

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28650		
(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)	DATE COMPLETE
(D-000)	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on January 12 - 15, 2016.	(D-000)		
D-176	10A NCAC 13F .0601 (a) Management Of Facilities 10A NCAC 13F .0601 Management Of Facilities (a) An adult care home administrator shall be responsible for the total operation of an adult care home and shall also be responsible to the Division of Health Service Regulation and the county department of social services for meeting and maintaining the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term administrator also refers to co-administrator where it is used in this Subchapter. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record review, the Administrator failed to assure the total operation of the facility related to resident assessment, health care, nutrition and food service, medication administration, medication documentation, controlled substances and resident rights (care and services). The findings are: An attempted phone interview with the Administrator on 01/15/16 at 10:00AM was unsuccessful (a voice message was left).	D-176	Tag D 176 10A NCAC 13F .0601(a) - Management Facilities Type B Actions prior to and during the survey - The Administrator/Manager shall ensure that the facility Administrator and Co-Administrator shall be responsible for the total operation of an adult care home and shall be responsible to the DHSR and the county department of social services for meeting and maintaining the rules. - According to Rule 10A NCAC 13F .0606 Staffing Chart; an Administrator is only required to be "on call" in facilities with less than 80 residents. Olin Village is a 64 bed facility.	01/18/2016

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE
Administrator 2/23/2016

Reviewed and Accepted. *[Signature]* 3/8/16

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STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

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D 176	Continued From page 1 Interview on 01/15/16 at 1:30PM with the Facility Manager revealed: -The Administrator had told her she was not on her way to the facility. -“She said she has too much to do to come up [to the facility] and sit around waiting.” Interview on 01/15/16 at 2:20PM with the Facility Manager revealed: -The Administrator came to the facility at least once a month and stayed the whole day. -The Administrator was responsive to her requests to come more frequently. Interview with the Administrator on 01/15/16 at 3:00PM revealed: -She tried to come to the facility once every two weeks. -She was doing Medicaid billing but would talk to the Facility Manager by phone “just about every day.” -She and the Facility Manager discussed verbally what needed to be done at the facility. Based on observation, interviews and record reviews, non-compliance was identified in the following areas: A. Based on observations, interview, and record review, the facility failed to assure an accurate assessment was completed for 1 of 5 residents (#7) for ambulation and locomotion needs [Refer to Tag 254, 10A NCAC 13F .0801(b), Resident Assessment]. B. Based on observation, record review and interviews, the facility failed to address wheelchair needs as determined necessary by a neurologist for one resident (#6) and to ensure another	D 176	- The Statement of Deficiencies quotes the Manager and Administrator on several occasions. There appears to be a misunderstanding. The Administrator never received a message from the surveyors on 1/15/16, nor did the Administrator say she was not coming to the Facility. The Administrator did not state “She has too much to do to come up and sit around waiting”. - Prior to the survey, the Administrator spoke to the Manager on a daily basis. Overall operations of the Facility have been discussed as well as specific issues that arise that need special attention. - The Administrator has been on call 24 hours a day, 365 days a year. What immediate action will the facility take to abate the violation? - The Manager will notify the Administrator of all issues written in our system and request any thoughts that can improve our system. - The Manager will talk weekly with the Administrator to help with management strategies and more often as needed as issues arise.	

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D 176	Continued From page 2 resident went to a specialty appointment (#7) for 2 of 5 residents [Refer to Tag 273, 10A NCAC 13F .0902(b), Health Care (Type B Violation)]. C. Based on observation, interview, and record review, the facility failed to assure the pureed diets for 2 of 2 residents (#2 and #3) were served as ordered by the residents' physicians [Refer to Tag 310, 10A NCAC 13F .0904(e)(4), Nutrition and Food Service]. D. Based on record review and interviews, the facility failed to administer ordered medications for 2 of 3 sampled residents reviewed for medication administration (Resident #6 and Resident #7) [Refer to Tag 358, 10A NCAC 13F .1004(a), Medication Administration (Type B Violation)]. E. Based on record review and interviews, the facility failed to accurately document a medication order change and when medication was not available for administration for 1 of 3 residents (Resident #6) [Refer to Tag 367, 10A NCAC 13F .1004(j), Medication Administration]. F. Based on record review and interviews, the facility failed to accurately document and account for a controlled substance for 1 of 3 residents reviewed for medication administration (Resident #6) [Refer to Tag 392, 10A NCAC 13F .1006(a), Controlled Substances (Type B Violation)]. G. Based on observation, interview and record review the facility failed to assure residents received care and services that are adequate, appropriate and in compliance with federal and state laws and rules and regulations related to management of facilities, health care, medication administration and controlled substances [Refer	D 176	- The Administrator will meet in person biweekly at the facility with the Manager to review the operations of the Facility, be available to residents and families and assure compliance with the plan of correction. - We will abide by all rules related to Adult Care. - The Manager will maintain "COMMUNICATIONS / MEETINGS LOG" – see Exhibit A for example of the log. - The log shall be kept at the Facility for review.		

