STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 000	Initial Comments The Adult Care Licensure Section and the Stanly County Department of Social Services conducted complaint investigations on 1/21/15, 1/22/15, 1/23/15, and 1/26/15, with an exit conference via telephone on 1/30/15. The complaint investigations were initiated by the Stanly County Department of Social Services on 12/05/14 and 1/09/15.	D 000		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on interviews, and record reviews, the facility failed to notify the physician for 1 of 7 sampled residents (Resident #3) regarding laboratory collections for thyroid stimulating hormone (TSH) (measures the amount of thyroid stimulating hormone in blood) not being able to be obtained and failed to notify the resident's physician of changes in the resident's mental status. The resident was later hospitalized and diagnosed with myxedema coma (a loss of brain function as a result of severe, longstanding low levels of thyroid hormone in the blood) and subsequently died. The findings are: Review of Resident #3's current FL2 dated 8/10/14 revealed:	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 273	Continued From page 1	D 273		

-Resident #3 was admitted to the facility on 8/11/14 from a nearby hospital.
-Diagnoses included Alzheimer's disease and hypothyroidism (a disease in which the thyroid gland does not produce enough thyroid hormone).
-Orders for medication did not include any medications for hypothyroidism.

Review of Resident #3's discharge summary dated 8/11/14 from the nearby hospital revealed:
-Diagnoses which included hypothyroidism.
-Lab results included on the discharge summary TSH result 1.250 (normal range 0.4-4.0 mIU/L).
-Medication orders included Synthyroid (hormone replacement for hypothyroidism) 125 mcg daily.

Further review of Resident #3's record revealed subsequent physician orders on 8/14/14 and 11/13/14 which included orders for TSH value.

Review of Resident #3's record revealed no laboratory test results for TSH levels available for review.

Telephone interview on 1/22/15 at 12:30 pm with Laboratory Technician employed by the contract Laboratory revealed:
-Her regular days to be in the facility to collect laboratory studies were the 2nd and 4th Monday of the month.
-She was aware of the orders for laboratory studies on 11/13/14 for Resident #3.
-She attempted to collect blood from Resident #3 but was unsuccessful.
-She reported to the Memory Care Manager (MCM) the failed attempt to collect blood and documented on a laboratory request form the unsuccessful attempt.
-She informed the MCM she would be back in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 273	Continued From page 2	D 273		

facility in 2 weeks to collect Resident #3's laboratory studies.
-She contacted her Supervisor after each unsuccessful attempt to obtain blood specimen.
-She did not contacted the physician, stating "It was the facility's responsibility to call the resident's doctor."
-She said laboratory values results go straight to the doctor, she does not see the results.

Telephone interview on 1/22/15 at 12:10 pm with the Supervisor at the facility contracted Laboratory revealed:
-She received orders for Resident #3 to have laboratory test on 8/14/14 and 11/13/14.
-She said Resident #3's laboratory studies on 8/14/14 and 11/13/14 included a TSH level.
-She said the laboratory technician came to the facility every other Monday to collect laboratory tests that were ordered by the physician.
-She said the laboratory technician could not collect the blood for Resident #3's laboratory tests ordered on 8/14/14 nor 11/13/14.
-She said they do not routinely send another laboratory technician out to the facility for unsuccessful attempts.
-She said the laboratory policy was to verbally tell the facility management and to document the unsuccessful attempts as well.
-She said the laboratory does not contact the physician if the attempt is unsuccessful, "It is the facility responsibility to contact the physician."
-She said the only laboratory studies results from 8/11/14 admission date to 1/2/15 for Resident #3 was a urinalysis for a possible urinary infection.

Interview on 1/22/15 at 10:30 am and 1/23/15 at 5:30 pm with the facility physician revealed:
-He saw Resident #3 several times during her admission to the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 273	Continued From page 3	D 273		

-He was aware of a diagnosis for Resident #3 included hypothyroidism.
-He said Resident #3 was followed by a physician assistant from his office on her admission date of 8/11/14 to the facility.
-The physician ordered laboratory studies for Resident #3 on 11/13/14 which included a TSH to "follow up and direct therapy for her known hypothyroidism".
-It was his expectation Resident #3 should have been on a thyroid medication but he was waiting on the TSH results to determine direct therapy.
-He was unaware the results were not in Resident #3's record.
-He relied on the facility staff to follow through with his orders.
-He did not recall being contacted by the facility regarding the missed labs or the unsuccessful attempts to collect blood for Resident #3.

Interview on 1/23/15 at 11:30 am and on 1/26/15 at 10:10 am with the MCM revealed:
-She had been employed in the position of MCM since November 2014.
-Her job included assisting the facility physician on Thursdays.
-She said the Laboratory Technician was in the facility every 2 weeks.
-She recalled the lab work ordered on 11/13/14 for Resident #3 and she documented in the computer for the laboratory studies to be collected.
-She was present in the facility on the day the laboratory technician came to the facility to obtain laboratory studies for Resident #3.
-The Laboratory Technician informed her the attempt was unsuccessful and she would be back in 2 weeks to try again.
-The MCM said the Laboratory Technician thought Resident #3 might be dehydrated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 273	Continued From page 4 -She had not received written documentation, nor did the Laboratory Technician document in the facility care notes, the unsuccessful blood draw attempt for Resident #3. -She did not contact the physician to inform him the laboratory studies were not completed as ordered for Resident #3. -It was her assumption the physician had ordered the laboratory studies to be completed with the "next lab draw" and were not ordered STAT (immediately). -The Laboratory Technician returned in 2 weeks to collect the laboratory studies for Resident #3 but was unsuccessful with this attempt. -The MCM did not contact the physician with the second unsuccessful attempt nor could she recall verbally informing the physician when he was in the facility for his weekly visit every Thursday. -The Laboratory Technician came on 1/5/15 for a third time to the facility to collect the laboratory studies ordered on 11/13/14 for Resident #3, but Resident #3 was in the hospital. -The MCM was unaware of the laboratory studies ordered for Resident #3 on 8/14/14. Review on 1/26/15 of Resident #3's record revealed no documentation in the facility care notes regarding the unsuccessful attempt to collect laboratory studies by the Laboratory Technician, or documentation the physician was notified Resident #3's laboratory studies were not completed as ordered. Review of the pharmacy recommendation on 11/14/14 documented the facility needed to follow up on Resident # 3's labs. [Refer to Tag 406 10A NCAC 13F Pharmaceutical Care] Interview on 1/21/15 at 2:38 pm with a Medication Aide, (MA) revealed:	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 273	Continued From page 5	D 273		

