STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041039	A. BUILDING: _____ B. WING _____	08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH AL (NC)	1568 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 conducted an annual survey on 08/05/15 and 08/06/15.	D 000		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 6 sampled staff (Staff A) was tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Staff A's personnel file revealed: -A hire date of 04/09/15 as a Medication Aide (MA). -No documentation of a TB test. Interview with Executive Director on 08/06/15 at 3:30 pm revealed: -It was the Business Office Coordinator's (BOC) responsibility to schedule new employees for their TB testing. -The BOC was a new employee to the corporation and was in the process of learning	D 131		

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D 131	Continued From page 1 the responsibilities of the job. -It was the Resident Care Coordinator and the Health and Wellness Nurse's responsibility to assure that it (TB testing) was completed. -She was not aware that when employees transferred from other Corporate facilities that a TB test needed to be administered. Attempted telephone interview with Staff A was unsuccessful.	D 131		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 6 sampled staff (Staff A) had no substantial findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire according to G.S. 131E-256. The findings are: Review of Staff A personnel records revealed: -Staff A was hired on 04/09/15 as a Medication Aide. -Documentation of a completed HCPR check in Staff A's personnel record was dated 01/07/14 with no substantial findings. -Her daily responsibilities included passing medications to residents and performing care to	D 137		

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D 137	Continued From page 2 the residents. Interview with Staff A on 08/05/15 at 10:00 am during the facility initial tour revealed: -She worked as a Medication Aide for "a couple of months". -She normally worked full time hours on second and third shift. Interview with Executive Director on 08/06/15 at 3:30 pm revealed: -It was the Business Office Coordinator's (BOC) responsibility to perform HCPR checks for new employees upon hire. -It was the Resident Care Coordinator and the Executive Director's responsibility to assure that it (HCPR) was completed. -She was not aware when employees transferred from other Corporate facilities that a HCPR needed to be completed.	D 137		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: TYPE B VIOLATION Based on record review and interview, the facility failed to assure a Criminal Background check was completed on 1 of 6 sampled staff (Staff A). The findings are: Review of Staff A's personnel record revealed:	D 139		

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D 139	Continued From page 3 -Staff A was hired on 04/09/15. -Staff A was hired as a Medication Aide. -Documentation Staff A signed a consent on 11/13/13 for a Criminal Background check to be completed. -There was no documentation that a Criminal Background check had been completed. Interview with the Executive Director on 08/06/15 at 3:30 pm revealed: -It was the Business Office Coordinator's (BOC) responsibility to complete the Criminal Background check on new hires. -It was the Executive Director's responsibility to assure that it (Criminal Background check) was completed. -She was not aware when employees transferred from other Corporate facilities that a criminal background check needed to be completed. Attempted telephone interview with Staff A was unsuccessful. _____ On 08/06/15, the Executive Director submitted a Plan of Protection as follows: -The Executive Director and the BOC will immediately review all associate files to ensure compliance by the BOC. -Any associate found non compliant will receive a criminal background check no later than Friday, 08/07/15. -A tracking system will be implemented to include criminal background check compliance by the BOC and reviewed by the Executive Director for one month and monthly basis thereafter. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, September 20, 2015.	D 139		

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D 161	Continued From page 4	D 161		
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that 2 of 3 sampled staff (Staff A and Staff B) were competency validated for Licensed Health Professional Support (LHPS) tasks. The findings are: A. Review of Staff B's personnel record revealed: - A hire date of 06/23/11. - She was hired as a Personal Care Aide (PCA). - There was no documentation of an LHPS competency validation. Interview on 08/06/15 at 4:10 pm with Staff B revealed: - She had worked at the facility since 2011 as a PCA. - She recalled completing the LHPS competency with a nurse when she was hired, but none since.	D 161		

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D 161	Continued From page 5 Interview on 08/06/15 at 4:25 pm with the Business Office Coordinator (BOC) revealed: - She noticed that Staff B's personnel file was lacking the LHPS form when she conducted a record audit shortly after she began working as the BOC. - Shortly after she began working as the BOC, she notified the nurse the LHPS needed to be completed. A telephone interview was attempted with the nurse on 08/06/15 at 4:15 pm. No response was received. Refer to the 08/06/15 interview at 4:25 pm with the BOC. Refer to the 08/06/15 interview at 4:00 pm with the Executive Director (ED). B. Review of Staff A's personnel record revealed: -A hire date of 04/09/15. -Staff A was hired as a Medication Aide. -There was documentation of a LHPS completed on 01/23/14 from another facility. Interview with the Resident Care Coordinator on 08/06/15 at 10:20 am revealed: -The Health and Wellness nurse was responsible for completing the LHPS competency on new employees. -The Executive Director was responsible for making sure the LHPS was completed. Interview with Executive Director on 08/06/15 at 3:30 pm revealed: -It was the Business Office Coordinator's (BOC) responsibility to manage the employee files. -It was the Health and Wellness nurse's	D 161		

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responsibility to complete the LHPS competency on new hires during the first day of orientation.
-She was not aware when employees transferred from other Corporate facilities that another LHPS competency needed to be completed.

Attempted telephone interview with Staff A was unsuccessful.

Refer to the 08/06/15 interview at 4:25 pm with the Business Office Coordinator (BOC).

Refer to the 08/06/15 interview at 4:00 pm with the Executive Director (ED).

Interview on 08/06/15 at 4:25 pm with the BOC revealed:
- She had worked at the facility since November 2014 as the BOC.
- She completed "initial hire stuff", which included payroll deductions, tax forms, etc. when a new employee was hired at the facility.
- The completion of information required in a new hire record was her responsibility.
- The LHPS competency was completed by the facility nurse.
- She was unable to locate the LHPS for Staff B or Staff A.
- She said the nurse "probably" completed the LHPS competency for Staff A and Staff B, but she was not sure.

Interview on 08/06/15 at 4:00 pm with the ED revealed:
- The BOC was new to the facility.
- The BOC was responsible for making sure the employee personnel records were complete.

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D 276	Continued From page 7	D 276		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure implementation of physician's orders for 1 of 5 sampled residents (Resident #3) with orders for daily blood pressure and heart rate checks. The findings are: Review of Resident #3's current FL2 dated 11/06/14 revealed: -Diagnosis included: Hyperlipidemia, Coronary Artery Disease and Atrial Fibrillation. -An order for daily blood pressure and heart rate checks. Review of Resident #3's Vital Sign Record Sheets revealed: -For the months of June, July and August 2015, there were no heart rate checks documented on the record. -For the month of June 2015, there were 11 of 30 dates that blood pressure recordings were not documented. -For the month of July 2015, there were 20 of 31 dates that blood pressure recordings were not	D 276		

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D 276	Continued From page 8 documented. Interview with a Medication Aide (MA) on 08/06/15 at 11:05 am revealed: -The MAs were responsible on all shifts for collecting the blood pressures and heart rates. -Sometimes the Resident Care Coordinator (RCC) would help them if needed. -She was unaware that Resident #3 had an order for a daily heart rate check. -She was unaware of a reason why there were missing dates when the blood pressure did not get collected. Interview with RCC on 08/06/15 at 10:15 am revealed: -The MAs were responsible for collecting the blood pressures and heart rates. -The RCC was responsible for making sure it was done. -She was unaware of a reason why there were missing dates when the blood pressure did not get collected. -"It must have not gotten transcribed onto the Medication Administration Record as a reminder for staff". Interview with Resident #3 on 08/06/15 at 11:15 am revealed: -He was not aware the staff were to check his heart rate and blood pressure daily. -"Well, they check my blood pressure every now and then but not everyday." -The MA's were responsible for checking vital signs. Interview with the Executive Director on 08/06/15 at 11:20 am revealed: -Stated she was unaware that the staff were to be collecting the heart rate and blood pressure daily.	D 276		