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OLIN VILLAGE

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OLIN, NC 28660

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D 176	Continued From page 3 to Tag 912, G.S. 131D-21(2), Resident Rights]. A Plan of Protection was obtained from the facility on 01/15/16 which included: -The Facility Manager would notify the Administrator of all issues within their system and request guidance for improvement. -The facility leadership would meet with the Administrator to help with management strategies. -All management and the Administrator would gather plans to ensure proper facility operations. -The facility would abide by all Adult Care rules. THE CORRECTION DATE FOR THE TYPE B VIOLATIONS SHALL NOT EXCEED FEBRUARY 29, 2016.	D 176		
D 254	10A NCAC 13F .0801(b) Resident Assessment 10A NCAC 13F .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires	D 254	Tag 254 10A NCAC 13F .801(b) – Resident Assessment The Administrator/Manager shall ensure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department. The assessment shall be a functional assessment as determined in rule 10A NCAC 13F .0801(b).	01/18/20 16

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D 254	Continued From page 4 referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource. This Rule is not met as evidenced by: Based on observations, interview, and record review, the facility failed to assure an accurate assessment was completed for 1 of 5 residents (#7) for ambulation and locomotion needs. The findings are: Review of Resident #7's current FL-2 dated 08/29/15 revealed: -Diagnoses included encephalopathy, avascular necrosis, and migraine headaches. -Xanax 1 mg, 1 tab at bedtime (used for anxiety). -Celexa 20 mg, 1 tab at bedtime (an antidepressant). -Lyrica 300 mg twice per day (to treat nerve pain and fibromyalgia). -Aspirin 81 mg daily. -Diclofenac 15 mg, 1 daily (used to treat pain and inflammation associated with arthritis). -"Ambulatory" and "semi ambulatory" were marked with no explanation. Review of Resident Register revealed Resident #7 was admitted to the facility on 08/27/15. Review of the Care Plan and Assessment for Resident #7, completed by the Facility Manager and signed by the physician on 08/27/15, revealed: -She had "limited ability" documented ambulation/locomotion. -There was no documentation of assistive devices.	D 254	Prior to the survey, the Facility took the following action: Resident # 6 - Resident # 6 was admitted on August 26, 2015. - Admitting FL2 dated 8/20/15 indicated "non-ambulatory" and "Pt is wheelchair bound secondary to her Muscular Dystrophy. - Dr. Randy Long reviewed and signed his personal care physician authorization and care plan on August 26, 2016, which noted that she needed extensive assistance and needed to be pushed in her wheelchair. - Resident # 6 signed at admission on August 26, 2015 that she understood Facility policy did not permit motorized wheelchairs and she would be loaned a manual wheelchair until she could get her own. - Dr. Craig DuBois, Resident # 6's neurologist saw her on August 20, 2015. His office note, which was furnished to the Facility, makes no note of a need or order for a motorized wheelchair.		

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D 254	Continued From page 5 -She required supervision with ambulation. -She was documented as having "limited strength" in upper extremities "due to stroke." Review of record for Resident #7 revealed: -No documentation related to Resident #7 requiring a motorized wheelchair for ambulation. -No documentaion of interviews with Resident's neurologist or with family related to ambulation needs. Observation of Resident #7 on 01/12/16 at 10:00AM revealed: -He was pushing another resident in that resident's wheelchair. -He and the other resident in a wheelchair were located at the far end of the resident hallway in the vicinity the small sitting areas, at the opposite end of the facility from where his room was located. Observation of the small sitting area (as described above) in the facility was more than 200 feet from the opposite end of the facility from where Resident #7's room was located. Interview with Resident #7 on 01/13/16 at 11:35AM revealed: -He had a motorized wheelchair at a family member's house but did not bring it to the facility because the facility would not allow him to. -He had found a manual wheelchair at the facility and brought it to his room, but he did not use it because of shoulder pain. -Before he was admitted to the facility, he was told he could bring his electric wheel chair, but after he was admitted, he was not allowed to. -His neurologist had told him to use a motorized wheelchair when walking a distance of 100 feet and had ordered a motorized wheelchair.	D 254	- Resident # 6 was assessed on August 26, 2015 by Dorothy Wagoner, RN, who has been under contract with the Facility to perform resident assessments since 2002. - The Manager loaned two manual wheelchairs to Resident # 6 after her admission both of which she used and were kept in her room. One wheelchair was lower to the ground and another was further above the ground and had a high back. - The Manager also told Resident # 6 that she would request an order from Resident # 6's physician for a manual wheelchair. The request to the DME provider was made, but was denied because of insurance reasons. A manual wheelchair had already been provided to Resident # 6 in 2013 and the resident would not qualify for another wheelchair until 2018 (5 years). - During the survey, the State Surveyors contacted the DME provider and were told of the wheelchair provided to Resident # 6 in 2013, and insurance would not pay for another wheelchair until 2018.	

