

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320
---	--

(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)	(X6) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow up survey on September 21 and 22, 2023.	{D 000}		
{D 358}	10A NCAC 13F .1004(a) Medication Administration 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: (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 B VIOLATION Based on observations, interviews and record reviews, the facility failed to administer medications as ordered for 3 of 5 residents (#1, #4 and #5) observed during the morning medication pass including long-acting insulin (#4), an antiseizure medication, a diuretic and an oral blood glucose lowering medication (#1), and an acid reflux medication and mineral supplement (#5); and for 2 of 5 sampled residents for record review including an antiseizure medication, a diuretic and an oral blood glucose lowering medication (#1) and an acid reflux medication and mineral supplement (#5). The findings are: The medication error rate was 22% as evidenced by 6 errors out of 27 opportunities observed during the morning medication pass on 09/21/23.	{D 358}	D 358 10A NCAC 13F .1004(a) Medication Administration The RCD conducted training with Med Techs on ensuring blood glucose testing and insulin administration takes place as ordered by PCP. Training included specific instructions for 1 st shift med-techs to check for blood glucose testing results before beginning 7am med pass and immediately conducting testing if completed previously by night shift med-techs. RCD checks EMARs daily to ensure insulin is administered as ordered by PCP.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Administrator

(X6) DATE

11-3-2023

STATE FORM

6899

5JVV12

If continuation sheet 1 of 16

Reviewed and acknowledged 13 November 2023 *[Signature]*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023
NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320		
(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 358}	<p>Continued From page 1</p> <p>1. Review of Resident #1's current FL-2 dated 08/18/23 revealed diagnoses included hypertensive heart disease with heart failure, dyslipidemia, hypothyroidism, cerebral vascular accident, type II diabetes mellitus and anxiety.</p> <p>a. Review of Resident #1's current FL-2 dated 08/18/23 revealed an order for levetiracetam 500mg twice daily. (Levetiracetam is an anticonvulsant used to treat seizures.)</p> <p>Observations during the morning medication pass on 09/21/23 from 9:15am until 9:25am revealed: -The medication aide (MA) prepared Resident #1's oral medications for administration from bubble packs. -There was no bubble pack for Resident #1's levetiracetam 500mg. -There were 9 capsules or tablets in a paper medication cup the MA handed to Resident #1 at 9:25am. -There was no levetiracetam 500mg tablet in the medication cup.</p> <p>Observation of Resident #1's medications on hand on 09/21/23 at 2:35pm revealed there was no levetiracetam available for administration.</p> <p>Review of Resident #1's September 2023 electronic medication record (eMAR) revealed: -There was an entry for levetiracetam 500mg twice daily scheduled at 9:30am and 9:30pm. -There was documentation levetiracetam 500mg was administered twice daily from 09/01/23 through 09/17/23. -On 09/18/23 and 09/19/23, there was documentation that the 9:30am doses of levetiracetam 500mg were administered and the 9:30pm doses were not. -On 09/20/23, there was documentation that the</p>	{D 358}	<p>The RCD conducts an audit of every med cart each Monday. The audit focuses on identifying any missing meds or meds that need to be refilled before next Monday. A list of ordered medications is created and faxed to the contracted pharmacy. Each day following the audit, the RCD inspects the med cart to determine if the ordered medications arrived. If they are received, the RCD reviews the EMAR to ensure proper documentation is displayed in the EMAR. If the medication(s) is not received, the RCD follows up with a phone call to the contract pharmacy to re-order the missing medication or to request that the missing medication be called in to the backup pharmacy. The RCD ensures that back up pharmacy meds are picked up as soon as possible.</p> <p>Additionally, the RCD is conducting periodic (at least weekly) discussions with Med Techs to obtain their observations and perform additional training/mentoring to ensure compliance with medication administration written orders.</p> <p>The steps will be completed on or before November 6, 2023.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER
WEST BLADEN ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**714 BLADEN STREET
BLADENBORO, NC 28320**