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D 276	Continued From page 9 -It was the responsibility of the RCC to assure that the vital signs are collected.	D 276		
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 (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: Based on record review, observation, and interview the facility failed to assure clarification of orders for fingerstick blood sugars (FSBS) for 1 of 4 sampled residents (Resident #6) with multiple orders for FSBS. The findings are: Review of Resident #6's current FL2 dated 06/18/15 revealed: -Diagnoses of diabetes, senile dementia, and congestive heart failure. -Orders for FSBS three times daily. Review of Resident #6's Resident Register revealed the resident was admitted to the facility	D 344		

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D 344	Continued From page 10 on 06/22/15. Review of Resident #6's record revealed an order dated 06/23/15 for FSBS twice daily with Humalog (long acting insulin to control diabetes) sliding scale insulin. Further review of Resident #6's record revealed an FL2 verification order dated 06/25/15 for FSBS four times daily with (no insulin name documented) sliding scale insulin. Review of Resident #6's June, July, and August 2015 medication administration records (MARs) revealed: -FSBS were hand written on the MARs at 7:00 am and 8:00 pm daily. -MARs were initialed by staff at 7:00 am and 8:00 pm, with no FSBS results. Review of the facility's "Blood glucose monitoring form" for June, July, and August 2015 revealed: -Resident #6's FSBS were checked twice daily (no times specified on the form). -Some days FSBSs were documented once daily. -Blood sugar (BS) June 2015 range between 119-204; July 2015 BS range between 103-221; August 2015 BS range between 118-200. Interview on 08/06/15 at 11:33 am with the Health and Wellness Director (HWD) revealed: -She worked at the facility since May 2015. -When Resident #6 was admitted to the facility she had her own primary care physician. -She contacted the physician about the resident's FSBS and insulin. -The physician wrote the order that changed the FSBS from three times daily on the FL2 dated 06/18/15, to twice daily with sliding scale insulin. -She wrote the changes on the MARs and	D 344		

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informed the medications aides.
-The facility had a new order tracking form which should have been completed upon receipt of the FL2 verification order.
-The new order tracking form should have been prepared by the person receiving the order, and then reviewed by the HWD and RCC to ensure proper steps were followed to document new or changed orders.
-She implemented other medication order changes on the FL2 verification form and showed surveyor the changes that she made on the resident's MAR.
-She was unable to recall seeing the order for FSBS four times daily with sliding scale insulin on the FL2 verification form, and did not know how she missed the order.
-It was her and the RCC's responsibility to clarify the orders with the resident's physician.
-She was unaware how Resident #6's FSBS orders dated 06/23/15 and 06/25/15 were missed and not clarified.

Interview on 08/06/15 at 11:03 am with the Nurse Practitioner (NP) revealed:
-She first saw Resident #6 on 06/25/15.
-She was aware the resident was new to the facility.
-She signed the FL2 verification order on 06/25/15 for FSBS four times daily with sliding scale.
-She was unaware Resident #6 already had existing orders for FSBS.
-No one from the facility called her to clarify the resident's FSBS orders.
-She would look at Resident #6's FSBS today. If the FSBS were within good ranges she would reduce FSBS monitoring to twice daily.

Interview on 08/06/15 at 12:13 pm with the

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previous RCC revealed:
-As of last Friday, July 31, 2015, she no longer worked at the facility.
-She prepared the FL2 verification form to clarify orders on the FL2 dated 06/18/15, and verbal information from the resident.
-The verification form was put in a folder to be reviewed by the NP, who visited the facility weekly on Thursdays.
-After being signed by the NP, any new, changed or discontinued medication orders on the FL2 verification form should have been written on the new order tracking form, faxed to the pharmacy, and written on the MARs.
-She was aware the HWD handled all Resident #6's medication orders because she was working with the resident and her family regarding changing primary care physicians.
-She was unaware of medication order changes on the FL2 verification form because everything was being handled by the HWD.

Interview on 08/06/15 at 1:40 pm with Resident #6 family member revealed:
-The family member was unable to recall any information about her medications and seeing the physician.
-The family member stated Resident #6's FSBS was checked twice daily and insulin administered according to a sliding scale.
-After moving into the facility the resident's primary care physician was changed to the facility's house physician.
-The family member said prior to coming to the facility Resident #6 checked her own FSBS after each meal and before bedtime.
-No one at the facility had made them aware of changes to the resident's orders for FSBS.

Interview on 08/06/15 at 6:10 pm with a second

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D 344	Continued From page 13 shift medication aide revealed: -Resident #6's FSBS were written on the MARs by the HWD. -She was aware of orders to check the resident's FSBS twice daily. -She was unaware if orders existed to check the resident's FSBS more frequently than twice daily.	D 344		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews and interviews, the facility failed to assure residents received medications as ordered by a licensing prescribing practitioner for 3 of 6 sampled residents (Resident #2, #3, and #6). The findings are: A. Review of Resident #6's current FL2 dated 06/18/15 revealed: -Diagnoses of diabetes, senile dementia, and congestive heart failure. -Orders for FSBS three times daily. Review of Resident #6's Resident Register	D 358		

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BROOKDALE HIGH POINT NORTH AL (NC)	1568 SKEET CLUB ROAD HIGH POINT, NC 27265

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 14 revealed the resident was admitted to the facility on 06/22/15. Review of Resident #6's record revealed an order dated 06/23/15 for FSBS twice daily with Humalog sliding scale (fast acting insulin to lower blood sugar). -The following sliding scale was ordered: 70-140= no insulin; 141-180= 2 units; 181-220 = 4 units; 221-260= 6 units; 261-300= 8 units; 301-340= 10 units; greater than 340= 12 units. Further review of Resident #6's record revealed an FL2 verification order dated 06/25/15 for FSBS four times daily with sliding scale (no insulin type or sliding scale insulin documented). Review of Resident #6's June 2015 Medication Administration Records (MAR) revealed: -Humalog sliding scale was hand written on the MARs at 7:00 am and 8:00 pm daily with the following sliding scale: 70-140= no units; 141-180= 2 units; 181-220=4 units; 221-260= 6 units; 261-300= 8 units; 301-340= 10 units; greater than 340 = 12 units. -MARs were initialed by staff at 7:00 am and 8:00pm on June 26-30, 2015. -No FSBS results were documented on the MARs. Review of Resident #6's June 2015 "Blood glucose monitoring form" (BGM) form revealed: -The BGM form was set-up for FSBS to be collected twice daily. -Dates and FSBS results were documented on the form on June 26-30, 2015. -No times were documented when FSBS were collected. -No blood sugars were documented at 7:00 am on 06/26/17 and 06/27/15.	D 358		

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D 358	Continued From page 15 -FSBS ranges in June 2015 were 119-204. Review of Resident #6's July 2015 MAR revealed: -Humalog sliding scale was hand written on the MARs at 7:00 am and 8:00 pm. -MARs were initialed by staff at 7:00 am and 8:00 pm on July 1-31, 2015. -No FSBS results were documented on the MARs. -Staff did not document the units of insulin administered. Review of Resident #6's July 2015 BGM form revealed: -The form was set-up for FSBS to be collected twice daily. -Dates and FSBS results were documented on the BGM form on July 1-31, 2015. -No times were documented when FSBS were collected. -No FSBS were documented on 07/30, and 31/15 at 8:00 pm. -There were 5 FSBS within range for sliding scale insulin with no documentation of the units of insulin administered. -Example of FSBS requiring insulin as follows: -07/02/15 at 7:00 am, BS 145, 0 units documented, required 2 units; -07/03/15 at 7:00 am BS 145, 0 units documented, required 2 units; -07/05/15 at 8:00 pm BS 181, 0 units documented, required 2 units; -07/06/15 at 7:00 am, BS 156, 0 units documented, required 2 units; -07/28/16 at 8:00 pm, BS 167, 0 units documented, required 2 units. Review of Resident #6's August 2015 MAR revealed: -Humalog sliding scale was hand written on the	D 358		

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MARs at 7:00 am and 8:00 pm.
-MARs were initialed by staff at 7:00 am and 8:00 pm on August 1-5, 2015.
-No FSBS results were documented on the MARs.
-Staff did not document the units of insulin administered.

