

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345572	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2019
NAME OF PROVIDER OR SUPPLIER THE CARDINAL AT NORTH HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 311 GARDEN AT NORTH HILLS STREET RALEIGH, NC 27609		
(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) COMPLETION DATE	
E 000	Initial Comments	E 000			
F 658 SS=D	<p>An unannounced Recertification survey was conducted on 5/20/2019 through 5/22/2019. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # HDYR11</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, and staff interviews the facility failed to administer a medication according to manufacturer guidelines for 1 of 4 resident (Resident #259) observed for medication administration.</p> <p>Findings Included:</p> <p>Resident #259 was admitted to the facility on 05/16/19 with diagnoses including chronic obstructive pulmonary disease (COPD). An admission Minimum Data Set (MDS) assessment was pending on 05/22/19.</p> <p>Review of resident #259's medical record revealed an order for Symbicort 160/4.5 micrograms 2 puffs by mouth twice daily for COPD.</p> <p>Review of manufacturer guidelines for use of the inhaler read in part, "After using the inhaler, rinse your mouth with water and spit out. Do not</p>	F 658	<p>How corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice: Nurse #1 was immediately provided verbal education on the importance of following all instructions on the Medication Administration Record by RN Director of Staff Development.</p> <p>How the facility will identify other resident's having the potential to be affected by the same deficient practice and what corrective action will be taken: Pharmacy will review all current residents receiving metered dose inhalers to ensure the appropriate administration instructions are reflected in the MAR by 06/05/2019.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur: Inservice initiated on</p>	6/10/19	

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

TITLE

(X6) DATE

Electronically Signed

06/03/2019

Any deficiency statement ending with an asterisk (*) denotes 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 disclosable 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 disclosable 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.

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F 658	<p>Continued From page 1 swallow water."</p> <p>On 05/21/19 at 07:52 AM observation of medication administration for resident #259 was conducted. Nurse #1 was observed to administer Symbicort 160/4.5 micrograms 2 puffs orally to resident #259. Nurse #1 made no attempt to have resident #259 rinse his mouth with water after administration of the medication.</p> <p>In an interview on 5/21/19 at 09:29 AM Nurse #1 indicated he was not aware he needed to ensure resident #259 rinsed his mouth with water after use of the inhaler. He further indicated he knew some inhalers required mouth rinsing after use but he did not think Symbicort was one of them.</p> <p>On 05/21/19 at 09:34 AM an interview with the DON revealed she was aware of the need for residents to rinse their mouth with water after use of Symbicort inhaler. She further indicated this was to prevent residents from suffering mouth sores or a fungal infection in their mouth from the use of a steroid inhaler. She went on to say the instruction to ensure residents rinsed their mouth with water after use of Symbicort was visible to the nurse administering the medication on the electronic medication administration screen at the time of administration.</p>	F 658	<p>05/21/2019 providing education to all licensed nursing staff on the administering medications through metered dose inhaler (MDI). All current licensed nursing staff will complete a competency assessment proctored by the Director of Nursing and or Designee on the administration of medication through a metered dose inhaler by June 5, 2019; for new hires, competency will be completed within 30 days of employment.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. Director of Nursing will initiate a monitoring schedule with audit of medication administration observation that will be completed by Director of Nursing and or designee. The monitoring schedule is as follows: 3X week for one month, 1X week for one month, 2X month for one month; then maintain monthly monitoring schedule going forward. QAPI PIP will be initiated for medication observation to ensure professional standards of quality are sustained.</p> <p>Date of Correction. Corrective actions will be completed 06/10/2019</p> <p>This Plan of Correction is submitted to be in compliance with certain state and federal regulations. Its submission does not indicate that the facility agrees with</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/24/2019
FORM APPROVED
OMB NO. 0938-0391

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F 658	Continued From page 2	F 658	the findings.		