(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 358}	<p>Continued From page 2</p> <p>9:30am dose of levetiracetam 500mg was administered and the 9:30pm dose was not. -On 09/21/23, there was documentation that the 9:30am dose of levetiracetam 500mg was not administered.</p> <p>Interview with Resident #1 on 09/22/23 at 12:00pm revealed he thought he received all of his medications on time.</p> <p>Interview with the MA on 09/21/23 at 9:15am revealed: -There was no levetiracetam 500mg available for administration for Resident #1. -She sent a refill request electronically to the pharmacy that morning (09/21/23). -She sent refill requests electronically to the pharmacy when the number of remaining doses were in the blue area on the bubble pack (4 doses). -Medications were delivered to the facility from the pharmacy every night except Sundays.</p> <p>Review of the facility's medication order sheet dated 09/18/23 revealed: -There was a fax confirmation report at the top of the page confirming the page was sent the pharmacy on 09/18/23 at 4:35pm. -There was a request for a refill of Resident #1's levetiracetam.</p> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 09/22/23 at 8:42am revealed: -The medications at the facility were not on monthly cycle fills and staff were responsible for requesting refills. -The pharmacy dispensed a 30-day supply (60 tablets) of levetiracetam 500mg for Resident #1 on 07/17/23 and 08/11/23.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320
---	--

(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 358}	<p>Continued From page 3</p> <ul style="list-style-type: none"> -The pharmacy needed a new prescription order for Resident #1's levetiracetam 500mg twice daily prior to dispensing 58 tablets on 09/21/23. -There might have been a shortage of levetiracetam 500mg for Resident #1. -Resident #1 was prescribed levetiracetam to prevent seizures. -Missed doses of levetiracetam could lower blood levels of levetiracetam. -Lowered blood levels of levetiracetam could trigger a seizure. <p>Interview with the Resident Care Coordinator (RCC) on 09/22/23 at 9:24am revealed:</p> <ul style="list-style-type: none"> -Resident #1 took levetiracetam for his mood and seizures. -The resident had not had any seizures witnessed by staff. -She had faxed a refill request for Resident #1's medications including levetiracetam on 09/18/23. -She was not back in the facility on Wednesday (09/20/23), the following day and did not know Resident #1's levetiracetam was not in the facility until 09/21/23 (Thursday). -She was in the facility on Tuesday 09/19/23, she thought 09/18/23 was a Tuesday. -She did not know why she did not follow up on Resident #1's medications including levetiracetam on 09/19/23. -She was told on 09/21/23 by the MA that Resident #1 was out of his levetiracetam. -She checked with the MAs and was told the last dose of levetiracetam was administered to Resident #1 on Wednesday evening (09/20/23). -She did not know a prescription was needed because the pharmacy had not contacted her. -She was certain all orders were current because the facility faxed FL-2s and 6-month physician order reviews to the pharmacy. -Resident #1's FL-2 was dated 09/06/23 and had 	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023
--	--	---	--

NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320
--	--

(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 358}	<p>Continued From page 4</p> <p>been faxed to the pharmacy.</p> <p>b. Review of Resident #1's current FL-2 dated 08/18/23 revealed an order for Farxiga 5mg daily. (Farxiga is used to treat diabetes mellitus, heart failure and chronic kidney disease.)</p> <p>Observations during the morning medication pass on 09/21/23 from 9:15am until 9:25am revealed: -The MA prepared Resident #1's oral medications for administration from bubble packs. -There was no bubble pack for Resident #1's Farxiga 5mg. -There were 9 capsules or tablets in a paper medication cup the MA handed to Resident #1 at 9:25am. -There was no Farxiga 5mg tablet in the medication cup.</p> <p>Observation of Resident #1's medications on hand on 09/21/23 at 2:35pm revealed there was no Farxiga available for administration.</p> <p>Review of Resident #1's September 2023 electronic medication record (eMAR) revealed: -There was an entry for Farxiga 5mg daily scheduled at 9:30am. -There was documentation Farxiga 5mg was administered daily from 09/01/23 through 09/19/23. -On 09/20/23 and 09/21/23, there was documentation that the 9:30am doses of Farxiga was not administered.</p> <p>Interview with the MA on 09/21/23 at 9:15am revealed: -There was no Farxiga 5mg available for administration for Resident #1. -She sent a refill request electronically to the pharmacy that morning (09/21/23).</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320
--	--

