STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER: 345441

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED 08/22/2012

NAME OF PROVIDER OR SUPPLIER
ALEXANDRIA PLACE

STREET ADDRESS, CITY, STATE, ZIP CODE
1770 OAK HOLLOW ROAD
GASTONIA, NC 28054

(F4) 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) (X4) COMPLETION DATE

F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:
Based on staff interviews and record reviews the facility failed to ensure laboratory tests were performed as ordered for two (2) of ten (10) sampled residents. The facility failed to obtain an Hemoglobin (Hgb) A1c level every three (3) months as ordered for Residents #21 and #47.

The findings are:

1. Resident #21 was admitted to the facility on 02/07/12 with a diagnosis of Diabetes with an HgbA1c level of approximately 7.5 percent (normal range for this lab test is 4.0 to 5.6 percent). The resident had admission orders for the daily administration of Insulin and an order to obtain an HgbA1c level every three (3) months.

Review of Resident #21's medical record revealed she remained on Insulin from 02/07/12 to 06/22/12, but an HgbA1c level had not been performed since her admission to the facility.

On 06/22/12 at 12:10 PM an interview was conducted with Licensed Nurse (LN) #1 who was responsible for overseeing resident laboratory tests and results. LN #1 confirmed that Resident #21 received Insulin on a daily basis and that staff had not checked the resident's HgbA1c level since her admission to the facility on 02/07/12. LN #1 explained that the facility's system for

F 281 ALEXANDRIA PLACE'S RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW.

* F281: ADDRESS HOW CORRECTIVE ACTION (8) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:

ALEXANDRIA PLACE ENSURES THAT THE SERVICES PROVIDED OR ARRANGED BY THE FACILITY MEET PROFESSIONAL STANDARDS OF QUALITY AND ARE PROVIDED BY APPROPRIATE QUALIFIED PERSONS.


RESIDENT #47 HAD AN A1C LAB TEST ON 5/16/12 AND HAD AN ELEVATED RESULT. THE M.D. NOTIFIED OF THE RESULTS AND HE DID NOT CHANGE THE RESIDENT'S HYPOGLYCEMIC REGIMINE. RESIDENT #47'S FOLLOW UP A1C IS NOT DUE UNTIL 8/16/12, ON 6/25/12 THE

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

TITLE
Administrator

(P8) DATE 7-09-12

Any deficiency statement ending with an asterisk (*) deoates a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosed 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

RECEIVED JUL 1 2012

BY:
<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<td>Continued From page 1 obtaining ordered laboratory tests was being reviewed to determine how this laboratory test was not performed as ordered by the resident's physician.</td>
<td>F 281</td>
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<td>LAB REQUISITION SLIPS WERE COMPLETED FOR THE REST OF THE YEAR TO ENSURE THE LAB WILL BE OBTAINED PER PROTOCOL.</td>
<td>06/22/2012</td>
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<td></td>
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<td>2. Resident #47 was admitted to the facility on 01/06/10 and had a diagnosis of Diabetes. Review of the resident's physician orders revealed continued orders for the daily administration of Insulin and a standing order dated 01/24/12 to perform an HgbA1c level every three (3) months. Review of Resident #47's laboratory results revealed an HgbA1c level was not obtained by staff during the three (3) month period from 01/24/12 to 04/24/12. On 05/16/12 staff obtained an HgbA1c level for Resident #47 that was slightly elevated at 6.3 percent. On 06/22/12 at 12:10 PM an interview was conducted with Licensed Nurse (LN) #1 who was responsible for overseeing resident laboratory tests and results. LN #1 confirmed that Resident #47 received insulin on a daily basis and that staff had not checked the resident's HgbA1c level every three (3) months as ordered. LN #1 explained that the facility's system for obtaining ordered laboratory tests was being reviewed to determine how this laboratory test was not performed as ordered by the resident's physician.</td>
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<td>ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR:</td>
<td>06/22/12</td>
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<td>ON 6/26/12 THE Q.A. COMMITTEE DISCUSSED THE FREQUENCY OF AIC TESTS AND A NEW LAB TRACKING SYSTEM TO IMPLEMENT. THE REVISED LAB TRACKING SYSTEM IS AS FOLLOWS: THERE ARE TWO FILING CONTAINERS. ONE IS FOR THE CURRENT MONTH AND THE OTHER</td>
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F 281 Continued From page 1

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2. Resident #47 was admitted to the facility on 01/06/10 and had a diagnosis of Diabetes. Review of the resident's physician orders revealed continued orders for the daily administration of Insulin and a standing order dated 01/24/12 to perform an HgbA1c level every three (3) months.

Review of Resident #47's laboratory results revealed an HgbA1c level was not obtained by staff during the three (3) month period from 01/24/12 to 04/24/12. On 05/16/12 staff obtained an HgbA1c level for Resident #47 that was slightly elevated at 6.3 percent.

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F 281

IS FOR THE YEAR. WHEN A LAB IS ORDERED THAT IS ON THE STANDING ORDERS AND REQUIRES FOLLOW UP, THE LAB REQUISITIONS WILL BE COMPLETED AND FILED FOR THE REST OF THE YEAR BY THE NURSE TAKING THE ORDER. A COPY OF PHYSICIAN TELEPHONE ORDER SLIPS ARE ROUTED TO THE DIRECTOR OF NURSING (3-11 SUPERVISOR AND CLINICAL COORDINATOR ARE BACKUPS) AND SHE WILL DOUBLE CHECK THE FILING CONTAINERS TO ENSURE THAT ALL OF THE LAB REQUISITIONS HAD BEEN COMPLETED FOR THE YEAR PER THE STANDING ORDERS. THE PHYSICIAN TELEPHONE ORDER SLIPS WILL BE REVIEWED BY THE DON, CLINICAL COORDINATOR OR 3-11 NURSE MANAGER 5 DAYS A WEEK FOR 4 WEEKS THEN ONCE WEEKLY FOR MEDICATIONS THAT ARE LISTED ON THE STANDING ORDER LAB PROTOCOL AND LAB ORDERS TO DOUBLE CHECK THE FILING CONTAINERS TO ENSURE THAT ALL OF THE LAB REQUISITIONS HAD BEEN COMPLETED FOR THE YEAR PER THE STANDING ORDERS.

THE DIRECTOR OF NURSING OR CLINICAL COORDINATOR WILL INSERVISE THE WEEKDAY NON-PIN NURSES ON 7/3/12, 7/4/12 & 7/5/12. THE WEEKEND NON-PIN NURSES WILL BE INSERVICED ON 7/1/12 BY THE WEEKEND SUPERVISOR OR DIRECTOR OF NURSING. PIN OR VACATIONING NURSES WILL BE MAILED A COPY OF THE INSERVICE AND WILL BE INSERVICED BY THE DON OR WEEKEND SUPERVISOR PRIOR TO BEING SCHEDULED OR ON RETURNING DATE.
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<td>EACH MONTH THE PHARMACY CONSULTANT WILL REVIEW THE RESIDENTS' MEDICAL RECORDS AND WILL MAKE RECOMMENDATIONS FOR LAB TESTS BASED ON LAB VALUES AND MEDICATIONS THE RESIDENTS ARE PRESCRIBED. THE CONSULTANT PHARMACIST WILL GENERATE A NOTE TO THE PHYSICIAN/PRESCRIBER WITH THEIR RECOMMENDATIONS TO BE REVIEWED BY THE PHYSICIAN/PRESCRIBER.</td>
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