Review of Resident #6's August 2015 BGM form revealed:
-The form was set-up for FSBS to be collected twice daily.
-Dates and FSBS results were documented on the BGM form on August 1-5, 2015.
-No times were documented when FSBS were collected.
-There was 1 FSBS (08/02/15 at 8:00 pm, 171) within range for sliding scale insulin with no documentation of the units of insulin administered.
-There was 1 FSBS (08/06/15 at 7:00 am, 140) not requiring insulin, and staff documented administering 2 units.

Interview on 08/06/15 at 11:33 am with the Health and Wellness Director (HWD) revealed:
-She was unaware Resident #6's FSBS were to be collected four times daily.
-The HWD and RCC were to review the MARs to ensure there were no holes and to ensure medications were administered as ordered.
-She was not sure how the order was missed for FSBS four times daily.

Interview on 08/06/15 at 11:03 am with the Nurse Practitioner (NP) revealed:
-Resident #6's FSBS should have been done four times daily and sliding scale administered according to ranges.
-She was unaware Resident #6 already had

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D 358	Continued From page 17 existing orders for FSBS. -She was unaware Resident #6's FSBS were not obtained four times daily as ordered. Interview on 08/06/15 at 08/06/15 at 12:13 pm with the previous RCC revealed: -As of last Friday, July 31, 2015, she no longer worked at the facility. -The previous RCC and HWD checked the medication carts last week, around July 27-28, 2015, to ensure MARs, orders and medications matched. -The HWD was assigned the medication cart with Resident #6's medications. Interview on 08/06/15 at 1:40 pm with Resident #6 family member revealed: -The family member was unable to recall any information about her medications. -The family member stated Resident #6 FSBS was checked twice daily and sliding scale insulin administered according FSBS results. -The family member was unable to validate FSBS ranges requiring sliding scale insulin. -No one at the facility had made them aware of changes to the resident's medication orders. Interview on 08/06/15 at 6:10 pm with a second shift medication aide revealed: -Resident #6's FSBS was to be checked twice daily and insulin administered with FSBS within a certain range. -She had never observed documentation where the resident's FSBS was checked more than twice daily. B. Review of Resident #2's current FL2 dated 2/16/15 revealed diagnoses including Hypertension, MI, mild mental retardation since birth, depression, anxiety, diabetes Type II and	D 358		

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D 358	Continued From page 18 gastroesophageal reflux disease (GERD). 1. Review of Resident #2's record revealed an order on the current FL2 dated 2/16/15 for a medication order for Naproxen 500mg twice a day with meals. (Naproxen is a non-steroidal anti-inflammatory drug used for pain relief). Review of Physician/Healthcare Provider Visit Forms for Resident #2 revealed: -On 5/12/15 an order to discontinue Naprosyn was handwritten by the primary care physician for a finding of "Gastritis". -On 6/29/15 an order to "Please stop Naproxen Immediately. Please send me a copy of your incident reports which you plan to file" was handwritten by Resident #2's primary care physician. - Documented findings noted on this form from the visit dated 6/29/15 were "patient having epigastric pain, loose stools, as a consequence of Naproxen in all likelihood. This was not stopped as ordered on 5/12/15". Review of pharmacy generated physician orders dated 7/1/15 to 7/31/15 and signed by the Primary Physician on 6/29/15 revealed the Naproxen 500mg order was crossed out with a handwritten notation to "remove from MAR". Resident #2's May 2015 Medication Administration Record (MAR) dated was unavailable for review. Review of Resident #2's June 2015 MAR revealed: - An entry for Naprosyn 500mg twice daily with meals, documented as administered at 8:00 am and 5:00 pm from 6/1/15 to 6/28/15 and at 8:00 am on 6/29/15.	D 358		

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D 358	Continued From page 19 -On 6/29/2015 a handwritten notation to discontinue after the 8:00 am dose was given. Review of Resident #2's July 2015 MAR revealed: - An entry for Naprosyn 500mg twice daily with meals was crossed off with a handwritten discontinued notation. -The Naprosyn was not documented as administered at any time this month. Review of Resident #2's Progress Notes dated 6/29/15 revealed: -A timed entry for 3:00pm: "Resident have an order to stop Naproxen 500 mg was continued to be given until 6/29/15. An incident report was faxed to MD [Medical Doctor]". -A timed entry for 6:00 pm: "(Late entry) Follow up with MD [Medical Doctor] to ensure Naproxen discontinued." Review of a completed Incident Report dated 6/29/15 for Resident #2 revealed: -Filed for "medication, staff administered, wrong drug, discontinued med given". -"No apparent harm/ injury". -Resident #2's family member was notified of incident at 1:10pm. Interview on 8/5/15 at 10:20am with Resident #2 revealed: -Numerous references to "problems with my bowels" and aches and pains. -Admitted he took Tylenol for his pains "since I have problems with my bowels". Interview on 8/5/15 at 4:15pm with a Medication Aide (MA) revealed: -She had worked at this facility since February 2015 on the second shift. -"The Doctor found the Naproxen still being given	D 358		

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D 358	Continued From page 20 during an MD visit 6/29/15 and called the Resident Care Coordinator (RCC) to make sure the med was discontinued that day". Interview on 8/6/15 at 10:25 am with a second MA revealed: -"If an Medical Doctor signs on the newest physician order and "Naproxen" (for example) is on it, it becomes the newest order in place" to follow. -The process for handling physician orders at the facility was as follows: -The MA on duty takes the orders from the fax machine in the med room and takes them off or hands them off to the next shift to perform. This includes faxing the MD order to pharmacy if it is a medication order. -The facility uses a tracking order form that has check off boxes that includes faxing the order to pharmacy. They staple a copy of the order to this form and put it in the RCC's box. -The MA or the RCC transcribes the orders onto the MAR. Interview on 8/6/15 at 10:50 am with the Health and Wellness Director (HWD) revealed: -She had been employed at the facility since May 2015. This week was her first week in this position alone as her trainer left for another position last Friday. -The process for handling physician orders at this facility were as follows: -The MA enters the orders for meds/labs onto a board in the med room for follow-up until specimens are collected. -The orders are put into the record. -There is a new tracking order form as a second follow-up to make sure the orders are done. -If the primary care physician sends the order, they do not send a copy back to him, but if it was	D 358		

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a consulting physician order, then they send a copy to the primary care physician.
-It is the primary responsibility of the lead MA to take orders off or pass on to the next shift if they are not done. Medication orders are faxed to the Resident's pharmacy.
-Monthly physician orders sheets have several pages to them: the yellow copy is sent to the pharmacy; one copy is sent to the physician to sign; the RCC and HWD share in the responsibility of double-checking them to compare to the MAR.
-The physician discovered that Naproxen was still being given to the patient.
-"I filled out the incident report and removed it from the MAR".

Telephone interview on 8/6/15 at 12:00 pm with the former RCC revealed the process for handling Physician orders at this facility were are follows:
-The order is received by the MA who makes changes on the MAR, faxes the orders to pharmacy, fills out and sends the tracking form to the RCC for verification.

Interview on 8/6/15 at 2:00 pm with a representative from the facility's contracted pharmacy revealed:
-An order to discontinue Naproxen was received by them on 6/29/15 at 3:24 pm.
-No previous orders noted to discontinue Naproxen.
-"Occasionally the facility claims a problem with fax communications not going through".