(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 358}	<p>Continued From page 5</p> <p>Review of the facility's medication order sheet dated 09/18/23 revealed: -There was a fax confirmation report at the top of the page confirming the page was sent the pharmacy on 09/18/23 at 4:35pm. -There was a request for a refill of Resident #1's Farxiga.</p> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 09/22/23 at 8:42am revealed: -The pharmacy dispensed a 30-day supply (30 tablets) of Farxiga 5mg for Resident #1 on 08/11/23. -The pharmacy needed a new prescription order for Resident #1's Farxiga 5mg daily prior to dispensing 30 tablets on 09/21/23. -Resident #1 was prescribed Farxiga for treatment of type II diabetes mellitus.</p> <p>c. Review of Resident #1's current FL-2 dated 08/18/23 revealed an order for spironolactone 25mg one half tablet daily. (Spironolactone is used to treat fluid retention and hypertension.)</p> <p>Observations during the morning medication pass on 09/21/23 from 9:15am until 9:25am revealed: -The MA prepared Resident #1's oral medications for administration from bubble packs. -There was no bubble pack for Resident #1's spironolactone 25mg one half tablets. -There were 9 capsules or tablets in a paper medication cup the MA handed to Resident #1 at 9:25am. -There was no spironolactone 25mg one half tablet in the medication cup.</p> <p>Observation of Resident #1's medications on hand on 09/21/23 at 2:35pm revealed there was</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320
---	--

(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 358}	<p>Continued From page 6</p> <p>no spironolactone available for administration.</p> <p>Review of Resident #1's September 2023 electronic medication record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for spironolactone 25mg one half tablet daily scheduled at 9:30am. -There was documentation spironolactone 25mg one half tablet was administered daily from 09/01/23 through 09/19/23. -On 09/20/23 and 09/21/23, there was documentation the 9:30am doses of spironolactone 25mg one half tablet was not administered. <p>Interview with the MA on 09/21/23 at 9:15am revealed:</p> <ul style="list-style-type: none"> -There was no spironolactone available for administration for Resident #1. -She sent a refill request electronically to the pharmacy that morning (09/21/23). <p>Review of the facility's medication order sheet dated 09/18/23 revealed:</p> <ul style="list-style-type: none"> -There was a fax confirmation report at the top of the page confirming the page was sent the pharmacy on 09/18/23 at 4:35pm. -There was a request for a refill of Resident #1's spironolactone. <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 09/22/23 at 8:42am revealed:</p> <ul style="list-style-type: none"> -The pharmacy dispensed a 28-day supply (14 tablets halved) of spironolactone 25mg for Resident #1 on 08/11/23. -The pharmacy needed a new prescription order for Resident #1's spironolactone prior to dispensing 14 tablets on 09/21/23. -Resident #1 was prescribed spironolactone to decrease fluid retention and in conjunction with 	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023	
NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320		
(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 358}	<p>Continued From page 7</p> <p>cardiovascular medications.</p> <p>A request was made for prescription orders dated 09/21/23 for Resident #1 and was not provided for review prior to exit on 09/22/23.</p> <p>Attempted interview with Resident #1's Primary Care Provider on 09/22/23 at 8:07am was unsuccessful.</p> <p>2. Review of Resident #5's current FL-2 dated 09/06/23 revealed diagnoses included dyslipidemia, major depression, type II diabetes mellitus, chronic obstructive pulmonary disease, seizure disorder, brain tumor, gastro-esophageal reflux disease, benign prostate hypertrophy, urinary retention, and dementia.</p> <p>a. Review of Resident #5's current FL-2 dated 09/06/23 revealed an order for ferrous sulfate 325mg daily. (Ferrous sulfate is an iron supplement used to treat or prevent low iron levels.)</p> <p>Observations during the morning medication pass on 09/21/23 from 9:03am until 9:11am revealed:</p> <ul style="list-style-type: none"> -The MA prepared Resident #5's oral medications for administration from bubble packs. -There was no bubble pack for Resident #5's ferrous sulfate 325mg tablets. -There were 9 capsules or tablets in a paper medication cup the MA handed to Resident #5 at 9:11am. -There was no ferrous sulfate 325mg tablet in the medication cup. <p>Observation of Resident #5's medications on hand on 09/21/23 at 3:23pm revealed there was no ferrous sulfate available for administration.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320
--	--