-She had worked at the facility during the time Resident #3 was a resident in the facility.
-She recalled Resident #3's family requesting the physician see Resident #3 due to her confusion and "not acting right" sometime in December 2014.
-She said Resident #3 was "sleeping more" in December 2014.
-She said Resident #3 had several urinary infections since her admission to the facility.

Interview on 1/26/15 at 9:30 am with another MA, revealed:
-He had worked in the facility for 4 months.
-He said Resident #3 was more withdrawn and confused but he thought it was related to a possible urinary infection.
-He said the family told him they thought Resident #3 was "over medicated".

Interview on 1/26/15 at 11:15 am with the housekeeper revealed:
-She had been employed at the facility for 6 months.
-She said Resident #3 ambulated with a walker but had not walked as much in the past few months stating, "I think she was going downhill."

Interview on 1/26/15 at 10:00 am with a Personal Care Aide (PCA) revealed:
-She had been employed at the facility for 5 months.
-She verbally informed the Medication Aides (MA) in December that Resident #3 had become weaker and sleeping more.
-She said the facility's chain of command was for the PCA to report to the MA, and the MA to report to management.

Interview on 1/26/15 at 12:15 pm with the MCM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 273	Continued From page 6	D 273		

revealed:
-She was not informed by the staff any changes regarding Resident #3's behavior or mental status.
-The first time she was aware Resident #3's had changed in mental status was 1/2/15, when the resident was sent to the hospital.
-She said if Resident #3 had mild changes in her mental status the staff would not have informed her due to this is a Alzheimer's unit.

Interview on 1/23/15 at 14:30 pm and 1/26/15 at 12:45 pm with the Administrator revealed:
-She admitted Resident #3 to the facility in August 2014 after she assessed Resident #3's condition and met with the family.
-She was aware the Laboratory Technician visited the facility multiple times with unsuccessful attempts to collect laboratory studies ordered on 11/13/14 for Resident #3.
-She was not aware the physician was not notified by the Laboratory Technician or the MCM the laboratory test studies for Resident #3 were not completed.
-She relied on the MCM to follow-up on physician orders and to contact the physician by phone or text if orders were not completed.

Review of Resident #3 record revealed:
-Documentation Resident #3 was last seen by her primary care physician (PCP) on 12/10/14.
-PCP ordered chest x-ray to be completed and a follow-up in 5 weeks.
-Documentation of physician contact on 12/15/14 Resident #3 was found on the floor, vital signs were taken.

Interview on 1/26/15 at 6:00 pm with a family member revealed:
-He visited Resident #3 weekly, sometimes 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 273	Continued From page 7	D 273		

times weekly.
-He noticed Resident #3 was more withdrawn and sleeping more when he visited the month of December 2014.
-He visited Resident #3 on 1/1/15 and found her half-way off the bed and she appeared "over medicated".
-He told the MA that something was wrong with Resident #3 and she needed to be checked on.
-The MA came in the room and called Resident #3's name and tried to get her up.
-The MA told him Resident #3 "was mad because she could not go the church and that was why Resident #3 was acting that way."
-The MA told him they would call 911 in the morning if Resident #3 was not better.
-He did not know the MA's name but it was a male MA.
-He called another family member and told them what had happened and asked them to check on Resident #3 on 1/2/15.
-He received a call from this family member on 1/2/15 and Resident #3 was still at the facility.
-He called the facility and demanded they send Resident #3 out to the hospital for evaluation of her mental status changes.

Interview on 1/21/15 at 10:30 am with the male MA revealed he declined interview and referred all questions related to falls, injuries and occurrences to the MCM.

Interview on 1/26/15 at 6:50 pm with a second family member of Resident #3 revealed:
-She visited Resident #3 at the facility 3 times a week.
-She was responsible for personal care and giving medications to Resident #3 prior to admission to the facility.
-She had met with the Administrator in October

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 273	Continued From page 8 2014 after Resident #3's clavicle fracture to discuss what happened, and how it happened. -She was told by administrator no incident report was completed due to no one had seen the occurrence. -Her expectation was for the facility to take care of Resident #3's personal care and medical needs. -She said Resident #3 became weaker and was sleeping more throughout the month of December 2014. She visited Resident #3 on Christmas Eve and noticed she was sleeping more, not as ambulatory, and not eating much. -She said she asked a MA if Resident #3 was getting her thyroid medicine. -She said Resident #3 was always on thyroid medication, "Synthroid". -She said a family member called her on 1/1/15 and told her to follow-up on Resident #3 on 1/2/15. -She visited Resident #3 on 1/2/15 and the Resident "was not acting right." -She said Resident #3 was in her room and appeared "groggy, sleepy, and not making sense with her words". -She said a PCA was in Resident #3's room and she told her to get a MA. -She told the MA that Resident #3 needed to go to the ER because, "Something is wrong." -The facility called 911 and EMS transported Resident #3 to the hospital. -She accompanied Resident #3 to the ER. Interview on 1/26/15 at 10:00 am with the Personal Care Aide (PCA) revealed: -She was in Resident #3's room on 1/2/15 when the family visited. -She attempted to braid Resident #3's hair but Resident #3 had trouble holding her head up on 1/2/15.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 273	Continued From page 9	D 273		

-She said on 1/2/15 Resident #3's speech was slurred and she was not responding as her "normal self ".
-She told the MA on 1/2/15 to check on Resident #3 per the family member's request.
-The MA came to Resident #3's room and took vital signs but could not obtain a pulse.
-The MA called 911 to transport Resident #3 to the Emergency Room (ER).