Interview on 8/6/15 at 2:25pm with Resident #2's primary physician's office representative revealed:
-There was documentation the physician had

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noted finding Resident #2 was still receiving Naprosyn on 6/29/15, even though he ordered it stopped in 5/12/15.
-The physician received a copy of the incident report 6/29/15 as he requested.
-The facility faxed the office almost daily with needs, even numerous times for the same order.

2. Review of Resident #2's current FL2 dated 2/16/15 revealed a medication order for Miralax one capful in 8 ounces water daily. (Miralax is a laxative solution used for constipation).

Review of Resident #2's record revealed the following subsequent orders:
-On the Fax Physician Order Sheet dated 6/12/15 a handwritten order to increase Miralax to three times a day for two days with a written message "Resident complaining of not having a BM".
-On 6/19/15 a physician's order for Miralax one capful in 8 ounces water daily for 14 days after a hospital visit on 6/19/15 for complaints of constipation.
-On the Fax Physician Order Sheet dated 6/24/15 a handwritten order to discontinue Miralax in response to staff written message requesting discontinue "Miralax 1 packet in suitable liquid and drink every day x 14 days ...and is continuing to lose weight".
- On the Pharmacy generated Physician Orders signed by the primary pare physician on 6/29/15 weekly weights on Fridays.
- On the Pharmacy generated Physician Orders signed by the primary care physician on 6/29/15 two orders relating to Miralax were noted:
- An entry for Miralax 17gm powder pack mix in suitable liquid and drink daily for 14 days with a handwritten notation to discontinue.
- An entry for "Polyethylene Glycol 17 gm/1 dose powder (i.e.: Miralax). Dissolve 17 gm (1 capful)

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D 358	Continued From page 23 in 8 ounce water or juice and give every day *if Patient experiences diarrhea, hold for 3 days*". Review of Resident #2's June 2015 Medication Administration Record (MAR) revealed: -Multiple entries regarding Miralax: 1. A pre-printed entry dated 1/15/15 for "Polyethylene Glycol 17 gm/1 dose powder (i.e.: Miralax) 30 day. Dissolve 17 gm (1 capful) in 8 ounce (oz) water or juice and give every day. If patient experiences diarrhea, hold for 3 days". -Initialed by staff as administered as ordered every day at 8:00 am. 2. A handwritten entry dated 6/12/15 for Miralax drink one cup three times daily for two days with the appropriate days and times marked to administer and stop the medication. - On 6/14/15 at 8:00 pm documented as refused by Resident #2 for reason not specified or documented. 3. A handwritten entry dated 6/19/15 for Polyethylene glycol (Miralax) packet. Take 17 gm daily at 8:00 am with a handwritten discontinue mark on 6/24/15. -Miralax was not administered at this entry on the following dates: - On 6/21/15 at 8:00 am Resident #2 refused for complaints of diarrhea. - On 6/22/15 at 8:00 am Resident #2 refused for complaints of diarrhea. -On 6/23/15 at 8:00 am without further documentation for reason not administered. -On 6/24/15 at 8:00 am without further documentation for reason not administered. Summary of Review of Resident #2 ' s June 2015 MAR revealed: -It appeared that Resident #2 received Miralax at 8:00 am from 6/1/15 to 6/30/15 as at least 1 of 3 of the above entries were initialed as administered even though another entry was not	D 358		

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administered.
-Miralax was not held for 3 days after Resident #2 refused for complaints of diarrhea.
-It was not clear if Miralax was held for 3 days after Resident #2 complained of diarrhea.

Review of Resident #2's July 2015 MAR revealed:
-Two entries related to Miralax as follows:
1. A pre-printed entry dated 6/19/15 for Miralax 17 gm packet. Take 17 gm powder packet mixed in suitable liquid and drink every day for 14 days.
-Miralax was not administered for 5 of 7 of the following dates:
-On 7/1/15 at 8:00 am documented as refused by Resident #2 for reason not specified.
-On 7/2/15 at 8:00 am without further documentation for reason not administered.
-On 7/4/15 at 8:00 am without further documentation for reason not administered.
-On 7/5/15 at 8:00 am the entry was not initialed as administered or as withheld.
-On 7/7/15 at 8:00 am without further documentation for reason not administered.
-Miralax had a handwritten discontinue mark over the medication name with the remainder of the month marked out after the 7/7/15 entry.
2. A pre-printed entry for "Polyethylene Glycol 17 gm/1 dose powder (I.E.: Miralax) 30 day. Dissolve 17 gm (1 capful) in 8 ounce (oz) water or juice and give every day. If patient experiences diarrhea, hold for 3 days".
-Was initialed by staff as administered at 8:00 am from 7/1/15 to 7/31/15 except for 9 of the following the following dates:
-On 7/1/15 at 8:00 am documented as refused by Resident #2 for reason not specified.
-On 7/2/15 at 8:00 am without further documentation for reason not administered.
-On 7/7/15 at 8:00 am without further documentation for reason not administered.

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D 358	Continued From page 25 -On 7/9/15 at 8:00 am without further documentation for reason not administered. -On 7/20/15 at 8:00am without further documentation for reason not administered. -On 7/21/15 at 8:00 am without further documentation for reason not administered. -On 7/24/15 at 8:00 am without further documentation for reason not administered. -On 7/25/15 at 8:00 am without further documentation for reason not administered. -On 7/29/15 at 8:00am without further documentation for reason not administered. Summary of Review of Resident #2 ' s July 2015 MAR revealed: -It appeared that Resident #2 received Miralax at 8:00 on 7/4/15 and 7/5/15 as one entry was initialed by staff as administered even though the other entry was circled by staff as held. -No documentation by staff for reason Miralax was held. If Miralax was held for Resident #2 ' s complaints of diarrhea, then Miralax should have been held for 3 days. Review of Resident #2's August 2015 MAR revealed: - A pre-printed entry for "Polyethylene Glycol 17 gm/1 dose powder (I.E.: Miralax) 30 day. Dissolve 17 gm (1 capful) in 8 ounce (oz) water or juice and give every day. If patient experiences diarrhea, hold for 3 days". - Initialed by staff as administered at 8:00 am 8/1/15 to 8/6/15. Review of Resident #2's Progress Notes on 6/19/15 3:00 pm revealed an entry Resident #2 came back from the hospital with a diagnosis of constipation and a new order for an enema and Miralax.	D 358		

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D 358	Continued From page 26 Interview on 8/5/15 at 10:20am with Resident #2 revealed: -Numerous references to "problems with my bowels". -He needed more than one roll of bathroom toilet tissue since he had "problems with my bowels". -He was taking medicines to "help my bowels". -They weighed me weekly to watch my weight. I was losing weight at one time but it is better now. -Staff "give me shakes twice a day to help gain weight". Interview on 8/6/15 at 10:25 am with a Medication Aide (MA) revealed: -She had worked at this facility for 8 years. - Resident #2 had a right to refuse meds and he did refuse his medications at times. -"We circle our initials if we hold any medication and we are to note the reason we hold the medication on the back of the MAR". -Resident #2 frequently complained of his bowel problems. Sometimes it was constipation, sometimes diarrhea. -If a Resident came back from the hospital, the MA reviewed the orders. The newest order was the most current order to follow. -"We clarify orders with the physician if necessary". -If the physician signed the newest Physician Order forms, it became the newest order in place. These orders were faxed to the pharmacy. -"We use a tracking log form. It has a box to check once it is faxed to the pharmacy". -She was aware that Miralax and Polyethylene Glycol were the same medication. Telephone interview on 8/6/15 at 12:00 pm with the former RCC revealed the process for handling physician orders at this facility:	D 358		

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-The order is received by the MA who makes changes on the MAR, faxes the orders to pharmacy, fills out and sends the tracking form to the RCC for verification.
-For scheduled and PRN medications, "we would do whatever the physician ordered".