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STATE FORM

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D 254	Continued From page 6 -He had his shoulder and left hip replaced and his ankles "hurt constantly." Review of Resident #7's neurologist visit note dated 06/04/12 revealed: "...he is needing a powerwheel chair. Certainly with his diffuse avascular necrosis [death of bone tissue due to a lack of blood supply], including his hips and ankles and the severe pain he has used extremely limited walking and because of the involvement shoulders and arms he would not be able to use a normal wheelchair." "I filled out his paperwork today for a power wheelchair." (A medical reference noted "avascular necrosis can lead to tiny breaks in the bone and the bone's eventual collapse. The blood flow to a section of bone can be interrupted if the bone is fractured or the joint becomes dislocated.") Review of Resident #7's neurologist visit note dated 08/20/15 revealed: -The physician described his visit for "follow-up of his encephalopathy and vascular necrosis secondary to his history of CNS [central nervous system] vasculitis and steroid use." -Other active problems included limb pain, other fatigue, stroke syndrome, Wolff-Parkinson-White syndrome, decreased body height, and vitamin D deficiency. "Coordination and gait with mild off-balance." Telephone interview with staff at Resident #7's neurologist office on 01/13/15 at 1:30PM revealed: -Resident #7 does need to use a motorized wheelchair when walking a distance greater than 100 feet because of his bone disease. -The neurologist did order Resident #7 a	D 254	- See attached Exhibit B for documentation of the above information concerning Resident # 6. Resident #7: - Resident # 7 was admitted on August 27, 2015. - Admitting FL2, filled out by his neurologist, dated 8/20/15 indicates Resident # 7 is ambulatory with no assistance or assistive devices. - Neurology notes; Dr. Craig DuBois, MD dated 8/20/15 do not indicate a need for any assistance with ambulation. MD notes state "Sensation is relatively well preserved and coordination and gait with mild off-balance". - DMA 3050R (an assessment instrument established by the Department) was completed by the Manager on 8/27/15, with Care Plan signed by Dr. Randy Long. - indicating supervision only with ambulation.	

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D 254	Continued From page 7 motorized wheelchair in 2012. -Resident #7 should not use a manual wheelchair because of risk of further shoulder damage. -Resident #7 had his shoulder and hip replaced. -The neurologist was not aware Resident #7 was not allowed to use his motorized wheelchair at the facility. -Resident #7 missed a follow-up appointment at their office on 11/16/15 and then missed the rescheduled appointment on 11/23/15. -The next appointment was scheduled for 01/15/16 at 7:45AM. Interview with Resident #7's family member on 01/13/16 at 11:35AM revealed: -Resident #7 was at risk for bone damage if he walked very much or stood on his feet for a long time. -Resident #7 was treated with heavy doses of steroids in the past which caused the necrosis. Observation of Resident #7's room on 01/13/16 at 3:10PM revealed a folded manual wheelchair in the corner of the room. A second interview with Resident #7's family member on 01/13/16 at 3:10PM revealed: -Resident #7's ankles hurt "all the time due to vascular necrosis of his bones." -Without use of a wheelchair Resident #7's ankles would swell and he had to rest more frequently. -Resident #7 was never asked by staff about his need for an ambulation aide or wheelchair. Interview with the Facility Manager on 01/13/16 at 5:00PM revealed: -The folded wheelchair in Resident #7's room belonged to his roommate. -Resident #7 "does not need one [a wheelchair]."	D 254	- Dorothy Wagoner, RN completed the LHPS assessment on 8/27/15, indicating no assistance required with ambulation. - Dr. Randy Long assessed Resident # 7 on 8/29/15 at the Facility. He did not indicate a need for any assistance with ambulation. - See attached Exhibit C for documentation of the above information concerning Resident # 7. Resident # 7 used two names while in the Facility. The documentation for Resident #7 includes both names used by Resident # 7. What immediate action will the facility take to abate the violation? - Resident # 6 and Resident # 7 was transferred to another assisted living facility on 1/29/16 per their request. - Current residents shall be assessed to determine need for assistive devices. See Exhibit D. Documentation will be kept at the Facility for review.	

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D 254	Continued From page 8 Observation of Resident #7 on 01/15/16 at 2:10PM revealed: -He was standing in the area of the medication room door with other residents. -The distance to the medication room from Resident #7's room was approximately 70 feet (or a round trip of 140 feet). -He walked with both feet pointed outward with short strides. Review of Resident #7's Primary Care Physician visit dated 08/29/15 revealed: -Musculoskeletal examination was Positive for arthralgias and myalgias. -Resident #7 had a history of "avascular necrosis of multiple joints and bones." -Two of the assessments included "chronic pain syndrome" and "avascular necrosis of multiple sites." Telephone interview with Resident #7's Primary Care Physician on 01/14/15 at 9:30AM revealed: -He was aware Resident #7 had a motorized wheelchair, but the facility did not allow motorized wheelchairs. -Resident #1 did not need a wheel chair and "He has always been walking when I have seen him." -He did not remember Resident #7 ever asking for a wheelchair. -He had not reviewed the neurologist notes related to Resident #7's wheelchair and had not consulted with the neurologist about the need for a motorized wheelchair. Interview with the Facility Manager on 01/15/16 at 12:20PM revealed: -There was no mention Resident #7 needed to use a mobile wheel chair before admission. -She was not aware he had a motorized	D 254	Describe your plans to ensure residents are protected from further risk or additional harm? - The Administrator / Manager shall ensure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department. The assessment shall be a functional assessment as determined in rule 10A NCAC 13F .0801(b). - The Manager will make sure that all residents are assessed at admission for possible need for a wheelchair, walker or other assistive device, the resident's physician is contacted concerning whether the resident has a need for a wheelchair or other assistive device and a wheelchair or other assistive device is obtained for any resident with a physician order for a wheelchair or other assistive device.	