Interview on 1/22/15 at 10:15 am with the MCM revealed:
-She said according to the facility policy, if the family wanted 911 called and it was not an emergency, the family might be responsible for charges from EMS services.
-She recalled telling Resident #3's family this facility policy but could not say when she told them.
-She recalled Resident #3's family wanted her sent to the ER on 1/2/15.
-She could not recall if the staff had suggested Resident #3 be sent to the ER or if the family suggested.

Review of Resident #3's record revealed:
-The last entry to Resident care notes were 1/2/15 at 2:10 pm.
-Documentation "per family request " Resident #3 was sent to ER.
-Documentation the family stated, "She can barely talk and is sleeping all the time."
-Documentation facility unable to obtain vital signs.

Review of documentation for Resident #3's Emergency Room (ER) visit revealed:
-Resident #3 was seen in the ER on 1/2/15.
-Resident #3 was full code status.
-Resident #3's diagnoses included myxedema

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 273	Continued From page 10	D 273		

coma (a loss of brain function as a result of severe, longstanding low levels of thyroid hormone in the blood).
-Resident #3's TSH level was 230.00 with a reference range of normal being 0.36-3.74 0 mIU/L.
-Resident #3 was admitted to the local hospital on 1/2/15 and transferred to a regional hospital on 1/3/15 for further intensive treatment.

Review on 1/23/15 of Resident #3's history and physical on admission 1/3/15 from the regional hospital revealed:
-Chief complaint documented as myxedema coma.
-Physical exam documented Resident #3 was "lethargic and slow to respond".
-Documentation of assessment and plans suggested that myxedema coma should be considered due to Resident #3's reported decrease in mental status, bradycardia, hypotension and hypothermia.

Further review of Resident #3's discharge summary dated 1/18/15 and electronically signed by the physician for the regional hospital revealed:
-Resident #3 was admitted to Intensive Care Unit and developed respiratory failure which required intubation.
-Resident #3 also developed renal dysfunction and then renal failure.
-Resident #3 was intubated and palliative care measures were recommended to the family.
-Resident #3 was made a Do Not Resuscitate.
-Resident #3 had a temporary feeding tube placed, but removed later.
-Resident #3 was placed on BiPAP (BI-level positive airway pressure for supporting continuous airway breaths).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 273	Continued From page 11 -Resident #3's condition was documented as critical and comfort care was discussed with the family. -Resident #3 was taken off BiPAP and died on 1/18/15. -The cause of death documented as "Pulmonary edema, renal failure as well as myxedema coma." _____ The facility provided the following plan of protection on 1/26/15. The MCM and RCM will review and compare the FL2 and discharge summary for each new admission or re-admission to the facility. -The MCM and RCC will obtain clarification from the physician if needed in regard to medication or treatment for resident care. -ED will review new admission and re-admissions with the MCM and RCM weekly times 4 and as needed. -A tacking tool to monitor labs will be put in place immediately for all residents with laboratory studies ordered. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED March 1, 2015.	D 273		
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 344	Continued From page 12	D 344		

(3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same.
The facility shall ensure that this verification or clarification is documented in the resident's record.

This Rule is not met as evidenced by:
TYPE A1 VIOLATION

Based on interviews and record reviews, the facility failed to clarify medication order for 1 of 7 sampled residents (Resident #3), who had Synthroid (a medication used to treat Thyroid Gland imbalance) ordered on a hospital discharge summary but not on the admitting FL2, resulting in the resident not receiving Synthroid for over 4 months. The resident was hospitalized and diagnosed with myxedema coma (a loss of brain function as a result of severe, longstanding low levels of thyroid hormone in the blood) and subsequently died.

The findings are:

Review of Resident #3's current FL2 dated 8/10/14 revealed:
-Resident #3 was admitted to the facility on 8/11/14 from a nearby hospital.
-Diagnoses included Alzheimer's disease, hypothyroidism, dementia, hypertension, anxiety, depression, and infection.
-There was no order for Synthroid (a thyroid hormone replacement medication prescribed for the treatment of hypothyroidism).

Review of Resident #3's record revealed:
-A discharge summary from the same nearby hospital dated and signed by the physician on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 344	Continued From page 13	D 344		

8/11/14.
-The discharge summary included a diagnosis of hypothyroidism.
-Discharge medications ordered included Synthroid 125 mcg daily (prescribed to treat hypothyroidism.)
-Laboratory results included a TSH level (measures the amount of thyroid stimulating hormone in your blood) result of 1.250 (normal range 0.4-4.0 mIU/L), within normal range.
-Hospital pharmacy generated Medication Administration Record (MAR) included with the discharge summary which listed Synthroid 125 mcg, 1 tablet daily, and was documented as administered on 8/11/14 at 8:15 am.

Review of Resident #3's record revealed:
-A hospital discharge reconciliation medication home list form with the hospital discharge summary dated 8/11/14.
-The section of the form titled " Stop Taking These Home Medications " included Synthroid 125 mcg daily and Donepezil 5 mg at bedtime.
-The home medication list was not signed by physician. It was signed by 2 registered nurse clinicians.

Interview on 1/22/15 at 10:15 am with the Memory Care Manager (MCM) revealed the hospital medication reconciliation form sent with the discharge summary was not signed by physician and was not to be used as medication orders.

Review of Resident # 3's record revealed no evidence of physician contact to clarify the discrepancy between the FL2 and the discharge summary.

Further review of Resident #3's record revealed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 344	Continued From page 14	D 344		

subsequent medication renewal orders dated 8/14/14 and 12/3/14 from the facility and signed by the physician. There was no documentation that Synthroid had been ordered.