(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 358}	<p>Continued From page 8</p> <p>Review of Resident #5's September 2023 electronic medication record (eMAR) revealed: -There was an entry for ferrous sulfate 325mg daily scheduled at 9:30am. -There was documentation ferrous sulfate was administered daily from 09/03/23 through 09/14/23. -On 09/01/23, 09/02/23, from 09/15/23 - 09/17/23, 09/20/23, and 09/21/23, there was documentation that the 9:30am doses of ferrous sulfate were not administered. -There was documentation under medication notes that all doses of ferrous sulfate were not administered due to waiting on the pharmacy.</p> <p>Interview with the MA on 09/21/23 at 9:15am revealed: -There was no ferrous sulfate 325mg tablet available for administration for Resident #5. -She sent a refill request electronically to the pharmacy that morning (09/21/23).</p> <p>Review of the facility's medication order sheet dated 09/18/23 revealed: -There was a fax confirmation report at the top of the page confirming the page was sent the pharmacy on 09/18/23 at 4:35pm. -There was a request for a refill of Resident #5's medication ferrous sulfate.</p> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 09/22/23 at 8:42am revealed the pharmacy dispensed a 90-day supply (90 tablets) of ferrous sulfate 325mg for Resident #5 on 07/24/23, so he should have tablets remaining on 09/21/23 from the last dispensing.</p> <p>b. Review of Resident #5's current FL-2 dated 09/06/23 revealed an order for pantoprazole</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320
--	--

