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PRINTED: 07/09/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL059010	A. BUILDING: _____ B. WING _____	07/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW FAMILY CARE HOME	3341 OLD HWY #10 E NEBO, NC 28761 County: McDowell

(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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on July 7, 2015 and July 8, 2015.	C 000		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family 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: Based on observations, record reviews, and interviews, the facility failed to assure medications were administered as ordered by a licensed prescribing practitioner to 2 of 3 sampled residents, (#1 and #2.) (Novolog, Hydrocodone/APAP 10/325, Diphenhydramine 25mg, and Miralax.) The findings are: A. Review of Resident #2's current FL2 dated 3/19/15 revealed: - Diagnoses of ataxia, a history of stroke, diabetes, and insomnia. - A date of admission of 12/16/11. - Medication orders for Hydrocodone/APAP 325mg, 1 tablet twice daily, Diphenhydramine 25mg, 1 tablet at bedtime, and Miralax 1 capful, take as directed. (Hydrocodone /APAP is a narcotic pain medication used to treat moderate to severe pain, Diphenhydramine is a sedating antihistamine sometimes used to the treatment of	C 330	Administrator will audit all to residents records to ensure most current medication orders match current MAR's and medication in the facility any medication errors found will be addressed by PCP immediately. Facility will also provide in service Training on Diabetic care including Sliding Scale Insulin orders and administration. monthly audits will be conducted at the beginning of each month when MAR's are issued to ensure MARS match current med orders and medication in the Facility Michelle B Duckett	8-20-15 7-10-15 monthly 7-2015

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE → TITLE (X6) DATE

7-24-15

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C 330	Continued From page 1 insomnia, and Miralax is a laxative.) Continued review of Resident #2's record revealed: - A subsequent medication order dated 5/12/15 to change the Hydrocodone/APAP to 1 tablet twice daily as needed for pain. - A subsequent medication order dated 5/12/15 to change the Diphenhydramine 25mg to 1 tablet at bedtime as needed for insomnia. - A subsequent medication order dated 5/12/15 to change the Miralax to 1 tablespoonful daily. Review of Resident #2's Medication Administation Records for June and July 2015 revealed: - An typewritten entry for Hydrocodone/APAP 10/325mg, 1 tablet twice daily as needed for pain, with handwritten administration times of 7am and 4pm. (The Hydrocodone/APAP had been initialed as administered daily at 7am and 4pm from 6/1/15 through 7/7/15). - A typewritten entry for Miralax, 1 capful as needed as directed. (No Miralax had been documented as administered.) - A typewritten entry for Diphenhydramine 25mg, 1 capsule at bedtime, with a handwritten scheduled administration time of 8pm. (Per review, the Diphenhydramine had been initialed as administered daily from 6/1/15 through 7/6/15.) The Diphenhydramine and Hydrocodone/APAP ordered prn (as needed) were administered routinely, and the Miralax ordered for routine dosing had been given prn. Observation of the medications on hand on the evening of 7/7/15 revealed: - A bottle of Hydrocodone/APAP 10/325 labeled, 1 tablet by mouth twice daily as needed for pain, with a dispense date of 6/10/15.	C 330	monthly audits will be done by the administrator or designee. monthly Michelle S Duckett 7-20-15	

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C 330	Continued From page 2	C 330		

- A bottle of Diphenhydramine 25mg labeled, 1 tablet by mouth at bedtime for insomnia, with a dispense date of 6/10/15.
- No Miralax available to administer. (Interview with the Supervisor-in-Charge on 7/7/15 at 7:30pm revealed Resident #2 hasn't had any Miralax "since I started working here in April 2015".)

Interview with the relief Supervisor-in-Charge (SIC) on 7/7/15 at 5:00am revealed:
- The SIC on duty when a medication order comes in makes changes to the MAR and faxes the order to the pharmacy.
- Resident #2 needed the Diphenhydramine to sleep, and takes his Hydrocodone/APAP routinely for pain.