Interview on 8/6/15 at 2:00 pm with a representative from the facility's contracted pharmacy revealed:
-The most current order on file for Miralax was from 1/15/15 to give Miralax daily in 8 ounces water or juice daily with orders to hold for 3 days for diarrhea.
-There were no further orders on file.
-The facility was responsible to fax all orders to the pharmacy.

Interview on 8/6/15 at 2:25pm with Resident #2's primary care physician's office representative revealed:
-There was a notation on file dated 6/24/15 to discontinue Miralax.
-There was a notation on file dated 6/26/15 to "stop med and send a revised med list".
-There was a notation on file dated 7/6/15 "sent again to stop med and send a revised med list".
-Resident #2 was ordered supplemental nutrition shakes
-The physician will review Resident #2's weights at the next appointment scheduled for 7/13/15.

3. Review of Resident #2's record revealed an order dated 5/12/15 for Omeprazole (Prilosec) 40 mg delayed release daily. (Omeprazole decreases the amount of acid produced in the stomach and used to treat conditions caused by excess stomach acid).

Review of Resident #2's record revealed the

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following subsequent orders:
-On an e-script dated 6/2/15 Omeprazole 20 mg twice a day with a note "for savings for non-covered drugs".
- On the Pharmacy generated Physician Orders signed by the primary care physician on 6/29/15 Omeprazole 20 mg twice a day.

Review of Resident #2's May 2015 Medication Administration Record (MAR) was unavailable.

Review of Resident #2's June 2015 MAR revealed:
-A pre-printed entry dated 5/20/15 for Omeprazole 20 mg -take 2 caps (40mg) daily at 8:00 am with a line marked over the order but no discontinue notation.
- Not documented by staff as administered from 6/1/15 to 6/30/15.
-A handwritten entry for Prilosec 40mg daily at 7:00 am and initialed by staff as administered on 6/30/15.

Review of Resident #2's July 2015 MAR revealed:
-Omeprazole 20mg twice daily at 8:00 am and 8:00 pm and initialed as administered 7/1/15 at 8:00 am dose then crossed out with a " rewritten 7/1/15 " .
-A handwritten entry dated 7/1/15 for Omeprazole 40 mg daily scheduled at 8:00 am.
-Omeprazole 40 mg administered between 7/2/15 to 7/30/15 at 8:00am.

Review of Resident #2 ' s August 2015 MAR revealed:
-Two entries for Prilosec.
a. An entry dated 6/2/15 for Omeprazole 20 mg twice a day at 8:00 am and 8:00 pm with a line marked over the order but no discontinue

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notation.
-Staff documented as administered Omeprazole 20mg on 8/1/15 and 8/2/15 at 8:00 am only.
-Omeprazole not documented as administered on 8/1/15 and 8/2/15 at 8:00 pm.
b. A handwritten entry for Prilosec 40 mg daily scheduled at 7:00 am.
-Documented by staff as Prilosec 40 mg administered between 8/1/15 to 8/6/15 at 7:00 am.
-Summary: Prilosec 20 mg and 40 mg both documented as given on 8/1/15 and 8/2/15 before no further entries noted on Prilosec 20 mg entry.

Review of medications on hand on 8/6/2015 at 10:25 am revealed:
-Prilosec 20 mg available for administration with only 7 tablets missing from one bingo page, and no tablets missing from a 2nd full bingo page of 30 tablets.
-Two bingo pages of Prilosec 20 mg with label instructions to give twice a day.

Interview on 8/6/15 at 10:25 with a Medication Aide (MA) revealed:
-"I think there's been a medication change."
-She was not certain why the label said twice a day and the most recent handwritten entry on the MAR was daily.
-"When medications are changed the MA or Resident Care Coordinator (RCC) will use a label from the medication room to apply to the pharmacy label on the medication".
-She would follow-up and correct.

Interview with Interview on 8/6/15 at 10:50 am with the Health and Wellness Director (HWD) revealed:
-She had been employed at the facility since May 2015.

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D 358	Continued From page 30 -Monthly physician orders sheets have several pages to them: the yellow copy is sent to the pharmacy; one copy is sent to the physician to sign; the RCC and HWD share in the responsibility of double-checking them to compare to the MAR. Interview on 8/6/15 at 2:00 pm with a representative from the facility's contracted pharmacy revealed: -An E-script on file dated 6/2/15 for Prilosec 20 mg twice a day. -When a physician prescribes an order, as a courtesy we try to fax a copy to the facility, but the facility should call the Resident's primary care physician if there is a difference. -The physician should have also sent an order to the facility. Interview on 8/6/15 at 2:25pm with Resident #2's primary physician's office representative revealed: -A notation on file dated 6/2/15 that Omeprazole was changed to 20 mg twice a day for insurance purposes. -The physician was not aware Resident #2 was receiving only Prilosec 20 mg daily. -The facility should fax the office if clarifications were needed. Interview follow-up on 8/6/15 at 3:00 pm with a MA revealed: Interview follow-up on 8/6/15 at 3:00 pm with a MA revealed: -The most recent order for Prilosec was 20 mg twice a day. -The Prilosec was correct as labeled by pharmacy as Prilosec 20 mg twice a day. -She had corrected the MAR to Prilosec 20 mg	D 358		

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D 358	Continued From page 31 twice a day. -She had updated the oncoming shift MA. C. Review of Resident #3's current FL2 dated 11/06/14 revealed diagnoses included hypertension, hyperlipidemia, paranoid schizophrenia, dementia and Vitamin D deficiency. 1. Observation during initial tour of the facility on 08/05/15 at 10:15 am revealed: -Resident #3's family member questioned the Medication Aide (MA) about "the itch cream" that was prescribed by the dermatologist and if it had helped the resident's rash. -The MA looked on the August 2015 Medication Administration Record (MAR) and could not locate the order for the requested cream. -The MA contacted the Resident Care Coordinator (RCC) about the missing order. -The RCC then located the dermatologist's order and transcribed Triamcinolone 0.1% topical cream with instructions to apply twice a day for 5 days at 8:00 am and 8:00 pm onto the August 2015 MAR. Review of Resident #3's record revealed: -A Dermatologist visit dated 07/30/15 with a diagnosis of "possible scabies which is now resolving after Elimite (used to treat scabies) treatment". -Signed physician's orders for Triamcinolone 0.1% topical cream (a corticosteroid used to reduce skin itching) with instructions to apply two times a day to rash until clear. Observation of the medication cart on 08/06/15 at 9:45 am revealed that Triamcinolone 0.1% topical cream was available for administration and	D 358		

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D 358	Continued From page 32 appeared to have been used. Review of Resident #3's July 2015 MAR revealed an order for Triamcinolone 0.1% topical cream was transcribed and documented as administered on 07/30/15 to be applied at 8:00 am and 8:00 pm. Review of Resident #3's August 2015 MAR revealed a transcribed order for Triamcinolone 0.1% topical cream but was not documented as administered until 08/06/15 with instructions to apply twice a day for 5 days at 8:00 am and 8:00 pm. 2. Review of Resident #3's record revealed a signed physician's order dated 07/30/15 for Itch X gel (temporarily relieves pain and itching) with instructions to apply 4-5 times per day as needed for itching. Observation of the medication cart on 08/06/15 at 9:45 am revealed that Itch X gel was not available for administration. Review of Resident #3's July 2015 Medication Administration Record (MAR) revealed Itch X gel with instructions to apply 4-5 times per day as needed for itching was not transcribed onto the MAR. Review of Resident #3's August 2015 MAR revealed Itch X gel with instructions to apply 4-5 times per day and was not documented as administered was not transcribed onto the MAR. Interview with the RCC on 08/06/15 at 10:20 am revealed: -When new orders are received, "we" put the new order on the tracking form.	D 358		

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-The new order tracking form was completed by the MA.
-The RCC was responsible for making sure that all new orders were completed in a timely manner.
-Resident #3 did not get a new order tracking form for the Dermatologist's orders for some unknown reason.
-"I couldn't read it (the order for Itch X gel) and I thought it went with the order before that."
-"It is totally my fault and I should have clarified it."
-The Triamcinolone 0.1% topical cream order did not get transcribed onto the August 2015 MAR because the order came in on 07/30/15.
-"I will call the doctor immediately and get it taken care of."