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D 254	Continued From page 9 wheelchair. -The admission assessment was completed by filling out the care plan and talking to the resident and the physician. -The only assessments completed on Resident #7 was "what is in chart." -Resident #7's neurologist signed Resident #7's admission FL-2. -Resident #7 did not tell her before admission that he needed to use a motorized wheelchair. -Resident #7 agreed to come to the facility and knew before admission the facility policy did not allow motorized wheelchairs. -She stated Resident #7 had a manual wheelchair in his room. A second interview with the Facility Manager on 01/15/16 at 3:30PM revealed: -Resident #7 had not been to the neurologist since he was admitted to the facility. -Resident #7 missed his neurology appointments in November 2015 because his family was supposed to take him and they did not. -Resident #7 missed he appointment on 01/15/16 at 7:45AM because the facility transportation staff had written the appointment incorrectly in the appointment book for 12:45PM and not 7:45AM. -That transportation staff was no longer employed at the facility.	D 254	- The Administrator/Manager will monitor new resident admissions to determine to need for assistive devices using the "New Resident Admission" monitoring form, see Exhibit E. - Monitoring will be completed weekly x3, monthly x3, then quarterly thereafter. - Documentation shall be kept at the Facility for review.	
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.	D 273	Tag 273 10A NCAC 13F .0902(b) – Health Care Type B What immediate action will the facility take to abate the violation?	01/18/2016

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OLIN, NC 28650

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D 273	Continued From page 10 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observation, record review and interviews, the facility failed to address wheelchair needs as determined necessary by a neurologist for one resident (#6) and to ensure another resident went to a specialty appointment (#7) for 2 of 5 residents. The findings are: A. Review of Resident #6's current FL-2 revealed: -An admission date of 08/26/15. -A diagnosis of "fascioscapulohumeral dysplasia." -A check mark in the "non-ambulatory" block. -Celexa (used to treat depression) 40mg 1 tab po daily. -Clonazepam (used to treat anxiety disorders) 1 mg 1 tab po twice a day. -Diclofenac (used for pain) 75mg 1 tab po QD every day. -Lyrica (used to neuropathic pain) 300mg 1 tab po at bedtime. -Proair (used to treat shortness of breath) 2 puffs po every 8 hours as needed -A handwritten comment of "Patient is wheelchair bound due to muscular dystrophy." -An illegible signature in the physician signature block with the date 09/15/15. Review of a Neurologist note for Resident #6 dated 08/20/15 revealed: -Under the heading of active problems FSH (fascioscapulohumeral muscular dystrophy). -"...she is no longer ambulatory..." -"She is starting to have some fecal incontinence and is depressed over her situation as they are looking going to assisted living. I do think that is	D273	- Calls were made to Dr. Long and the DME company to request an appropriate wheelchair for Resident # 6. - Call was made prior to 1/14/16 to the DME company see if and when wheelchair will be fitted for Resident # 6, but was declined due to insurance reasons. - The Manager loaned two manual wheelchairs to Resident # 6 after her admission both of which she used and were kept in her room. One wheelchair was lower to the ground and another was further above the ground and had a high back. - Additional calls were made to Dr. Long and the DME company to request an appropriate wheelchair for Resident # 6. - An additional call was made on 1/14/16 to the DME company see if and when wheelchair will be fitted for Resident # 6. - A call was made to schedule a new appointment for Resident # 7 with Dr. Dubois, neurologist. - Resident # 7 transferred from the Facility before the appointment. Resident # 7's new facility was informed of the appointment by the Manager of the Facility.	