(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 358}	<p>Continued From page 9</p> <p>40mg every morning. (Pantoprazole is used to treat gastro-esophageal reflux disease.)</p> <p>Observations during the morning medication pass on 09/21/23 from 9:03am until 9:11am revealed:</p> <ul style="list-style-type: none"> -The MA prepared Resident #5's oral medications for administration from bubble packs with pharmacy labels which included the resident's name and medication instructions. -There was no bubble pack for Resident #5's pantoprazole 40mg capsules. -There were 9 capsules or tablets in a paper medication cup the MA handed to Resident #5 at 9:11am. -There was no pantoprazole 40mg capsule in the medication cup. <p>Observation of Resident #5's medications on hand on 09/21/23 at 3:23pm revealed there was no pantoprazole available for administration.</p> <p>Review of Resident #5's September 2023 electronic medication record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for pantoprazole 40mg daily scheduled at 7:00am. -There was documentation pantoprazole was administered daily from 09/01/23 - 09/11/23, from 09/13/23-09/15/23, and from 09/18/23-09/20/23. -On 09/12/23, 09/16/23, 09/17/23, and 09/21/23, there was documentation that the 7:00am doses of pantoprazole were not administered. -There was documentation under medication notes that all doses of pantoprazole were not administered due to waiting on the pharmacy. <p>Interview with the MA on 09/21/23 at 9:15am revealed:</p> <ul style="list-style-type: none"> -There was no pantoprazole 40mg capsule available for administration for Resident #5. -She sent a refill request electronically to the 	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023	
NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320		
(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 358}	<p>Continued From page 10</p> <p>pharmacy that morning (09/21/23).</p> <p>Review of the facility's medication order sheet dated 09/18/23 revealed:</p> <ul style="list-style-type: none"> -There was a fax confirmation report at the top of the page confirming the page was sent the pharmacy on 09/18/23 at 4:35pm. -There was a request for a refill of Resident #5's medication pantoprazole. <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 09/22/23 at 8:42am revealed:</p> <ul style="list-style-type: none"> -The pharmacy dispensed a 30-day supply (30 capsules) of pantoprazole 40mg for Resident #5 on 08/24/23 and 09/21/23. -Resident #5 should have had a couple of pantoprazole capsules left on 09/21/23 before the new dispensing was received by the facility. <p>Attempted interview with Resident #5's Primary Care Provider on 09/22/23 at 8:07am was unsuccessful.</p> <p>Interview with the Resident Care Coordinator (RCC) on 09/22/23 at 9:24am revealed:</p> <ul style="list-style-type: none"> -The facility was not on monthly cycle fills for scheduled medications. -She was responsible for auditing medication carts every Monday and ordering any medications that were running low. -Running low was when the remaining doses were in the blue area on the bubble pack which was 4 remaining doses. -Shift coordinators were also responsible for auditing medication carts and faxing refill requests to the pharmacy. -MAs could also click the refill tab on the eMAR system. -She normally rechecked the medication carts 	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023	
NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320		
(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 358}	<p>Continued From page 11</p> <p>every Tuesday to ensure ordered medications had been delivered to the facility from the pharmacy.</p> <ul style="list-style-type: none"> -Four to 5 days for refill requests was not always enough time to get the medications into the facility from the pharmacy. -Insurance did not cover refill requests 7 days or more in advance. <p>Interview with the Administrator on 09/22/23 at 9:24am revealed:</p> <ul style="list-style-type: none"> -The RCC was responsible for faxing medication refill requests to the pharmacy. -The RCC normally followed up with the pharmacy the day following faxed requests if medications were in the facility. -It was sometimes complicated relying on requesting refills within timeframes allowed by insurance providers and ensuring the medications were available for administration. <p>3. Review of Resident #4's current FL-2 dated 09/06/23 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included dementia, hypertension, stage II chronic kidney disease, heart murmur, dyslipidemia, type II diabetes mellitus, anemia, poor appetite, glaucoma, and gastro-esophageal reflux disease. -There was an order to check finger stick blood sugar (FSBS) levels twice daily. -There was an order for Novolog 70/30 insulin 45 units every morning. (Novolog 70/30 insulin is a mixture of intermediate acting and rapid acting insulin used to control blood sugar levels.) <p>Review of the manufacturer's insert for Novolog dated February 2023 revealed:</p> <ul style="list-style-type: none"> -Novolog 70/30 insulin should be administered within 15 minutes before or after starting a meal because it started working fast. 	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023	
NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320		