Interview with first shift MA on 08/06/15 at 11:10 am revealed:
-The MAs complete the new order tracking form and then copy it and put the original in the resident's record.
-The MAs were responsible for transcribing the orders onto the MAR and then have a co-signer on the form.
-The MAs fax the order to the pharmacy and then call to make sure the pharmacy receives it.
-A completed new order tracking form is left for the RCC to review.

Interview with Resident #3 on 08/06/15 at 10:45 am revealed:
-"I have been itching for about 2 months but it's getting a little better."
-He had made the staff aware of his complaints.
-He went to a Dermatologist recently but did not know the specific date.
-"I think they only use one cream on me."
-He did not keep any medications in his room.

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D 358	Continued From page 34 The facility provided a Plan of Protection on 08/06/15 which included the following: -Medication administration times will be reviewed for opportunities for changes made in times to ensure compliance. -This will be completed no later than 08/28/15 by the community team. -Medication pass observation will be completed to ensure compliance on a weekly basis for the next month and randomly thereafter but at least monthly by the Health/Wellness Director, RCC, or designee. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, September 20, 2015.	D 358		
D 364	10A NCAC 13F .1004(g) Medication Administration 10A NCAC 13F .1004 Medication Administration (g) The facility shall ensure that medications are administered to residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure medications were administered to residents within one hour before or one hour after scheduled medications for 1 of 4 residents (Residents #9) observed during medication administration on 08/05/15 and 08/06/15. The findings are:	D 364		

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D 364	Continued From page 35 Five residents shared concerns during initial touring of the facility on 08/05/15 related to receiving medications late. Observation of a Medication Aide (MA) on 08/05/15 at 9:45 am revealed: -She was administering medications scheduled at 8:00 am to residents. -The MA was documenting administration in the 8:00 am block of the residents' Medication Administration Records (MAR). Observation on 08/05/15 revealed the MA completed the morning medication pass at 11:45 am. Interview with the MA on 08/05/15 at 9:50 am revealed: -MA stated, "I have only been a medication aide for a couple of months." -MA stated, "I usually work 2nd and 3rd shift and I am not used to passing this many medications." -She was responsible for passing out 30 different medications to 4 residents. -She had 8 more residents that needed to receive their 8:00 am medications. Observation of a MA on 08/06/15 at 9:30 am revealed: -She was administering medications scheduled at 8:00 am to residents. -The MA was documenting administration in the 8:00 am block of the residents' MAR. Observation on 08/06/15 revealed the MA completed the morning medication pass at 10:45 am. Interview with a MA on 08/06/15 at 9:35 am revealed:	D 364		

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D 364	Continued From page 36 -She had 5 more residents that needed to receive their 8:00 am medications. -Had worked as a MA for 8 years. -She stated, "I normally finish around 10:30 am, it's a heavy pass". A. Review of Resident #9's current FL2 dated 07/09/15 revealed diagnoses included muscle weakness, vertigo, neuropathy due to herpes zoster, Parkinson's Disease and Glaucoma. Review of Resident #9's record revealed a physician's order dated 07/16/15 as follows: -Combigan 0.2-0.5% (used to lower intraocular pressure in glaucoma) apply one drop in each eye every 12 hours, to be administered at 8:00 am and 8:00 pm. -Restasis 0.4 ml (used to treat chronic dry eye) apply one drop in each eye every 12 hours, to be administered at 8:00 am and 8:00 pm. -Systane 0.6% (used as a eye lubricant) apply one drop in each eye every 4 hours, to be administered at 8:00 am, 12:00 noon, 4:00 pm, 8:00 pm, 12:00 am and 4:00 am. Observation of medication administration pass for Resident #9 on 08/05/15 at 10:45 am-11:30 am revealed: -There were 7 medications, including Combigan, Restasis and Systane administered greater than one hour after the scheduled administration time of 8:00 am. Interview with Resident #9 on 08/06/15 at 3:30 pm revealed: -MA's do not assist in personal care such as baths and showers, only the personal care aides did those tasks. -On any given day, she received her 8:00 am medications at 11:00 am, "they are always late".	D 364		

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D 364	Continued From page 37 -Stated, "I have Parkinson's and can not take those type of medications so the doctor gives me Xanax to help with my tremors, that's why its important that I get it regularly." -She had glaucoma and the eye drop medications were never given between the hours of 7:00 am and 9:00 am. Interview with the Resident Care Coordinator on 08/06/15 at 3:50 pm revealed: -She was aware that medications were being passed out late. -A plan to meet with the Nurse Practitioner was in place to look at medication times and look at possible changes to spread out the times. Telephone interview with the contract pharmacy on 08/06/15 at 4:30 pm revealed: -There should not be any major side effects with any of the eye drop medications prescribed, but it would be best to administer the eye drops on a regular scheduled time. Telephone interview on 08/06/15 at 4:50 pm with Resident #9's prescribing physician for the eye drop medications revealed: -The physician was not aware that medications for 8:00 am had not been regularly administered correctly. -Expressed concern over the Combigan because the eye pressure can elevate which could cause damage to the resident's peripheral vision. -It was important that Combigan be administered as ordered due to the increase risk of blindness that could occur.	D 364		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights	D912		

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D912	Continued From page 38 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 observation, interviews and record reviews, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with revelent federal and state laws and rule and regulations related to criminal background checks, medication administration, and infection control procedures. A. Based on record review and interview, the facility failed to assure a Criminal Background check was completed on 1 of 6 sampled staff (Staff A). [Refer to Tag 139 10A NCAC 13F .0407(a)(7) Other Staff Qualifications (Type B Violation)]. B. Based on observations, record reviews and interviews, the facility failed to assure residents received medications as ordered by a licensing prescribing practitioner for 3 of 11 sampled residents (Resident #2, #3, and #6). [Refer to Tag 358 10A NCAC 13F .1004(a) Medication Administration (Type B Violation)]. C. Based on observations, interviews and record reviews, the facility failed to implement infection control procedures consistent with Centers for Disease Control and Prevention guidelines regarding the fingerstick blood sugar (FSBS) monitoring for 3 of 3 sampled residents (Residents #7, #2 and #6). [Refer to Tag 932 G.S. 131D-4.4A(b) ACH Infection Prevention	D912		

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D912	Continued From page 39 Requirements (Type B Violation)].	D912		
D932	G.S. 131D-4.4A (b) ACH Infection Prevention Requirements G.S. 131D-4.4A Adult Care Home Infection Prevention Requirements (b) In order to prevent transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens, each adult care home shall do all of the following, beginning January 1, 2012: (1) Implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines on infection control that addresses at least all of the following: a. Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents. b. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules. c. Accessibility of infection control devices and supplies. d. Blood and bodily fluid precautions. e. Procedures to be followed when adult care home staff is exposed to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV, hepatitis B, hepatitis C, or other bloodborne pathogens. f. Procedures to prohibit adult care home staff with exudative lesions or weeping dermatitis from engaging in direct resident care that involves the potential for contact between the resident, equipment, or devices and the lesion or dermatitis until the condition resolves. (2) Require and monitor compliance with the facility's infection control policy.	D932		