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STATE FORM

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ZJTN13

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 273	Continued From page 11 a reasonable option ..." Review of Resident #6's assessment and care plan, completed by the Facility Manager and signed by both she and the physician on 08/26/15, revealed: - "Non-ambulatory" checked in the ambulation assessment section. - Additional comments added "can be transferred to W/C (wheelchair) must be pushed." - "Limited strength" and "bilateral" checked in the upper extremity assessment with "upper extremities" and "MD (muscular dystrophy)" added as comments. - Added comments in the activity of daily living section of the care plan of "extensive W/C must be pushed" with a performance score of a 3 (extensive assistance). Review of a Licensed Health Professional Support (LHPS) note dated 08/26/15 revealed: - LHPS tasks #22 (ambulation using assistive devices that require physical assistance) and #25 (transferring semi-ambulatory and non-ambulatory resident) both circled on the pre-printed form. - The statement "continue with current plan of care" is checked. Review of a copy of handwritten document for Resident #6 dated 08/26/15 revealed: - "Powerchairs and scooters are not allowed in the facility at [facility name]." - "As pre-discussed I will be loaned a wheelchair until I can get my own." - "This is per company policy" - The document has the signature of the Facility Manager and of the resident, both dated 08/26/15 and a hand fax stamp date of 08/29/15.	D273	Describe your plans to ensure residents are protected from further risk or additional harm? - The Administrator / Manager shall assure referral and follow-up to meet the routine and acute healthcare needs of residents in accordance to rule 10A NCAC 13F .0902(b). - The Administrator and Manager have discussed importance of healthcare referral and follow-up. - The Administrator/Manager will monitor to ensure proper healthcare referral and follow-up for all residents using the "Health Care Referral and Follow up" monitoring form, see Exhibit F. - Monitoring will completed weekly x3, monthly x3, and then quarterly thereafter. - Documentation shall be kept at the facility for review.		

Division of Health Service Regulation

STATE FORM

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28650

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 12 Review of a Primary Care Physician note for Resident #6 dated 09/12/15 revealed: - "I am seeing this patient as a new admission." - "Muscular dystrophy: started in her teens, pain and weakness all over, fatigues quickly." - Regarding her pain assessment "Just saw her neurologist. Says it [pain] is worsening since place in a new chair." - Under Plan "will monitor. No change in current treatment plan." Review of a physician order sheet for Resident #6 dated 09/12/15 revealed: - "I need a order for a W/C with leg extensions." - "Appointment [with] neurologist but she only sees him twice a year" and "call Monday." - An illegible physician signature and the date 09/12/15. Review of a fax transmission form from a medical supply company concerning Resident #6 dated 01/06/16 revealed: - It was sent to the Facility Manager. - "In reference to the above patient [Resident #6] and the request for a Wheelchair. We will need the following ..." followed by a list of documentation requirements to complete the request. Review of a second fax transmission from a medical supply company concerning Resident #6 dated 01/07/16 revealed: - It was addressed to the Facility Manager. - Receipt of a compliant written order for the wheelchair. - "However, the narrative/supporting note is not acceptable ..." - Further guidelines on providing a clinical note. - An attached, completed prescription form for Resident #6 for a wheelchair with length of need	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 13 checked as lifetime, reclining back checked, accessories of a footrest, detachable arm rest and wheelchair cushion. -Physician signature, printed name and national provider identifier number, dated 01/07/16. Review of a handwritten statement concerning Resident #6 dated 01/09/16 revealed: - "Has assistance being pushed in W/C due to MD [muscular dystrophy] which is burning her muscles out." - Illegible signature matching that of the completed prescription form, dated 01/09/16. Observation of Resident #6 on 01/12/16 at 9:10AM revealed: - She was seated in a conventional W/C. - Her upper legs extended from the edge of the seat approximately 8 inch as measured from the edge of the seat to the posterior angle of her knees. Interview with Resident #6 on 01/12/16 at 9:10AM revealed: - Her motorized W/C was not approved for her use at the facility. - Her current conventional W/C was given to her "by a friend" to permit her admission to the facility. - She stated she was 6 feet tall and the chair was not "fitted to me." - She could not be fitted for a W/C until 01/23/15 because "I wasn't on the [physician's visit] list." - "You don't understand the pain this [wheel]chair gives me." - Because it was a conventional W/C, she required someone to push her to prevent her arm, shoulder, elbow and wrist pain in manually rolling herself in the chair. - She stated she was told "publically" in a resident	D 273		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

OLIN VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

999 TABOR ROAD
OLIN, NC 28660

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 14 meeting she would be approved for use of a powered W/C. -She had been asking for a W/C since October, 2015. -She saw her neurologist on 10/30/15. -She described her current baseline pain level as 6 to 7 in the current conventional W/C, and a 3 to 4 when she used her motorized W/C. Confidential interview with a Medication Aide revealed: -She administered to Resident #6 the pain medications as ordered on her medication administration record. -Resident #6 had verbalized to her before of her W/C being uncomfortable and she needed another one, and this was reported to the Facility Manager. -She could not remember when this was reported, perhaps "after Christmas." Interview with the Facility Manager on 01/13/16 at 1:00PM revealed: -Resident #6 had a motorized W/C. -The Resident "begged her" to admit her to the facility but "corporate" told her not to take her. -The Resident agreed to an admission and she was given a "loaner" conventional W/C which "wasn't the best." -As Medicare had purchased the Resident's motorized W/C they would not have purchased a new conventional wheelchair. -"A few weeks ago" Resident #6 stated she wanted her motorized W/C even if that meant going to live somewhere else. -The Primary Care Physician was coming up the following week, he only came to the facility every two weeks and he was last in the facility on 01/09/15; he was not in the facility for three Saturdays in December, 2015.	D 273		