Review on 1/22/15 of Resident #3's facility pharmacy generated MARs revealed, from admission 8/11/14 to 1/2/15, there was no transcription of a Synthroid order nor documentation Synthroid was administered.

Interview on 1/22/15 at 9:30 am with the facility contract pharmacy revealed:
-Resident #3 had used the pharmacy services since 8/12/14.
-The facility faxed Resident #3's consent to use the pharmacy as well as the signed FL2 dated 8/10/14 for the medications ordered, but the pharmacy did not receive the discharge summary from the nearby hospital.
-The pharmacy dispensed medications ordered on the 8/10/14 FL2 to the facility.
-The pharmacy had not received an order for Synthroid, therefore had not dispensed Synthroid at any time for Resident #3.
-The pharmacy staff depended on the facility staff to confirm the medications listed on the FL2 with the resident's physician.

Interview on 1/22/15 at 10:15 am with the Memory Care Manager (MCM) revealed:
-She had been employed at the facility since November 2014.
-She was responsible for review of the FL2 and the discharge summary for all residents upon admission.
-The Administrator obtained the information for the new residents and gave the information, which included the FL2 and discharge summary to her, per the facility policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 344	Continued From page 15 -If a new resident had medications from home, she reviewed the prescription bottles for clarification of medications. -After she reviewed the FL2, she faxed the FL2 and the signed consent to use the contract pharmacy to the pharmacist. -She stated "I always compare the FL2 and the signed discharge summary for medication order clarification." - She contacted the physician if there were differences on the FL2 and the discharge summary after she compared both for clarification of the medication ordered. -She had not reviewed Resident #3's FL2 dated 8/10/14 nor the discharge summary dated 8/11/14. -The previous MCM should have reviewed and compared Resident #3's FL2 and the physician signed discharge summary, which was the facility policy. Further review of Resident #3's record revealed documentation on the facility form "Meds Brought from Home Upon Admission" that "no meds with patient" signed by the MCM on 8/11/14. Interview on 1/22/15 at 2:30 pm with the Administrator revealed: -She assessed Resident #3 and met with the family prior to Resident #3's admission to the facility. -She received the FL2 and the discharge summary from the hospital prior to Resident #3's admission to the facility. -She had given the FL2 and the discharge summary to the MCM to review, which is the facility policy. -She relied on the MCM to review the FL2 and the physician signed discharge summary and compare the orders.	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 344	Continued From page 16 -It was her expectation the MCM reviewed Resident #3 FL2 and compared the discharge summary for verification of medications ordered. -She was unaware the thyroid medication Synthroid was not on the FL2 nor was she aware the Synthroid was ordered as medications to continue on the discharge summary. Telephone interview on 1/23/15 at 12:45 pm with the discharged hospital physician's nurse revealed: -She said the hospital physician completed and signed Resident #3's FL2 on 8/10/14 and Resident #3's discharge summary on 8/11/14. -She said the physician's discharge medications included Synthroid 125 mcg daily for hypothyroidism for Resident #3. -She said it was the physician expectation the Synthroid 125 mcg daily would be continued until Resident #3 was under another physician's care. Interview on 1/22/15 at 9:00 am with Personal Care Aide (PCA) revealed: -She assisted Resident #3 with her personal care needs. -She told the Medication Aide (MA) Resident #3 was confused and not eating sometime in the month of December 2014. -She said the facility policy was the PCAs would tell the MAs and the MA's would tell management. -She was not aware if the MAs told the MCM or management about Resident #3's change in mental status. -She said Resident #3's change in mental status were never discussed at the standup meeting conducted daily in the facility. Interview on 1/26/15 at 9:30 am with another MA revealed:	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 344	Continued From page 17	D 344		

-He said Resident #3 was more withdrawn and confused but he thought it was related to a possible urinary infection.
-He said Resident #3's family told him they thought Resident #3 was "over medicated".
-He informed Resident #3's family no medications were scheduled on first shift, Resident #3's medications were given at 6 am and 6 pm.

Further review of Resident #3's records revealed:
-Discharge instruction 10/16/14 from an Emergency Room (ER) visit for Resident #3 related to accidental fall and clavicle fracture.
-There were no changes to her current medications, but Norco 5/325 mg take 1/2 tablet every 6 hours as need for pain was added for pain control.
-Included an order to follow up with orthopedic in next couple of days.

Review of Resident #3's orthopedic office visit note of 10/22/14 revealed:
-Resident #3 was seen by orthopedics for follow up for the clavicle fracture.
-Included in the office visit note was a list of current medications for Resident #3 which included Synthroid 150 mcg daily.

Telephone interview on 1/26/15 at 11:00 am with Resident #3's orthopedic office nurse revealed:
-Resident #3 was a new patient to the orthopedic practice.
-She could not recall if the family or the facility had given the orthopedic physician the current list of medications for Resident #3.

Continued interview on 1/22/15 at 10:15 am with the MCM revealed:
-It was the facility policy for the MAs to review the discharge instructions and clarify medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 344	Continued From page 18	D 344		

changes or new orders, only if the resident stayed overnight at a hospital.
-If the resident went to the ER and did not stay overnight, the medications are not reviewed unless they had a new prescription.
-The MAs placed a copy of the discharge instructions in a box located in her office or slid under her door.
-She reviewed the discharge instruction and verified the medications.
-She was not aware if the former MCM reviewed Resident #3's orthopedic office discharge medications taken at home.

Interview on 1/21/15 at 2:15 pm with another MA revealed:
-She was aware the family visited Resident #3 about every other day.
-She said the family mentioned Resident #3 was sleeping more and not talking as much sometime in December 2014.
-She administered no routine medications for Resident #3 and stated "Third shift gives her medicine".