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D932	Continued From page 40 (3) Update the infection control policy as necessary to prevent the transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to implement infection control procedures consistent with Centers for Disease Control and Prevention guidelines regarding the fingerstick blood sugar (FSBS) monitoring for 3 of 3 sampled residents (Residents #7, #2 and #6). The findings are: Observation of Medication Cart #1 on 8/6/15 at 10:30 am revealed: - There were 4 Brand A style glucometers. - Four of 4 glucometers cases were labeled with resident's names. - One of 4 glucometers were labeled with a resident's name. - A large container of Environmental Protection Agency (EPA) approved disinfecting wipes with disinfecting instructions as follows: - Allow treated surface to remain wet for a full 2 minutes. Use additional wipes if needed to assure full 2 minute wet contact. Let air dry. A. Review of Resident #7 current FL2 dated 02/12/15 revealed diagnoses included dementia, coronary artery disease, hypertension, muscle	D932		

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D932	Continued From page 41 weakness and poor circulation of extremities. Review of the Resident Register revealed an admission date of 10/03/08. Review of subsequent physician orders dated 12/30/14, 03/30/15, 05/28/15 and 06/30/15 revealed orders to check fasting blood sugars (FSBS) daily. Observation on 08/06/15 at 2:25 pm of Resident #7's Brand A glucometer revealed: - The glucometer case was labeled with Resident #7's name. - The glucometer was not labeled. - The date displayed was 07/03, the actual date was 08/06/15. - The time displayed was 10:48 am, the actual time was 2:25 pm. Review of Resident #7's glucometer history on 08/06/15 at 2:25 pm revealed recording of FSBS began on 06/17 and continued through 07/03 at 2:51 am. Review of Resident #7's Medication Administration Records (MAR) for July 2015 and August 2015 revealed an entry for FSBS checks daily at 6:00 am. Review of Resident #7's glucometer history revealed FSBS results corresponded to the FSBS values documented on the July and August 2015 MARs with exceptions as follows: - On 06/29 at 9:24 pm (recorded in real time would be 7/30/15 at 12:37 am), a recorded FSBS result of 168 had no matching FSBS result documented on 7/30/15 on the July 2015 MAR. - On 06/27 at 2:40 am (recorded in real time would be 7/28/15 at 6:03 am), a recorded FSBS	D932		

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D932	Continued From page 42	D932		

result of 128 with a FSBS result documented on 7/28/15 at 6:00 am of 152 on the July 2015 MAR.
- On 06/26 at 12:59 pm (recorded in real time would be 7/27/15 at 3:22 pm), a recorded FSBS result of 125 with no additional FSBS result documented on 7/27/15 on the July 2015 MAR.
- On 06/26 at 9:46 am (recorded in real time would be 7/27/15 at 1:09 pm), a recorded FSBS result of 207 with no additional FSBS result documented on 7/27/15 on the July 2015 MAR.
- On 06/26 at 2:38 am (recorded in real time would be 7/27/15 at 6:01 am), a recorded FSBS result of 154 with a FSBS result documented on 7/27/15 at 6:00 am of 152 on the July 2015 MAR.

Refer to 08/06/15 at 11:06 am interview with a Medication Aide (MA).

Refer to 08/06/15 at 10:45 am interview with a Medication Aide (MA).

Refer to 08/06/15 at 3:22 pm interview with the Resident Care Coordinator (RCC).

Refer to 08/06/15 at 4:15 pm interview with the Health and Wellness Director (HWD).

Refer to 08/06/15 at 3:15 pm interview with the Executive Director (ED).

Refer to review of Brand A manufacturer's information.

B. Review of Resident #6's current FL2 dated 06/18/15 revealed:
- Diagnoses included diabetes.
- A physician's order for FSBS three times daily.

Review of Resident #6's Resident Register revealed the resident was admitted to the facility

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D932	Continued From page 43 on 06/22/15. Observation on 08/06/15 at 9:00 am of Resident #6's Brand A glucometer revealed: - The glucometer case and the glucometer were labeled with Resident #6's name. - The date displayed was 08/06/15 and the actual date was 08/06/15. - The time displayed was 9:11 am and the actual time was 9:00 am. Review of Resident #6's glucometer history revealed the recording of FSBS began on 07/19/15 and ended on 08/05/15. Review of Resident #6's Medication Administration Records for July 2015 and August 2015 revealed an entry for FSBS checks two times daily at 6:00 am and at bedtime. Review of Resident #6's glucometer history revealed FSBS results recorded corresponded to the FSBS results recorded on the July and August 2015 MARS with exceptions as follows: - On 08/03/15 at 12:48 am, a recorded FSBS result of 171 (did not match FSBS results documented on the MAR), and FSBS results documented on 8/03/15 at 8:39 pm of 175 and at 6:05 am of 127 on the August 2015 MAR. - On 07/20/15 at 12:23 am, a recorded FSBS result of 193 (did not match FSBS result documented on the MAR), and FSBS results documented on 7/20/15 at 9:03 pm of 160, at 6:14 am of 104 on the July 2015 MAR. Interview on 08/06/15 at 3:45 pm with Resident #6 revealed: - She had FSBS monitoring completed by the MA on duty every day, twice a day. - She would not recognize her glucometer, the	D932		

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D932	Continued From page 44 MA on duty brought the glucometer to her when it was time to complete the FSBS. - She thought the staff used the same glucometer every day to check her FSBS. - She depended on the facility to provide the equipment necessary to complete the FSBS as ordered by her doctor. Refer to 08/06/15 at 10:45 am interview with a Medication Aide (MA). Refer to 08/06/15 at 11:06 am telephone interview with a Medication Aide (MA). Refer to 08/06/15 at 3:22 pm interview with the Resident Care Coordinator (RCC). Refer to 08/06/15 at 4:15 pm interview with the Health and Wellness Director (HWD). Refer to 08/06/15 at 3:15 pm interview with the Executive Director (ED). Refer to review of Brand A manufacturer's information. B. Review of Resident #2's current FL2 dated 2/6/15 revealed: -Diagnoses included diabetes type II. -A physician's order for fingerstick blood sugars (FSBS) twice a day. Review of Resident #2's record revealed the following subsequent orders dated 2/6/15: -May check FSBS as needed if signs and symptoms of hypoglycemia or hyperglycemia. IF FSBS less than 60 hold insulin and/or oral diabetic med. IF FSBS greater than 400 call primary care physician unless otherwise directed.	D932		

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D932	Continued From page 45 Give 4 ounces of orange juice and follow immediately with a high protein snack. Notify physician if FSBS has not increased. Observation of a finger stick blood sugar for Resident #2 on 08/05/15 at 4:25pm revealed: - Glucometer pouch assigned to Resident #2 was labeled with complete last name of Resident #2 and the first initial of the first name. - Brand A glucometer assigned to Resident #2 was not labeled with a name. - Medication Aide checked previous recording on the glucometer and compared it to the previous recording and it did not match what was documented on Resident #2's August 2015 Medication Administration Record (MAR). - Resident #2's glucometer was not disinfected before or after the finger stick blood sugar was collected. - Medication Aide utilized disposable lancet device to obtain finger stick blood sugar. Observations of medications on hand for Resident #2 on 8/6/15 at 9:45 am revealed: -Glucometer case labeled with Resident #2's name handwritten in black marker. Included in the glucometer case was a glucometer (Brand A) with Resident #2's name handwritten in black marker. - There were obvious fingerprint smudges on the display panel. -The date displayed was 01/01, the actual date was 8/6/15. -The time displayed was 2:49 am, the actual time was 9:50 am. Review of Resident #2's glucometer history for the dates 7/11/15 to 8/6/15 revealed the date and time were not set to reflect the current date and time.	D932		