Division of Health Service Regulation

STATE FORM

3299

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049316	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

OLIN VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

899 TABOR ROAD
OLIN, NC 28662

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 15 -She was awaiting an assessment from the Primary Care Physician and she sent requested documents to a medical supply company for a new conventional W/C. -She did call the Resident's neurologist to check on the Resident's W/C needs. -She "started a conversation" about getting a new conventional W/C at the end of November, 2015. -She asked the Administrator and the Owner for an exception to allow Resident #6 to use her motorized W/C and they told her no. Phone interview with staff from Resident #6's neurologist's office on 01/13/16 at 1:30 revealed that per the neurologist, the Resident "absolutely" needed a motorized W/C due to the Resident's arm weakness. Phone interview with the Primary Care Physician on 01/14/16 at 9:45AM revealed: -The facility was trying to get approval for a W/C for Resident #6 and got approval "a few weeks ago." -This was an "insurance issue." -"She had one [W/C], just not the one she wanted." -He was not aware of facility policy regarding use of a motorized W/C but the Resident "chose to come" to the facility. -He had no conversations with the Resident's neurologist. Phone interview with a medical supply company representative regarding Resident #6 on 01/14/16 at 10:10AM revealed: -His review of company records revealed an insurance check done on 01/06/16 for Resident #6 revealed a "similar device [W/C]" was received by the Resident in 2013 so Medicare would not pay for another W/C within 5 years from that time.	D 273		

Division of Health Service Regulation

STATE FORM

2008

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
DLIN, NC 28660

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 16 -His review of company records revealed another representative was reviewing clinical documentation received for a Medicare justification for a new W/C. -His review of company records revealed another representative confirmed that Medicare would not cover a replacement W/C, with a "non-covered" price quote given. -As Medicaid would follow Medicare's lead, Medicaid would not cover a replacement W/C either. -The replacement conventional W/C would remain "on hold" until someone signed for the new W/C and no further calls would be made to the facility until they first called. A phone interview with the LHPS nurse on 01/14/16 at 1:28PM was attempted and unsuccessful. B. Review of Resident #7's current FL-2 dated 08/29/15 revealed: -Diagnoses of encephalopathy, avascular necrosis, and migraine headaches. -Xanax 1 mg, 1 tab at bedtime (used for anxiety). -Celexa 20 mg, 1 tab at bedtime (an antidepressant). -Lyrica 300 mg twice per day (to treat nerve pain and fibromyalgia). -Aspirin 81 mg daily. -Diclofenac 15 mg, 1 daily (used to treat pain and inflammation associated with arthritis). Review of Resident Register revealed Resident #7 was admitted to the facility on 08/27/15. Telephone interview with staff at Resident #7's neurologist office on 01/13/15 at 1:30PM revealed: -Resident #7 missed a follow-up appointment at their office on 11/16/15 and then missed the	D 273		

Division of Health Service Regulation

STATE FORM

8990

ZJ/TN13

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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999 TABOR ROAD
OLIN, NC 28660

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D 273	Continued From page 17 rescheduled appointment on 11/23/15. -The next appointment was scheduled for 01/15/16 at 7:45AM. Review of record revealed no documentation of Resident #7's scheduled physician appointments and no documentation of any missed appointments. Interview with the facility Manager on 01/15/16 at 3:30PM revealed: -Resident #7 had not been to the neurologist since he was admitted to the facility -Resident #7 missed his neurology appointments in November 2015 because his family was supposed to take him and they did not. -Resident #7 missed the scheduled appointment on 01/15/16 at 7:45AM because the facility transportation staff had written the appointment incorrectly in the appointment book for 12:45PM and not 7:45AM. -That transportation staff was no longer employed at the facility. Interview with Resident #7 on 01/13/16 at 11:35AM revealed the neurologist was the initial prescribing physician for the medications which he was taking for his diagnosis of bone disease and pain. Telephone call to Resident #7's neurologist on 01/15/16 1:00PM was not successful. Review of record revealed Resident #7 was seen by the neurologist on 8/20/15. A Plan of Protection was obtained on 01/13/16 which included: -Re-calling the Primary Care Physician and the "W/C Company" on 01/14/16 to determine if and	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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D 273	Continued From page 18 when a W/C would be fitted for the Resident. -Ensuring that upon admission all residents had a W/C or ensuring Corporate had the means to obtain one. -All Residents would be referred to the appropriate healthcare provider for their needs. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 29, 2016.	D 273		
(D 310)	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure the pureed diets for 2 of 2 residents (#2 and #3) were served as ordered by the residents' physicians. The Findings are: A. Review of Resident #3's current FL-2 dated 10/07/15 revealed diagnoses included anxiety. Review of physician diet order dated 09/01/15 revealed pureed diet. Review of Licensed Health Professional Review, dated 03/28/15, revealed a diagnosis of dementia with behaviors.	(D 310)	Tag 310 10A NCAC 13F .0904(e)(4) – Nutrition and Food Service Actions taken prior to and during the survey. - The Facility purchased a new food processor on 7/9/15 to assist with preparing meals with a pureed consistency, see Exhibit G. - The Food Service Manager had been trained using the state approved "Food Service Orientation Manual", and passed the post-test associated with the manual, see Exhibit H. - The Food Service Manager stated he had pureed the morning meal to a fluffy whipped consistency. He stated he had put milk in the processor with the biscuit and pureed it, there were no crumbs. - The State Surveyor indicated the lunch meal on 1/12/16 revealed all items were served appropriately.	02/05/20 16