Interview on 1/22/15 at 9:50 am with the facility physician revealed:
-Resident #3 was a new patient to him.
-He had seen Resident #3 a few times since her admission on August 11, 2014.
-His colleague completed the admission for Resident #3 in August 2014.
-He was aware Resident #3 had a diagnoses that included hypothyroidism.
-He ordered laboratory studies on 11/13/14 to review the TSH level prior to initiating direct therapy for her known hypothyroidism.
-He relied on the facility staff to follow through with his orders.
-He was not aware the laboratory studies were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 344	Continued From page 19	D 344		

not completed as ordered.
-It was his expectation Resident #3 should had been on a thyroid medication but he was waiting on the TSH results to determine direct therapy.
-He stated "She must have slipped under the cracks".

Review of Resident #3's record revealed a physician order for laboratory tests which included a TSH level on 8/14/14 and on 11/13/14.

Further review of Resident #3's record revealed no laboratory test results for TSH levels available for review for the physician order dated 8/14/14 or the subsequent physician order dated 11/13/14 for TSH levels.

Interview on 1/26/15 at 10:00 am with a PCA revealed:
-She told the Medication Aides (MA) in December 2014 Resident #3 was becoming weaker and sleeping more.
-She was attempting to braid Resident #3's hair on 1/2/15 when the family came to visit.
-She said Resident #3 had trouble holding her head up and her speech was slurred, she was not responding as "her normal self."
-She told the Medication Aide (MA) the changes in Resident #3's behavior per the daughter's request on 1/2/15.
-The MA had trouble getting Resident #3's vital signs and could not obtain a pulse.
-The MA called 911 to transport Resident #3 to the Emergency Room (ER).

Telephone interview on 1/26/15 at 6:00 pm with Resident #3's family member revealed:
-He visited Resident #3 at the facility weekly, sometimes 2 times a week.
-He noticed Resident #3 was sleeping more and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 344	Continued From page 20	D 344		

appeared groggy the month of December 2014.
-He reported the changes in Resident #3's mental status to the facility PCAs, MAs, and administration.
-The staff told him Resident #3 was staying up at night and that was why she was sleeping during the day.
-He asked the MAs if Resident #3 was getting her medications.
-He stated " Sometimes my mom will spit her pills out".
-He visited Resident #3 on 1/1/15 and found Resident #3 "Hanging off the side of the bed".
-He said Resident #3 opened her eyes, closed them and appeared "overly medicated."
-He told the MA that something was wrong with Resident #3 and she needed to be checked on.
-The MA came in the room and called Resident #3's name and tried to get her up.
-The MA told him they would call 911 in the morning if Resident #3 was not better.
-He called another family member and told them what had happened and asked them to check on Resident #3 on 1/2/15.
-He received a call from this family member on 1/2/15 and Resident #3 was still at the facility.
-He called the facility and demanded they send Resident #3 out to the hospital for evaluation of her mental status changes.

Interview on 1/26/15 at 6:50 pm with another family member of Resident #3's revealed:
-She cared for and administered Resident #3's medications prior to Resident #3's admission to the facility.
-She visited Resident #3 in the facility usually 3 or 4 times a week.
-She stated Resident #3 was always on Synthroid medication for her thyroid.
-She had given Resident #3 her Synthroid every

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 344	Continued From page 21 morning at 8 am when she had cared for Resident #3. -She visited Resident #3 on 12/24/14 and noticed Resident #3 was very soft spoken and appeared weak. She told the MA that Resident #3 was weak and the MA told her she was just sleepy. -She visited Resident #3 on 1/2/15 and found Resident #3 very groggy and sleepy. -A PCA was in Resident #3's room when she arrived and she told the PCA to get a MA because Resident #3 "was not acting right." -She asked the MA if they were giving Resident #3 her thyroid medicine and she was told Resident #3 was given medication at 8 pm. -She asked the facility to call 911 and send Resident #3 out to the hospital. -She was in the facility when Emergency Medical Services (EMS) arrived to transport Resident #3 to the ER. -She said the facility had given EMS a yellow envelope prior to Resident #3 leaving the facility. . -She accompanied Resident #3 to the Emergency Room on 1/2/15. -She told the ER physician to check Resident #3 for thyroid problems. -She said the ER physician had questioned why she asked about thyroid medications since Resident #3 was not on Thyroid medication. -She said the ER physician said the facility medication listed no thyroid medication as documented as administered to Resident #3. She told the ER physician Resident #3 had been on Thyroid medication "always". -She said the ER physician had told her "Resident #3 had no thyroid medication in her blood". Review on 1/26/15 of Resident #3's Emergency Room (ER) visit revealed: -Resident #3 was seen in the ER on 1/2/15 and arrived via EMS on stretcher.	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 344	Continued From page 22	D 344		

-Resident #3's diagnoses included myxedema coma (a loss of brain function as a result of severe, longstanding low levels of thyroid hormone in the blood)
-Resident #3's TSH level was 230.00 with a normal reference range of 0.36-3.74 uIU/ml.
-Resident #3 was admitted to the local hospital on 1/2/15 and transferred to a regional hospital on 1/3/15 for further intensive care treatment.

Review on 1/23/15 of Resident #3's admission history and physical on 1/3/15 from the regional hospital revealed:
-Chief complaint documented as myxedema coma.
-Physical exam documented Resident #3 was "lethargic and slow to respond."
-Documentation assessment and plans suggested that myxedema coma should be considered due to Resident #3's reported decrease in mental status, bradycardia, hypotension and hypothermia.