Interview with Resident #2 at 7:51pm on 7/7/15 revealed:
- Staff administer his Diphenhydramine and Hydrocodone/APAP routinely without him asking for them.
- He probably would ask for the Hydrocodone/APAP twice daily because he has a lot of pain, but would not ask for the Diphenhydramine because he doesn't feel like needed it to help him sleep.
- He doesn't remember ever taking the Miralax, but was not constipated.

Interview with Resident #2's physician on 7/8/15 at 11:42am revealed:
- He was OK with the resident taking his pain medication routinely if he needed it.
- He would prefer the resident not take the Diphenhydramine routinely so as not to build up a tolerance to the medication.
- The resident may not need the Miralax if he isn't having any constipation, but since it is an

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C 330	Continued From page 3	C 330		

over-the-counter drug, the resident could just "titrate the dose upward until effective."

B. Review of Resident #1's current FL2 dated 3/19/15 revealed:
- Diagnoses of diabetes, hypertension, and mental retardation.
- An order for fingerstick blood sugars (FSBS) twice daily with sliding scale insulin (SSI) coverage.
- An order for Novolog insulin, 3 units with breakfast, 5 units with lunch, and 4 units with supper, with sliding scale insulin. (Novolog is a quick acting insulin used to control elevated blood sugars around mealtimes.
- The insulin and FSBS orders on the FL2 noted the resident may check his own blood sugars and administer his insulin with staff preparation.
- An admission date of 7/31/93.

Further review of the resident's record revealed the original order dated 8/6/14 for SSI as follows:
- 150-200= 4 units.
- 201-250= 6 units.
- 251-300= 8 units.
- 301-350= 10 units.
- 351- 400= 12 units.
- >400= 14 units, recheck in 1 hour and re-dose, if still > 400, call MD.

Review of Resident #1's May 2015 SSI documentation record revealed:
- Resident #1's May 2015 FSBS ranged from 59 to 178, with sliding scale insulin coverage required 4 times.
- No SSI was documented as given.
- On 5/3/15 at supper, the resident's FSBS was 178 with no SSI documented as given and 4 units required.
- On 5/4/15 at supper, the resident's FSBS was

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C 330	Continued From page 4	C 330		

164 with no SSI documented as given and 4 units required.
- On 5/19/15 at supper, the resident's FSBS was 161 with no SSI documented as given and 4 units required.
- On 5/21/15 at supper, the resident's FSBS was 171 with no SSI documented as given and 4 units required.
- All of Resident #1's fixed dose of Novolog 4 units at supper was documented as administered in May 2015.

Review of Resident #1's June 2015 SSI documentation record revealed:
- Resident #1's June 2015 FSBS ranged from 76 to 183, with sliding scale insulin coverage required 5 times.
- SSI was documented as administered 3 of those 5 times.
- On 6/13/15 at supper, the resident's FSBS was 155 with no SSI documented as given and 4 units required.
- On 6/14/15 at supper, the resident's FSBS was 173 with no SSI documented as given and 4 units required.
- All of Resident #1's fixed dose of Novolog 4 units at supper was documented as administered in June 2015.

Review of Resident #1's July 2015 SSI documentation record revealed:
- Resident #1's July 2015 FSBS ranged from 80 to 124, with no sliding scale insulin coverage required.
- All of Resident #1's fixed dose of Novolog 4 units at supper was documented as administered in July 2015.

Interview with Resident #1 on 7/7/15 at 3:45pm revealed:

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C 330	Continued From page 5 - He checks his own FSBS twice daily. - Staff administer his insulin. - He believed he received his medications as ordered by his physician. Per observation at 4:35pm on 7/7/15 staff drew up the dose of insulin from a vial, and the resident self-administered the insulin. Interview with the SIC on 7/7/15 at 5:15pm revealed: - She didn't administer Resident #1's SSI in May or the 2 days in June it was required. - She was unsure about the dosing of the SSI since the resident already had a fixed dose of Novolog ordered. - She received diabetic training when she first started working in the facility in March 2015. - The licensed health professional nurse explained to the SIC, "sometime around the middle of June" 2015 the SSI was to be given to Resident #1 in addition to the routine dose. Interview with Resident #1's physician on 7/8/15 at 11:42am revealed: - Resident #1's blood sugars "have been great." - The physician's goal for Resident #1's A1C was 7.0. (A1C is a lab test used to measure a patient's average blood glucose level over the past 3 months.) - "We should probably keep Resident #1's SSI, and it should have been given in May and June 2015 as ordered, but the resident's blood sugar levels were so good, it was no big deal for him to miss those few doses." - "Staff should probably be educated," (in the use of SSI.) Review of a physician's progress note dated 5/12/15 revealed Resident #1's most recent A1C	C 330		