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D932	Continued From page 46 Review of Resident #2's Medication Administration Record (MAR) for July and August 2015 revealed: -Initialed entries at 6:30 am and 4:30 pm. -No FSBS values entered on the MAR. Review of Resident #2's Glucometer log sheet for July and August 2015 revealed: -FSBS results for 6:30 am ranged from 77 to 198. -FSBS results for 4:30 pm ranged from 73 to 187. Review of the Glucometer history revealed that the dates and times reset frequently. There were FSBS results recorded on 1/5/15 that correlated to real dates from 7/19/15 to 7/20/15 compared to the July 2015 Glucometer log sheets as follows: -On 1/5/15 at 8:12 pm, a recorded FSBS result of 133 (recorded real time would be 7/20/15 at 3:13 am) and documented on the Glucometer log sheet on 7/20/15 am 4:30 pm. -On 1/5/15 at 8:12 am a recorded FSBS result of 82 (recorded real time would be 7/19/15 at 3:15 pm) with no matching FSBS result documented on the Glucometer log sheet on 7/19/15. - On 1/5/15 at 4:27 am a recorded FSBS result of 261 (recorded real time would be 7/20/15 at 11:28 am) with no matching FSBS result documented on the Glucometer log sheet on 7/20/15. Review of the Glucometer history revealed that the dates and times reset frequently. There were FSBS results recorded on 1/1/15 to 1/9/15 that correlated to real dates from 8/1/15 to 8/3/15 compared to the August 2015 Glucometer log sheets with examples as follows: -On 1/1/15 at 6:49 am, a recorded FSBS result of 271 (recorded real time would be 8/2/15 at 1:50pm) with no matching FSBS result documented on the Glucometer log sheet on	D932		

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D932	Continued From page 47 8/2/15. -On 1/1/15 at 10:33 am, a recorded FSBS result of 78 (recorded real time would be 8/3/15 at 5:34 pm) and entered on the Glucometer log sheet for 8/3/15 at 6:30 am. -On 1/1/15 at 6:17 am with a recorded FSBS result of 121 (recorded real time would be 8/1/15 at 1:18 pm) and entered on the Glucometer log sheet at 8/1/15 at 4:30 pm. -On 1/1/15 at 10:45am with a recorded FSBS result of 86 (recorded real time would be 8/2/15 at 5/46 pm) and entered on the Glucometer log sheet at 8/2/15 at 6:30 am. -On 1/8/15 at 2:00 pm, a recorded FSBS result of 85 (recorded real time would be 8/1/15 at 9:01pm) and documented on the Glucometer log sheet for on 8/1/15 at 6:30 am. -On 1/9/15 at 1:09 am, a recorded FSBS result of 123 (recorded real time would be 8/1/15 at 8:10 am) with no matching FSBS result documented on the Glucometer log sheet on 8/1/15. Interview with Resident #2 revealed: -The Medication Aides (MA) check his FSBS twice a day. -Sometimes the MA checked his FSBS as early as 3:00 am. -He took a pill (Glipizide) for his blood sugar control. Interview on 8/6/15 at 10:25 am with MA revealed: -Each resident had their own glucometer with their name on it. -The glucometer was cleaned with disinfecting wipes available on the med cart. -If any extra FSBS checks were done they should be marked on the Glucometer log sheet. -The night shift obtained the 6:30 am FSBS.	D932		

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D932	Continued From page 48 Interview on 8/6/15 at 2:45 pm with Resident #2's primary care physician's office representative revealed: -No concerns at this time regarding blood sugars. -Resident #2's next office visit is scheduled for 7/13/15. Refer to 08/06/15 at 10:45 am interview with a Medication Aide (MA). Refer to 08/06/15 at 11:06 am telephone interview with a Medication Aide (MA). Refer to 08/06/15 at 3:22 pm interview with the Resident Care Coordinator (RCC). Refer to 08/06/15 at 4:15 pm interview with the Health and Wellness Director (HWD). Refer to 08/06/15 at 3:15 pm interview with the Executive Director (ED). Refer to review of Brand A manufacturer's information. _____ Interview on 8/6/15 at 10:45 am with a MA revealed: - The disinfecting wipes were used to clean the glucometers and dirty surfaces on the Medication Cart. - The MA did not respond when asked how often glucometers were cleaned or disinfected and who was responsible for cleaning the glucometers. - Each resident had their own glucometer and there was no reason to share glucometers between residents. - When a resident was admitted to the facility with orders for FSBS, then a new glucometer would be ordered and provided for the newly admitted resident.	D932		

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D932	Continued From page 49 Telephone interview on 08/06/15 at 11:06 am with a MA revealed: - She usually worked third shift. - She performed the scheduled FSBS early in the morning, around 6:30 to 7:00 am. - She did not recall the need for any additional FSBSs to be performed during the time period reviewed, back through 07/19/15. Interview on 08/06/15 at 3:22 with the RCC revealed: - She was new to the facility and had been working as the RCC for 3 days. - The facility had a policy about glucometer use and all the MAs had been trained. - She was unaware if the facility had a system to check the values recorded in the glucometers against the values documented on the MARs. Interview on 08/06/15 at 4:15 with the HWD revealed: - She was unaware of the procedure or the policy for glucometer cleaning or disinfecting. - She was not sure if the facility had a system in place to verify the recorded valued in the glucometers to the values documented on the MARs. Interview on 08/06/15 at 3:15 pm with the Executive Director (ED) revealed: - She was unaware of the details of the facility's glucometer policy, since she did not do that work herself. - The MAs had been trained on proper glucometer use. - The facility did not have a way to verify the documented FSBS values against the Values recorded in the glucometers.	D932		

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D932	Continued From page 50 Review of Brand A manufacturer's information revealed: - Brand A glucometers were for single use only. - Brand A glucometers were not to be shared with anyone and not to be used on multiple patients. - All parts of Brand A glucometer are considered biohazardous and can potentially transmit infectious diseases even after performing cleaning and disinfection procedures. - Recommendation for disinfecting Brand A glucometer by using EPA approved disinfecting wipes for 3 minutes and let air dry. On 08/06/15 the facility provided a Plan of Protection as follows: - The facility will conduct an audit of all to glucometers to ensure match documentation for current residents and replace any glucometer with readings that do not match documentation. - Daily review of glucometer readings and documentation will be conducted by the Health and Wellness Director/Resident Care Coordinator/Designee for the next 30 days. - Thereafter, audits will be conducted weekly. - The Executive Director will review documentation of reviews completed on a monthly basis. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, September 20, 2015.	D932		
D992	G.S.§ 131D-45 Examination and screening G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home	D992		

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D992	Continued From page 51 licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure examination and screening for the presence of controlled substance was performed for 1 of 6 employees (Staff A) hired after 10/01/13 before the employee began working at the facility. The findings are:	D992		

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BROOKDALE HIGH POINT NORTH AL (NC)	1568 SKEET CLUB ROAD HIGH POINT, NC 27265

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D992	Continued From page 52 Review of Staff A's personnel record revealed: -Date of hire 04/09/15. -Staff A was hired as a Medication Aide. -Documentation for a controlled substance examination completed on 11/13/13 from another facility. Interview with the Executive Director on 08/06/15 at 3:30 pm revealed: -It was the Business Office Coordinator's (BOC) responsibility to schedule new employees for their control substance examination. -It was the Executive Director's responsibility to assure that it (control substance examination) was completed. -She was not aware when employees transferred from other Corporate facilities that a controlled substance examination needed to be completed. Attempted interview with the BOC was unsuccessful. Attempted telephone interview with Staff A was unsuccessful.	D992		