Further review on 1/23/15 of Resident #3's regional hospital discharge summary dated 1/18/15 revealed:
-Resident #3 was admitted to Intensive Care Unit and developed respiratory failure which required intubation.
-Resident #3 also developed renal dysfunction and then renal failure.
-Resident #3 was intubated and palliative care measures were suggested to the family.
-Resident #3 was placed on BiPAP (Bi-level positive airway pressure for supporting continuous airway breaths).
-Resident #3's condition was documented as critical and comfort care was discussed with the family.
-Resident #3 was taken off BiPAP and died on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 344	Continued From page 23 1/18/15. -The cause of death documented as "Pulmonary edema, renal failure as well as myxedema coma." _____ The facility provided the following plan of protection on 1/26/15. The MCM and RCM will clarify all resident orders upon admission or re-admission to the facility with the FL2 and discharge summary. -The MCM and RCC will compare diagnosis to the medication list to assure proper clarification of orders. -The MCM and RCM will medicinally do chart audits on all residents reviewing all orders for calcification. -The ED, MCM and RCM will review new admissions and re-admissions for order calcification weekly for 4 weeks and as needed. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED March 1, 2015.	D 344		
D 400	10A NCAC 13F .1009(a)(1) Pharmaceutical Care 10A NCAC 13F .1009 Pharmaceutical Care (a) An adult care home shall obtain the services of a licensed pharmacist or a prescribing practitioner for the provision of pharmaceutical care at least quarterly. The Department may require more frequent visits if it documents during monitoring visits or other investigations that there are medication problems in which the safety of residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes the following: (1) an on-site medication review for each resident	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 400	Continued From page 24 which includes the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and (C) documenting the results of the medication review in the resident's record. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on interviews and record reviews, the facility failed to ensure the medication reviews by the pharmacist included the identification of discrepancies with medication orders for a thyroid hormone replacement (Synthroid) upon admission to the facility for 1 resident (#3) of 7 sampled. The findings are: Review of Resident #3's current FL2 dated 8/10/14 revealed: -Resident #3 was admitted to the facility on 8/11/14 from a nearby hospital. -Diagnoses included Alzheimer's disease, hypothyroidism, dementia, hypertension, anxiety, depression, and infection.	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 400	Continued From page 25 - There was no thyroid hormone replacement (Synthroid) ordered for hypothyroidism. Review of Resident #3's record revealed: -A discharge summary from the same nearby hospital dated 8/11/14 and signed by the physician. -The discharge summary included a diagnosis of hypothyroidism. -Discharge medications ordered included Synthroid 125 mcg daily (prescribed to treat hypothyroidism.) -Laboratory results included a TSH level (measures the amount of thyroid stimulating hormone in your blood) result of 1.250 (normal range 0.4-4.0 mIU/L). -Hospital pharmacy generated Medication Administration Record (MAR) included with the discharge summary which listed Synthroid 125 mcg, 1 tablet daily, and was documented as administered on 8/11/14 at 8:15 am. -There was no evidence of physician contact to clarify the discrepancy between the FL2 and the discharge summary. Further review of Resident #3's record revealed subsequent physician medication renewal orders on 8/14/14 and 12/3/14 with no documentation of Synthroid ordered. Review of Resident #3's facility pharmacy generated MARs revealed, from admission 8/11/14 to 1/2/15, there was no transcription of a Synthroid order nor documentation Synthroid was administered. Interview on 1/22/15 at 9:30 am with the facility contract pharmacy revealed: -Resident #3 had used the pharmacy services	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 400	Continued From page 26	D 400		

since 8/12/14.
-The facility faxed Resident #3's consent to use the pharmacy as well as the signed FL2 dated 8/10/14 for the medications ordered, but the pharmacy did not receive the discharge summary from the nearby hospital.
-The pharmacy dispensed medications ordered on the 8/10/14 FL2 to the facility.
-The pharmacy had not received an order for Synthroid, therefore had not dispensed Synthroid at any time for Resident #3.
-The pharmacy staff depended on the facility staff to confirm the FL2 medications with the resident's physican.

Further review of Resident #3's record revealed subsequent physician orders on 8/14/14 and 11/13/14 which included orders for TSH value.

Review of Resident #3's record revealed no laboratory test results for TSH levels available for review.

Review of the "Pharmacist Medication Quarterly Regimen Review" for Resident #3 on 9/17/14 and 11/12/14 by the pharmacist and reports to the facility revealed:
-No documentation regarding the discrepancies of the Synthroid order between the 08/10/14 FL2 and the 08/11/14 discharge summary, including the "Home List of Medications".
-The absence of thyroid hormone replacement or the need for thyroid hormone replacement was not addressed and no recommendation made to the physician.
-Documentation on 11/12/4 included "waiting for laboratory studies" for Resident #3.