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C 330	Continued From page 6 level was 7.1. Review of the SIC staff qualifications on 7/8/15 revealed: - The SIC had her medication clinical skills validation completed on 3/18/15. - The SIC passed the Medication Aide test on 7/5/2000. - The SIC completed diabetic care training on 3/6/15.	C 330	Pharmacist will conduct a chart audit on all to residents to ensure medication orders match Current MARs and medication in Facility. Administrator will meet with Pharmacist to review Contractual needs and expectations for licensure rules IF Pharmacist can not up hold Contract Administrator will look for a new provider.	9-2015
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least 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	C 375	Michelle S Duckett	7-2015

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C 375	Continued From page 7 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: Based on observations, record reviews, and interviews, the facility failed to provide adequate pharmaceutical care to identify medication related problems for 2 of 3 sampled residents, #1 and #2. (Novolog, Hydrocodone/APAP 10/325, Diphenhydramine 25mg, and Miralax.) The findings are: A. Review of Resident #2's current FL2 dated 3/19/15 revealed: - Diagnoses of ataxia, a history of stroke, diabetes, and insomnia. - A date of admission of 12/16/11. - Medication orders for Hydrocodone/APAP 325mg, 1 tablet twice daily, Diphenhydramine 25mg, 1 tablet at bedtime, and Miralax 1 capful, take as directed. (Hydrocodone /APAP is a narcotic pain medication used to treat moderate to severe pain, Diphenhydramine is a sedating antihistamine sometimes used to the treatment of insomnia, and Miralax is a laxative.) Continued review of Resident #2's record revealed: - A subsequent medication order dated 5/12/15 to change the Hydrocodone/APAP to 1 tablet twice daily as needed for pain. - A subsequent medication order dated 5/12/15 to change the Diphenhydramine 25mg to 1 tablet at	C 375		

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C 375	Continued From page 8	C 375		

bedtime as needed for insomnia.
- A subsequent medication order dated 5/12/15 to change the Miralax to 1 tablespoonful daily.

Review of Resident #2's Medication Administation Records for June and July 2015 revealed:
- An typewritten entry for Hydrocodone/APAP 10/325mg, 1 tablet twice daily as needed for pain, with handwritten administration times of 7am and 4pm. (The Hydrocodone/APAP had been initialed as administered daily at 7am and 4pm from 6/1/15 through 7/7/15).
- A typewritten entry for Miralax, 1 capful as needed as directed. (No Miralax had been documented as administered.)
- A typewritten entry for Diphenhydramine 25mg, 1 capsule at bedtime, with a handwritten scheduled administration time of 8pm. (Per review, the Diphenhydramine had been initialed as administered daily from 6/1/15 through 7/6/15.)

The Diphenhydramine and Hydrocodone/APAP ordered prn (as needed) were administered routinely, and the Miralax ordered for routine dosing had been given prn.

Observation of the medications on hand on the evening of 7/7/15 revealed:
- A bottle of Hydrocodone/APAP 10/325 labeled, 1 tablet by mouth twice daily as needed for pain, with a dispense date of 6/10/15.
- A bottle of Diphenhydramine 25mg labeled, 1 tablet by mouth at bedtime for insomnia, with a dispense date of 6/10/15.
- No Miralax available to administer. (Interview with the Supervisor-in-Charge on 7/7/15 at 7:30pm revealed Resident #2 hasn't had any Miralax "since I started working here in April 2015".)

