

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

PRINTED: 10/28/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G257</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MIDLAKE RESIDENTIAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>68 HILLSIDE STREET</b> <b>CLARKTON, NC 28433</b>		
(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	
W 000	INITIAL COMMENTS	W 000			
W 342	<p>A revisit was conducted on 10/25/19 for all previous deficiencies cited on 8/13/19. One of the deficiencies were recited and one new area of noncompliance was found. The facility remains out of compliance.</p> <p><b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(iii)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews. the facility failed to ensure all staff were sufficiently trained to detect and report potential signs and symptoms of illness for 1 of 2 audit clients (#2).</p> <p>The medication technician (MT) was not adequately trained to report relevant signs and symptoms of illness as indicated.</p> <p>During observations of medication administration in the home on 10/25/19 from 7:30am - 7:50am, client #2 ingested 15 different medications in pill form. In addition, Flonase nasal spray and Artificial Tears eye drops were also administered. At 7:48am, after all medications had been administered, the MT took client #2's blood pressure. At that time, his blood pressure</p>	W 342			

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

TITLE

(X6) DATE

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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W 342	Continued From page 1 reading was 182/107. The MT took the client's blood pressure a second time at 7:50am. His blood pressure reading was 183/113 at this time. The MT was not observed to call the facility nurse or indicate that the nurse needed to be called.  Immediate interview with the MT revealed she had taken client #2's blood pressure a second time because it was a high reading. The MT also indicated the client's blood pressure is high at times.  Review on 10/25/19 of client #2's physician's orders dated 8/1/19 - 7/31/20 revealed, "Check BP once daily, call nurse if BP is (greater than) 150/100, if bottom # is (greater than or equal to) 120 may be sent to hospital. Record pulse before giving meds, call if (greater than) 100...7am"  Interview on 10/25/19 with the facility's nurse indicated she had not been called regarding client #2's blood pressure readings from the 10/25/19 med pass or any previous high blood pressure readings. The nurse confirmed the MT should have called her about the client's blood pressure reading and obtained further instructions. Additional interview also confirmed client #2's blood pressure/pulse should have been taken before he ingested his medications as indicated on his current physician's orders.	W 342			
{W 369}	DRUG ADMINISTRATION CFR(s): 483.460(k)(2)  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.	{W 369}			

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{W 369}	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure all medications were administered without error. This affected 1 of 1 clients (#2) observed receiving medications. The finding is:</p> <p>Client #2 did not receive his Azelastine as indicated.</p> <p>During observations of medication administration in the home on 10/25/19 at 7:30am, client #2 ingested 15 different medications in pill form. In addition, Flonase nasal spray and Artificial Tears eye drops were also administered. The client did not receive any other medications at this time.</p> <p>Review on 10/25/19 of client #2's physician's orders dated 8/1/19 - 7/31/20 revealed an order for Azelastine .15% nasal spray, inhale 2 sprays in both nostrils twice daily at 8:00am and 8:00pm.</p> <p>Interview on 10/25/19 with the facility's nurse confirmed client #2 should have received Azelastine nasal spray at the 8:00am med pass in accordance with his current physician's orders.</p>	{W 369}			