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660		
(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 310)	Continued From page 19 Review of Resident #3's diet order posted in the kitchen was pureed. Observation of the breakfast meal on for Resident #3 on 01/12/15 at 8:00AM revealed: -She was was served visibly dry bread crumbs with gravy, scrambled eggs with visible chunks, and visible dry cereal with milk. -She was eating this meal without difficulty. Review of the facility puree menu for 01/12/15 revealed 1 serving cereal, 1 serving pureed egg, 1/4 cup pureed sausage gravy, and 1/2 cup pureed biscuit. Based on diagnoses Resident #3 was determined to be non-interviewable. Refer to interview with the Food Service Manager on 01/12/16 at 8:45AM. Refer to interview with the Administrator on 01/16/16 at 3:50PM. Refer to observation of the lunch meal on 01/12/16 at 11:50AM. B. Review of Resident #2's current FL-2 dated 12/01/15 revealed diagnoses which included Parkinsonism, abdominal aneurysm and gastroesophageal reflux disease. Review of current order for Resident #2 dated 01/11/15 revealed the physician ordered a puree diet. Observation of the breakfast meal for Resident #2 on 01/12/15 at 8:00AM revealed: -He was served visibly dry bread crumbs with	(D 310)	- The State Surveyor was also in the Facility when meals were being served on 1/13/16 and 1/15/16. The Surveyor did not indicate if those meals were observed. What immediate action will the facility take to abate the violation? - Dietary training was provided on 2/5/16 to ensure all dietary staff is aware of the resident's modified diets. The training also included a review of the "Food Service Orientation Manual", see Exhibit H. Describe your plans to ensure residents are protected from further risk or additional harm? - The Administrator / Manager shall ensure all therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. - The Administrator / Manager will monitor modified diets using the "Modified Diets Monitoring Form", see Exhibit I. - The monitoring will be completed weekly x3, monthly x3, and then quarterly thereafter. - Documentation shall be kept at the Facility for review.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

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(D 310)	Continued From page 20 gravy, scrambled eggs with visible chunks, and visible dry cereal with milk. -He had no difficulties with eating. Interview with Resident #2 on 01/16/16 at 3:05PM revealed he required a puree diet because he had trouble chewing and swallowing. Refer to interview with the Food Service Manager on 01/12/16 at 8:45AM. Refer to interview with the Administrator on 01/16/16 at 3:45PM. Refer to observation of lunch meal on 01/12/16 at 11:50AM. Interview with the Food Service Manager, who was in charge of food service, on 01/12/16 at 8:45AM revealed: -The previous food service supervisor trained him for 4 days before she left. -He was trained to put food in the food processor but he had not been trained to add any liquids to the food. -He had not been trained to assure the puree food was served a fluffy, whipped consistency. Interview with the Administrator on 01/16/16 at 3:45PM revealed she was aware of the acceptable standard of practice of serving pureed food in a "fluffy whipped" consistency. Observation of the lunch meal on 01/12/16 at 11:50AM revealed all items were served appropriately pureed.	(D310)		
D 358	10A NCAC 13F .1004(a) Medication Administration	D 358	Tag 358 10A NCAC 13F .1004(a) – Medication Administration Type B	02/12/20 16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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OLIN, NC 28660

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D 358	Continued From page 21 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 record review and interviews, the facility failed to administer medications for 2 of 3 sampled residents reviewed for medication administration (Resident #6 and Resident #7). The findings are: A. Review of Resident #6's current FL-2 revealed: -An admission date of 08/26/15. -A diagnosis of "fascioscapulothoracic dysphasia." -Illegible signature in the physician signature block with the date 09/15/15. -Celexa (used to treat depression) 40mg 1 tab po daily. -Clonazepam (used to treat anxiety disorders) 1 mg 1 tab po twice a day. -Diclofenac (used for pain) 75mg 1 tab po QD every day. -Lyrica (used to neuropathic pain) 300mg 1 tab po at bedtime. -Proair (used to treat shortness of breath) 2 puffs po every 8 hours as needed. Review of Resident #6's "patient prescription record" and "patient profile," from the retail	D 358	Actions taken prior to and during survey. - Facility Manager produced original documents that meds were given as ordered by their physician. - The Facility donates money to help residents pay for medications when waiting on Medicaid approval. - Medication bills are paid through the corporate office on a monthly basis. - It normally takes about 60 days to get Medicaid approval. Resident # 6 and Resident # 7 withheld information concerning insurance policies that caused their Medicaid application to take over 3 months to become approved. - When the pharmacy did not send their medications in November, the Facility had to use the meds they had brought from home, in the back up supply room. - When those medications were almost depleted, the Manager called the corporate office. - The Facility paid their medication bill to get medications restarted December 1st. What immediate action will the facility take to abate the violation?	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

