD RD				
GUILFUI	KD HOUSE	GREENSE	BORO, NC 27	7455			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE	
D 358	Continued From page 2		D 358				
	heart rate three tin 1:00pm and 9:00p 09/07/23. -Resident #3's hea	ry to check blood pressure and nes daily scheduled at 9:00am, m, with a discontinue date of art rate from 09/01/23 through rom 65 bpm to 135 bpm.					
	#3 on 09/07/23 at -There was one bo capsules with a di- dispensed quantity -There were 29 ca -The label on the	psules remaining in the bottle. prescription was printed from Resident #3 had been					
	09/07/23 at 11:47a -She had worked hall for the previou -She had not adm diltiazem 120mg t from the hospital of had not been pop medication that wa -Two days prior, of full bottle of diltiaz medication cart ar not been administ eMAR. -She had forgotter diltiazem until that -Earlier that morn the pharmacy and ask if Resident #3 diltiazem 240mg of Resident #3 had p dose of the medic	the day shift on Resident #3's us week. inistered diltiazem 240mg, or o Resident #3 since her return on 08/29/23, because diltiazem ping up on the eMAR as a as due for administration. In 09/05/23, she had noticed the em 240mg capsules in the nd realized the medication had ered because it was not on the in to follow up on Resident #3's t morning on 09/07/23. ing on 09/07/23, she had called I Resident #3's hospice nurse to b was supposed to be receiving daily or not because she knew previously been taking a lower					

6899

93LN11

If continuation sheet 3 of 7

T OF DEFICIENCIES	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			SURVEY PLETED
	HAL 041077			09/07/2023	
		RESS CITY S			
ROVIDER OR SUPPLIER					
RD HOUSE			7455		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLET DATE
Continued From pa	age 3	D 358			
discharge paperwo was supposed to r so she requested f diltiazem on Resid -She administered #3 during that mor 09/07/23, but docu was waiting on the medication order of -She had texted R provider (PCP) on Resident #3 had n daily since she retu 08/29/23; she did PCP. -The night shift M/ audits for each res auditing five reside -She did not know on Resident #3's r from the hospital of -It was the respon Resident Care Co new medication of the eMAR after a hospital. Telephone intervie the facility's contra 12:15pm revealed -Resident #3 had 240mg daily with a -The pharmacy er facility's eMAR, th to approve the me active on the eMA	ork and saw that Resident #3 eccive diltiazem 240mg daily for the pharmacy to re-enter ent #3's eMAR. diltiazem 240mg to Resident ning's medication pass on mented it late because she pharmacy to enter the on the eMAR. esident #3's primary care 09/07/23, to let her know ot received diltiazem 240mg urned from the hospital on not receive a response from the As completed medication cart sident once per week by ent's medications per night. if an audit had been completed medications since she returned on 08/29/23. sibility of either herself or the ordinator (RCC) to ensure all rders were correct and active on resident returned from the ew with a representative from facted pharmacy on 09/07/23 at 1: a current order for diltiazem an order start date of 08/30/23. hered medication orders on the ten someone at the facility had edication order entry to make it AR for documentation.				
	OF CORRECTION PROVIDER OR SUPPLIER <b>RD HOUSE</b> SUMMARY STI (EACH DEFICIENC REGULATORY OR I Continued From pa discharge paperwo was supposed to r so she requested f diltiazem on Resid -She administered #3 during that mor 09/07/23, but docu was waiting on the medication order of -She had texted R provider (PCP) on Resident #3 had n daily since she ret 08/29/23; she did PCP. -The night shift M/ audits for each res auditing five reside -She did not know on Resident #3's r from the hospital of -It was the respon Resident Care Co new medication on the eMAR after a hospital. Telephone intervie the facility's contra 12:15pm revealed -Resident #3 had 240mg daily with -The pharmacy en facility's eMAR, the to approve the me active on the eMAR	OF CORRECTION       IDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:       HAL041077         PROVIDER OR SUPPLIER       STREET ADD         SUMMARY STATEMENT OF DEFICIENCIES       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 3       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.         -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.         -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.         -The night shift MAs completed medication cart audits for each resident once per week by auditing five resident's medications per night.         -She did not know if an audit had been completed on Resident #3's medications per night.         -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.         -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	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         HAL041077       B. WING	OP CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         HAL041077       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         S0 HOUSE       6918 NETFIELD RD         GREENSBORO, NC 27455       PROVIDER'S PLAN OF COF         (EACH DEFICIENCY MUST BE PRECEDED BO BY PLLL       D         REGULATORY OR LSC IDENTIFYING INFORMATION       PREFIX         Continued From page 3       D 358         discharge paperwork and saw that Resident #3       PREVIDENT CROSS-REFERENCED TO THE DEFICIENCY         Xawa supposed to receive diltiazem 240mg to re-enter diltiazem on Resident #3's emdication pass on 09/07/23, but documented it tate because she was waiting on the pharmacy to re-enter diltiazem on Resident #3's primary care provider (PCP) on 09/07/23, to let her know         Resident #3 had not receive a insponse from the PCP.       -The night shift MAs completed medication cart audits for each resident once per week by auditing five resident once per week by auditing five residention since she returned from the hospital on 08/29/23.         TH was the responsibility of either herself or the Resident #3's medications since she returned from the hospital on 08/29/23.         The pharmacy staft had entered from the facility's contracted pharmacy on 09/07/23 at 12:15pm revealed:         -The pharmacy staft had entered resident #3's dittigzem on the facility for either herself or the Resident #3's medication order on the facility's contracted pharmacy on 09/07/23 at 12:15pm revealed:         -The ph	OP DEDIctions       (V) DENTIFICATION NUMBER:       A BUILDING.       COMM         HAL041077       B. WING       09//         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       5918 NETFIELD RD         READ DOUSE       5918 NETFIELD RD       CREENSBORO, NC 27455         REQUIDER OR SUPPLIER       SUMMARY STATEMENT OF DEPICIENCIES       ID       PROVIDER OF LAN OF CORRECTION         REQUIDER OR LAC DENTIFYING INFORMATION       ID       PREFIX       PROVIDERS PLAN OF CORRECTION         (EACH CORRECTIVE ACTION NUMSE RE PRECEDED BY FULL       PREFIX       COMMERS STATEMENT OF DEPICIENCIES       ID         (EACH CORRECTIVE ACTION NUMSER       A SUBJECTIVE ACTION SHOLD BE       CRESSENSION, NC 27465       COMMERS SHAM OF CORRECTION         (EACH CORRECTIVE ACTION NUMSER       TAG       D 358       D 358       D 358         Continued From page 3       D 358       D 358       D 358         Continued From page 4       Tag       D 358       D 358         OS/07/23, but documented if late because she was waiting on the pharmacy to enter the medication order on the eMAR.       A solut Difference PCP.       The night shift MAs completed medication cart audits for each resident 373 s primary care provider (PCP) on 09/07/23, to let her know       PREFIX         OS/29/29, Ste kid not received allitazem 240mg daily since she returned from the hospital on 08/29/29/23.