(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 358}	<p>Continued From page 12</p> <p>-Blood glucose monitoring for hypoglycemia and hyperglycemia should be increased with changes in meal patterns and insulin regimen administration.</p> <p>Observation during the morning medication pass on 09/21/23 from 9:51am until 9:55am revealed:</p> <p>-The medication aide (MA) checked Resident #4's FSBS level and the result was 366.</p> <p>-The MA primed the Novolog 70/30 Insulin injection pen with 2 units then set the injection pen at 45 units and administered it subcutaneously into Resident #4's left upper arm at 9:55am.</p> <p>Review of Resident #4's September 2023 electronic medication administration record (eMAR) revealed:</p> <p>-There was an entry for FSBS twice daily scheduled for 7:30am and 6:00pm.</p> <p>-There were 41 FSBS result documented ranging from 89 to 366.</p> <p>-There was documentation that the FSBS result was 366 on 09/21/23 at 7:30am.</p> <p>-There was an entry for Novolog 70/30 insulin 45 units subcutaneously every morning scheduled at 7:30am.</p> <p>-There was documentation Novolog 70/30 insulin 45 units was administered on 09/21/23 at 7:30am.</p> <p>-There was no documentation the FSBS scheduled for 7:30am was checked on 09/21/23 at 9:51am.</p> <p>-There was no documentation Novolog 70/30 insulin scheduled for 7:30am was administered on 09/21/23 at 9:55am.</p> <p>Interview with Resident #4 on 09/21/23 at 9:03am revealed she ate a breakfast of scrambled eggs and ground sausage that morning (09/21/23)</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023	
NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320		
(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 358}	<p>Continued From page 13 around 8:00am.</p> <p>Interview with the medication aide (MA) on 09/21/23 at 8:54am revealed: -She had been a MA at the facility since 2017 or 2018. -She was just getting started with the morning medications for the second medication cart. -There were some 6:00am and 7:00am medications that were late because there was no third shift MA on duty the night before (09/20/23 into 09/21/23). -She was trying to get the morning medications administered as fast as she could, but she did not want the other medication cart to get behind either. -She normally started the morning medication pass at one end of the hall or the other. -She was going to start with the residents who had FSBS checks and insulin that morning (09/21/23). -Breakfast was at 8:00am and she thought the residents had eaten breakfast.</p> <p>Interview with the Resident Care Coordinator (RCC) 09/21/23 at 12:07pm revealed: -The first shift MA told her that some of the FSBS checks and insulin administration were late that morning (09/21/23). -The first shift MA was running late on the morning medication pass because there was no third shift MA on duty the night before (09/20/23 into 09/21/23). -She knew there was no third shift MA last night. -There was a MA out of work and other staff call outs.</p> <p>Interview with the MA on 09/22/23 at 7:45am revealed: -She did not call the RCC because by 7:00am,</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023	
NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320		
(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 358}	<p>Continued From page 14</p> <p>the 6:00am medications were already late. -She thought she could administer all the medications including sliding scale and morning insulins. -She thought the RCC would have come in and helped with the morning medication pass if she had called. -She probably should have called the RCC and asked for help.</p> <p>Interviews with the RCC on 09/21/23 at 2:50pm and 3:16pm revealed: -The first shift MA started at 7:00am and was responsible for administering 7:00am medications not administered by the third shift MA. -The first shift MA on duty on 09/21/23 caused the delay in FSBS checks and insulin administration because she did them along the way as she administered scheduled morning medications. -Not having a third shift MA was a rare event that threw off the morning medication pass routine. -She would have come into the facility and helped with the morning medication pass on 09/21/23 if staff had called her. -Staff knew to call her if they needed help, but they did not call.</p> <p>Interviews with the Administrator on 09/21/23 at 12:10pm and 2:50pm revealed: -He knew there was no third shift MA the night before (09/20/23 into 09/21/23). -He did not think it was the cause of FSBS checks and insulin administration being late. -It was a rare occasion that there was no 3rd shift MA, and the 1st shift MA was not accustomed to the offset of the normal workflow. -The first shift MA should have done FSBS checks and administered insulin before starting the scheduled morning medications.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL009025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2023
NAME OF PROVIDER OR SUPPLIER WEST BLADEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320		
(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 358}	<p>Continued From page 15</p> <p>A request was made for a report of actual medication administration times and was not provided prior to exit on 09/22/23.</p> <p>Attempted interview with Resident #4's Primary Care Provider on 09/22/23 at 8:07am was unsuccessful.</p> <p>The facility failed to administer medications as ordered for 3 of 5 residents (#1, #4 and #5) observed during the morning medication pass and on review of Resident #1's and Resident #5's record which resulted in Resident #1 not receiving an antiseizure medication for approximately 10 days which resulted in risk of seizure activity; and Resident #4 receiving long and fast-acting insulin more than 2 hours after the scheduled time and nearly 2 hours after the breakfast meal which placed the resident at risk for uncontrolled blood sugar levels. This failure was 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 accordance with G.S. 131D-34 on 09/22/23 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 6, 2023.</p>	{D 358}		