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C 375	Continued From page 9 Review of the consultant pharmacist's most recent medication review dated 6/29/15 for Resident #2 revealed no recommendations regarding administering prn medications routinely (Hydrocodone/APAP and Diphenhydramine) with scheduled administration times, and not administering a routine medication (Miralax), and treating it as a prn medication. Interview with the consultant pharmacist from the dispensing pharmacy on 7/8/15 at 11:13am revealed: - During the drug regimen review, he checked the MARs against the current orders on file. - He relied on the actual prescription orders, not what was written in the physician's progress notes. - He doesn't look at the physician's progress notes. Refer to interview with the facility owner/administrator on 7/7/15 at 6:29pm. B. Review of Resident #1's current FL2 dated 3/19/15 revealed: - Diagnoses of diabetes, hypertension, and mental retardation. - An order for fingerstick blood sugars (FSBS) twice daily with sliding scale insulin (SSI) coverage. - An order for Novolog Insulin, 3 units with breakfast, 5 units with lunch, and 4 units with supper, with sliding scale insulin. (Novolog is a quick acting insulin used to control elevated blood sugars around mealtimes. - The insulin and FSBS orders on the FL2 noted the resident may check his own blood sugars and administer his insulin with staff preparation. - An admission date of 7/31/93.	C 375		

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C 375	Continued From page 10 Further review of the resident's record revealed the original order dated 8/6/14 for SSI as follows: - 150-200= 4 units. - 201-250= 6 units. - 251-300= 8 units. - 301-350= 10 units. - 351- 400= 12 units. - >400= 14 units, recheck in 1 hour and re-dose, if still > 400, call MD. Review of Resident #1's May 2015 SSI documentation record revealed: - Resident #1's May 2015 FSBS ranged from 59 to 178, with sliding scale insulin coverage required 4 times. - No SSI was documented as given. - On 5/3/15 at supper, the resident's FSBS was 178 with no SSI documented as given and 4 units required. - On 5/4/15 at supper, the resident's FSBS was 164 with no SSI documented as given and 4 units required. - On 5/19/15 at supper, the resident's FSBS was 161 with no SSI documented as given and 4 units required. - On 5/21/15 at supper, the resident's FSBS was 171 with no SSI documented as given and 4 units required. - All of Resident #1's fixed dose of Novolog 4 units at supper was documented as administered in May 2015. Review of Resident #1's June 2015 SSI documentation record revealed: - Resident #1's June 2015 FSBS ranged from 76 to 183, with sliding scale insulin coverage required 5 times. - SSI was documented as administered 3 of those 5 times. - On 6/13/15 at supper, the resident's FSBS was	C 375		

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C 375	Continued From page 11 155 with no SSI documented as given and 4 units required. - On 6/14/15 at supper, the resident's FSBS was 173 with no SSI documented as given and 4 units required. - All of Resident #1's fixed dose of Novolog 4 units at supper was documented as administered in June 2015. Review of Resident #1's July 2015 SSI documentation record revealed: - Resident #1's July 2015 FSBS ranged from 80 to 124, with no sliding scale insulin coverage required. - All of Resident #1's fixed dose of Novolog 4 units at supper was documented as administered in July 2015. Review of the consultant pharmacist's most recent medication review dated 6/29/15 for Resident #1 revealed no recommendations regarding SSI not being administered in May or June 2015 per physician's orders. Interview with the consultant pharmacist from the dispensing pharmacy on 7/8/15 at 11:13am revealed: - During the drug regimen review, he checked the MARs against the current orders on file. - He relied on the actual prescription orders, not what was written in the physician's progress notes. - He doesn't look at the physician's progress notes. - He doesn't use the MARs to verify whether the SSI had been given or not. Refer to interview with the facility owner/administrator on 7/7/15 at 6:29pm.	C 375		

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C 375	Continued From page 12 Interview with the facility owner/administrator on 7/7/15 at 6:29pm revealed they had received no recommendations from the 6/29/15 drug regimen review.	C 375		

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