Division of Health Service Regulation STATE FORM

6899

93LN11

If continuation sheet 4 of 7

#### **Division of Health Service Regulation** STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING HAL041077 09/07/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5918 NETFIELD RD GUILFORD HOUSE** GREENSBORO, NC 27455 PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 358 D 358 Continued From page 4 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. 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. 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 Division of Health Service Regulation

STATE FORM

6899

93LN11

If continuation sheet 5 of 7

# **Division of Health Service Regulation**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL041077	B. WING		09/07/202	3
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
GUILFO	RD HOUSE	5918 NET GREENSE	FIELD RD BORO, NC 27	7455		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMP	(5) PLETE ATE
D 358	on the medication of -She was responsil medication order cl were correct and ad had overlooked Re -The "x" on the eM/ medication had not medication had not medication that was -The facility had be with their eMAR sys had entered the ord popping up as a me have been an error -She completed au thought her last aud 09/01/23, but she d diltiazem was not a -If a medication ent become active on t notification that wo someone logged in seen a notification -Resident #3 had n symptoms of rapid return; she had bee rates since she was fibrillation and a pu beginning of Augus Interview with the A 2:45pm revealed: -When a resident re discharge paperwo changes was given the RCC as a seco -She was not awar not showing up as administration on tl -She was not awar	cart. ble for following up on all new hanges and ensuring they ctive on the eMAR, but she sident #3's diltiazem order. AR indicated that the populated on the eMAR as a s due. en having technical issues stem, so since the pharmacy der on the eMAR but it was not edication that was due, it might with the eMAR system. dits of the eMAR and she dit had been on Friday, lid not catch that Resident #3's ctive on the eMAR. rry was pending approval to he eMAR, there was a uld be triggered each time to the eMAR, but she had not for Resident #3's diltiazem. ot experienced any new heart rate since her hospital en having fluctuating heart s diagnosed with atrial Imonary embolism at the t 2023. administrator on 09/07/23 at eturned from the hospital, the rk with medication order to her to process, and then to nd staff to review. e Resident #3's diltiazem was a medication due for	D 358			

STATE FORM

6899

93LN11

If continuation sheet 6 of 7

## STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING HAL041077 09/07/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5918 NETFIELD RD GUILFORD HOUSE GREENSBORO, NC 27455** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 358 Continued From page 6 D 358 09/06/23. -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. Division of Health Service Regulation 6899

**Division of Health Service Regulation** 

93LN11