Washington, Bynithia T

From: Hugh Campbell <hcampbell@hedgehogha.com>
Sent: Monday, November 6, 2023 4:23 PM
To: Washington, Bynithia T
Subject: RE: [EXTERNAL] West Bladen Assisted Living 2023-09-225JVV12
Attachments: POC WBAL 11062023.pdf

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Ms. Washington,
The attached file contains the Plan of Correction for West Bladen Assisted Living's recent survey completed on September 22nd. Please let me know if you have questions or need additional information.

Thanks,
Hugh Campbell

From: Washington, Bynithia T <Bynithia.Washington@dhhs.nc.gov>
Sent: Thursday, October 12, 2023 9:41 AM
To: Hugh Campbell <hcampbell@hedgehogha.com>
Cc: Patrick, Dena H <dpatrick@bladenco.org>; Orija, Victor O <victor.orija@dhhs.nc.gov>; DHSR.AdultCare.Star <DHSR.AdultCare.Star@dhhs.nc.gov>; DHSR.AdultCare.QualityandCompliance <DHSR.AdultCare.QualityandCompliance@dhhs.nc.gov>; DHSR.Adultcare.Mailnotice <DHSR.Adultcare.Mailnotice@dhhs.nc.gov>; Bingham, Heather D <Heather.Bingham@dhhs.nc.gov>; Kirby, Linda H <linda.kirby@dhhs.nc.gov>
Subject: [EXTERNAL] West Bladen Assisted Living 2023-09-225JVV12

Dear Mr. Campbell:

Please find the Statement of Deficiencies and accompanying letter for the follow up survey completed on September 22, 2023, attached to this e-mail.

Plan of Correction:

If the Statement of Deficiencies includes citations or violations for which a plan of correction is required, please read the attached letter carefully for instructions on completing the plan of correction. The plan of correction should be emailed directly to the survey team leader at bynithia.washington@dhhs.nc.gov. If you cannot email the plan of correction, you may fax it to our office, addressed to the attention of the survey team leader, at 919-733-9379. Please make sure the plan of correction does not contain resident names or specific resident information. Please retain a copy for your files.

Documentation of Training for Penalty Credit (Training in Lieu of Penalty):

If the Statement of Deficiencies includes violations with recommendation(s) for administrative penalty(ies), you have the opportunity to submit documentation of completed training which can be considered in lieu of all or some of the administrative penalty. Documentation of training must be submitted within 30 calendar days from today or it will not be considered. Instructions for submitting training for consideration are included in the attached letter.

Informal Dispute Resolution (IDR):

The attached letter also contains information regarding your right to request an Informal Dispute Resolution (IDR) of any cited deficiencies or violations. For more information about the IDR process please visit our website at <https://info.ncdhhs.gov/dhsr/acls/idr.html>.

Star Rating

If the Statement of Deficiencies attached to this email is a result of an annual, follow-up or complaint inspection, a star rating certificate and worksheet will be issued within 45 days of the date of this email. If you have questions about this facility's star rating or the rating program in general, please send an email with your questions to the star rating customer service email address at DHSR.AdultCare.Star@dhhs.nc.gov or go to the ACLS website at <https://info.ncdhhs.gov/dhsr/acls/star/index.html>.

If you have any questions regarding the information provided in or attached to this email, please call me at (910)391-0016.

Sincerely,

Bynithia Washington
Nurse Consultant
Division of Health Services Regulation - Adult Care Licensure Section
NC Department of Health and Human Services

(Office/Mobile)910-391-0016
(Fax)919-733-9379
bynithia.washington@dhhs.nc.gov

801 Biggs Drive, Brown Building
2708 Mail Service Center
Raleigh, North Carolina 27699-2708

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.