Interview on 1/26/15 at 10:38 am with the facility contract Pharmacist, who conducted the reviews,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 400	Continued From page 27 revealed: -She completed quarterly reviews for the facility for the residents. -She looked at the resident's diagnoses and medication with each visit. -She was aware Resident #3 had diagnoses which included hypothyroidism. -She said a diagnosis of hypothyroidism alone does not always require thyroid medication, laboratory studies TSH must be considered. -She was aware the physician ordered laboratory studies on 8/14/14 for Resident #3 which included a TSH level. -She was aware the laboratory studies ordered on 8/14/14 for Resident #3 were not in Resident #3's record. -She recommended on 11/12/14, the laboratory studies that were ordered on 8/14/14 be placed in Resident #3's record for the physician to review as ordered. -Her procedure for pharmacy reviews was to review the resident's record for medications and laboratory studies, document her recommendation in the resident's record, then email the facility the recommendations to follow-up and contact the physician if appropriate. -She sent recommendations via email to the facility to follow up laboratory studies for Resident #3 on 11/12/14 and fully expected the facility to follow up again on her recommendations. Review of Resident #3's Emergency Room (ER) visit revealed: -Resident #3 was seen in the ER on 1/2/15 and arrived via EMS on stretcher. -Resident #3's diagnoses included myxedema coma (a loss of brain function as a result of severe, longstanding low levels of thyroid hormone in the blood) -Resident #3's TSH level was 230.00 with a	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 400	Continued From page 28 normal reference range of 0.36-3.74 uIU/ml. -Resident #3 was admitted to the local hospital on 1/2/15 and transferred to a regional hospital on 1/3/15 for further intensive care treatment. Further review on 1/23/15 of Resident #3's regional hospital discharge summary dated 1/18/15 revealed the cause of death documented as "Pulmonary edema, renal failure as well as myxedema coma." The facility has been contacted for a plan of protection. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED March 1, 2015.	D 400		
D 406	10A NCAC 13F .1009(b) Pharmaceutical Care 10A NCAC 13F .1009 Pharmaceutical Care (b) The facility shall assure action is taken as needed in response to the medication review and documented, including that the physician or appropriate health professional has been informed of the findings when necessary. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews, and interviews, the facility failed to ensure action was taken in response to the quarterly medication review and documented for 1 of 7 sampled residents (Resident #3) related to obtaining TSH (thyroid stimulating hormone) laboratory tests as ordered by the physican. (TSH measures the amount of thyroid stimulating hormone in blood.)	D 406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 406	Continued From page 29 The findings are: Review of Resident #3's current FL2 dated 8/10/14 revealed: -Resident #3 was admitted to the facility on 8/11/14. -Diagnoses included Alzheimer's Disease and hypothyroidism. Further review of Resident #3's record revealed: -A physician order on 8/14/14 and another order on 11/13/14 for laboratory studies to be collected which included a TSH level. Further review of Resident #3's record revealed, no laboratory test results for thyroid function available for review. Further review on 1/22/15 of Resident #3's record revealed: -A "Pharmacist Medication Quarterly Regiment Review" for Resident #3 on 9/17/14 and 11/12/14. -Documentation on 9/17/14 and 11/12/4 included "waiting for laboratory studies" for Resident #3. Interview on 1/26/15 at 10:38 am with the facility review contract Pharmacist revealed: -She completed quarterly reviews for the facility for the residents. -She looked at the resident's diagnoses and medication with each visit. -She was aware Resident #3 had a diagnoses which included hypothyroidism. -She said a diagnosis of hypothyroidism alone does not always require thyroid medication, laboratory studies TSH must be considered. -She was aware the physician ordered laboratory studies on 8/14/14 for Resident #3 which included a TSH level. -She was aware the laboratory studies ordered on	D 406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 406	Continued From page 30	D 406		

8/14/14 for Resident #3 were not in Resident #3's record.
-She recommended on 11/12/14, the laboratory studies that were ordered on 8/14/14 be placed in Resident #3's record for the physician to review as ordered.
-Her procedure for pharmacy reviews were to review the resident's record for medications and laboratory studies, document her recommendation in the resident's record, then email the facility the recommendations to follow-up and contact the physician if appropiate.
-She sent recommendations via email to the facility to follow up laboratory studies for Resident #3 on 11/12/14 and fully expected the facilty to follow up again on her recommendations.

Interview on 1/26/15 at 10:00 am with the Memory Care Manger (MCM) revealed:
-She had been employed as the MCM since November 2014.
-She reviewed the pharmacy recommendations that were emailed to the facility by the consulting pharmacist.
-She reviewed the pharmacy recommendation for November 2014.
-She recalled the pharmacist consultant recommendation for Resident #3 were related to laboratory studies from 8/14/14.
-She stated she printed off the Pharmacist Review for November 2014 and completed the recommendations for Resident #3.
-She documented in the right hand column she had completed the follow-up recommendations on the printed page she had obtained via email from the pharmacist.
-The MCM believed the referenced laboratory results from the Pharmacist Review was regarding the results of a urinalysis, which had been obtained and placed in Resident #3's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 406	Continued From page 31	D 406		

record.
-She kept the email pharmacist review recommendation in a notebook in her office.

Review of Resident #3's emailed Facility Pharmacy Review Recommendation for the month of November 2014 revealed:
-The pharmacist had documented in the left hand column, "I don't see 8/14 labs on chart as of yet. Please assess."
-Documented in the left hand column labeled "Follow Through" was documentation the MCM, "Labs were done printed for chart."

Interview on 1/22/15 at 10:30 am and 1/23/15 at 5:30 pm with the facility Physician revealed:
-He had seen Resident #3 several times during her admission to the facility.
-He was aware a diagnoses for Resident #3 included hypothyroidism.
-He ordered laboratory studies for Resident #3 on 11/13/14 which included a TSH level to follow up and "direct therapy for her known hypothyroidism."
-He was unaware the results were not in Resident #3 record.
-He relied on the facility staff to follow through with his orders.
-He did not recall being contacted by the facility regarding the missed laboratory studies or the unsuccessful attempt to collect blood from Resident #3.

Interview on 1/23/15 at 2:30 pm and 1/26/15 at 12:45 pm with the Administrator revealed:
-She was unaware the pharmacy review recommendation for Resident #3 were not followed-up as recommended by the pharmacists.
-She relied on the MCM to follow-up the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 406	Continued From page 32 pharmacy review recommendation as well as contacting the physician regarding orders. Further review of Resident #3's record revealed she was transported to emergency room for evaluation on 1/2/15. Review on 1/26/15 of Resident #3's Emergency Room (ER) evaluation revealed: -Resident #3 was seen in the ER on 1/2/15. -Resident #3 was full code status. -Resident #3 diagnoses included myxedema coma (a loss of brain function as a result of severe, longstanding low levels of thyroid hormone in the blood) -Resident #3's TSH level was 230.00 with a reference range of 0.36-3.74 uIU/ml. _____ The facility provided the following plan of protection on 1/26/15. -The MCM and RCM will review all pharmacy reviews and contact the physican for refusal or unsuccessful attempt to complete the laboratory studies as ordered by the physician. -The facility will require the contract laboratory to document when there is a refusal or unsuccessful attempt to obtain laboratory studies on any resident. -The facility will develop a tracking tool for laboratory studies to be followed through as ordered by the physican. -The ED, MCM, and the RCM will review laboratory visits and documentaion of laboratory studies weekly times 30 days and as needed. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED March 16, 2015.	D 406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 438	Continued From page 33	D 438		
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to comply with G.S. 131E-256 and supporting Rules 10A NCAC 130 .0101 and 0102 following reporting requirements for allegations of resident abuse to the Health Care Personnel Registry (HCPR) within 24 hours. The findings are: Review of Resident #7's FL2 dated 1/15/2015 revealed diagnoses included: - Alzheimer's Dementia - Dementia with Behaviors - Depressive Disorder. Review of Staff A, Personal Care Aide (PCA), personnel record revealed: -Date of hire 9/24/14. -Hired to work as a PCA in the Special Care Unit. -Health Care Personnel Registry checks were completed 9/15/14 and 10/08/14 with no substantiated findings. -A criminal back ground check completed on 9/17/14. Review of Staff B, Personal Care Aide (PCA), personnel record revealed: -Date of hire 8/06/14.	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 438	Continued From page 34 -Hired to work as a PCA in the Special Care Unit. -Health Care Personnel Registry check was completed 8/28/14 with no substantiated findings. -A criminal back ground check completed on 8/02/14. Interview with a staff member on 1/22/15 revealed: - She had reported an incident to her supervisor that occurred on 1/08/15 as abusive behavior toward a resident by 2 staff members. - She stated she reported the incident to her immediate supervisor, per facility policy, on 1/11/5. (Three days after the incident occurred.) - She had also reported the incident to the Memory Care Manager (MCM). Interview on 1/23/15 at 2:25 pm with Staff A, PCA, revealed she was not aware of any reports of residents being mistreated by staff. Interview on 1/23/15 at 2:45 pm with Staff B, PCA, revealed she had been interviewed by the MCM and Administrator about the incident on 1/08/15. The resident was not currently residing in the facility. Interview on 1/23/15 at 3:00 pm with a PCA revealed: - She routinely worked in the Memory Care Unit. - She was familiar with the alleged incident. - She was in the resident's room on 1/08/15 when staff A and Staff B were bathing and showering the resident and the incident was reported to have occurred. - She did not observe behavior toward the resident she considered to be physically abusive.	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 438	Continued From page 35	D 438		

Interview on 1/23/15 at 3:30 pm with the MCM revealed:
- A staff member reported to her on 1/12/15 that she had witnessed an incident on 1/08/15 between a resident and 2 staff members (Staff A and B) that the staff member felt the 2 staff members was physically abusive to a resident.
- The allegation was 2 staff members held the resident's hands behind his back and applied shaving cream to his face in a forceful manner.
- The MCM stated she informed the Administrator, who was working off site at the time, on 1/12/15 and the MCM talked with the staff member.
- She stated the staff member was requested to talk to the Administrator in person on 1/13/15.
- The MCM stated she interviewed staff members about the incident including the staff member reporting the incident and Staff B. (She did not have documentation of the interviews.)
- She stated the Administrator would be responsible for filing any reports with the Health Care Personnel Registry.

Interview with the Administrator on 1/23/15 at 12:55 pm revealed:
- She was made aware on 1/12/2015 of the allegation by a staff member that 2 staff had abused a resident on 1/08/15.
- She was aware resident abuse by staff was required to be reported if confirmed.
- The resident did not have any signs of bruising or abuse.
- The MCM and Assisted Living Coordinator had done investigational interviews and did not substantiate the allegations.
-The Administrator had thought she only had to report confirmed cases of abuse or neglect.
- She had not reported the staff (Staff A and B) to the Health Care Personnel Registry because she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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 438	Continued From page 36 had not confirmed the staff had abused the resident. -The Administrator would immediately file the 24 hour and 5 day reporting to the Health Care Personnel Registry.	D 438		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with the rules and regulations as related to pharmaceutical care recommendation. The findings are: Based on record reviews, and interviews, the facility failed to ensure action was taken in response to the quarterly medication review and documented for 1 of 7 sampled residents (Resident #3) related obtaining TSH (thyroid stimulating hormone) laboratory tests as ordered by the physican. (TSH measures the amount of thyroid stimulating hormone in blood.) [Refer to Tag .0406, 10A NCAC 13F.1009(b) Pharmaceutical Care (Type B Violation)].	D912		
D914	G.S. 131D-21(4) Declaration of Residents' Rights	D914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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
D914	Continued From page 37 G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 7 sampled residents (Resident #3) was free of neglect related to clarification of medication orders for Synthroid, notification of the physician for labs not obtained and changes in the resident's mental status, which resulted in the resident diagnosed with myxedema coma and subsequently died. The findings are: A. Based on interviews, and record reviews, the facility failed to notify the physician for 1 of 7 sampled residents (Resident #3) regarding laboratory collections for thyroid stimulating hormone (TSH) (measures the amount of thyroid stimulating hormone in blood) not being able to be obtained and failed to notify the resident's physician of changes in the resident's mental status. The resident was later hospitalized and diagnosed with myxedema coma (a loss of brain function as a result of severe, longstanding low levels of thyroid hormone in the blood) and subsequently died. [Refer to Tag 0273,10A NCAC 13F. 0902(b) Health Care (Type A1 Violation)]. B. Based on interviews and record reviews, the facility failed to clarify medication order for 1 of 7 sampled residents (Resident #3), who had Synthroid (a medication used to treat Thyroid Gland imbalance) ordered on a hospital discharge summary but not on the admitting FL2, resulting in the resident not receiving Synthroid for over 4 months. The resident was hospitalized	D914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084009	A. BUILDING: _____ B. WING _____	C 01/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN COURT	1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001

(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
D914	Continued From page 38 and diagnosed with myxedema coma (a loss of brain function as a result of severe, longstanding low levels of thyroid hormone in the blood) and subsequently died. [Refer to Tag 0344, 10A NCAC 13F.1002(a) Medication Orders (Type A1 Violation)]. C. Based on interviews and record reviews, the facility failed to ensure the medication reviews by the pharmacist included the identification of discrepancies with medication orders for a thyroid hormone replacement (Synthroid) upon admission to the facility for 1 resident (#3) of 7 sampled. [Refer to Tag 0400, 10A NCAC 13F. 1009(a) Pharmaceutical Care (Type A2 Violation)].	D914		