(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 22 pharmacy dispensing her medications prior to admission to the facility, revealed: -Clonazepam 1 mg tablet, take 1 tablet twice a day -Clonazepam 1mg tablets dispensed each month from January 2015 through August 2015. -Each month, a quantity of 60 tablets were dispensed. -The last date for the filling of this prescription was 8/13/15 with a quantity of 60 tablets dispensed and no refills remaining. Review of a Neurologist note for Resident #6 dated 08/20/15 revealed: -Under the heading of active problems FSH (fascioscapulohumeral muscular dystrophy). -"she is no longer ambulatory" - "She is starting to have some fecal incontinence and is depressed over her situation as they are looking going to assisted living. I do think that is a reasonable option..." - "I will hold off any changes [to medications] though [s]he may need to look at changing her antidepressant pending how she does..." -Under the heading of Current Med[ications]s was listed clonazepam 1mg oral tablet, 1 po BID (twice a day). -The note was electronically signed by a physician with the same name as that noted on the retail pharmacy records. Review of a copied document, provided by the Facility Manager and identified as an inventory of Resident #6's medications upon admission, revealed: -The date 08/26/15 and "[Resident #6] meds upon admit." -Space for the name of the resident and the resident's physician were blank. -A list of medications which included "clonazepam	D 358	- Training was provided to all Medication Aides to review Medication Administration and Facility Policies and Procedures. Training was completed by an RN at the Facility on 2/12/16, see Exhibit J. Describe your plans to ensure residents are protected from further risk or additional harm? - The Administrator / Manager shall ensure that the preparation and administration of medications, prescriptions and non-prescription, and treatments by staff are in accordance with orders by a licensed prescribing practitioner which are maintained in the resident's record and the facilities policies and procedures. - The Administrator / Manager will monitor the medication aides using the "medication administration" monitoring form, see Exhibit K. - The monitoring will be completed weekly x3, monthly x3, and then quarterly thereafter. - Documentation shall be kept at the Facility for review.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/16/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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999 TABOR ROAD
OLIN, NC 28660

(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 23 [no tablet strength noted] 87 pills." -A bold black line running across the bottom 1/4th of the page, under which was noted partial faint printing, the Resident's name on a signature line and a "print name" line, the word "self" under this and the date of 08/26/15. Review of second copied document, provided by the Facility Manager and identified as an inventory of Resident #6's medications upon admission, revealed: -"Final Copy" handwritten in the upper left hand corner. -The Resident's name on the name of resident line and "Home Med" on the line for resident's physician. -The date 08/26/15 and "[Resident #6] meds upon admit." -A list of medications which included "clonazepam [no tablet strength noted] 87 pills" and under this in different handwriting "[name of Resident #6] Bottle 2 Clonazepam 1mg #72 pills." -A bold black line running across the bottom 1/4th of the page, under which was noted partial faint printing, the Resident's name on a signature line and a "print name" line, the word "self" under this and the date of 08/26/15. Review of a third copied document, provided by the Facility Manager and identified as an inventory of Resident #6's medications upon admission, revealed: -Resident's name on the name of resident line and "Home Meds" on the line for resident's physician. -A date of 08/26/17 [wrong year] and "Bottle 2 Clonazepam 1mg #72 pills" with signatures of the Resident and the Facility Manager. Review of a Primary Care Physician note for	D 358		

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STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660
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(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 24 Resident #6 dated 8/29/15 revealed: - "I am seeing this patient as a new admission." - "Additionally, she presents with a history of depression with anxiety." - "Presently, she feels a moderate degree of depression." - "She is in the Maintenance Phase of treatment (3 or more prior episodes of depression). The patient's symptoms have not improved so they have not met their goal." - Review of Symptoms included psychiatric as "negative for anxiety, depression and sleep disturbance." - Under the heading "Current Medications" was "Please see MAR [medication administration record] and chart for a complete and up-to-date list of medications." - A psychiatric examination of alert and oriented "x 3" and appropriate affect and demeanor. - An assessment diagnosis of depression with anxiety. - A plan for depression with anxiety as "Will monitor. No change in current treatment plan." Review of an Account Trial Balance record for Resident #6 for the month of August 2015, provided by the facility's contracted pharmacy, revealed 60 tablets of clonazepam 1mg dispensed on 08/27/15 with a prescription number of 04065470. Review of the Controlled Drug Receipt/Record/Disposition form for Resident #6 for the period of 08/27/15 through 09/25/15 revealed: - A prescription number of 4065470 and date received of 08/27/15. - Clonazepam 1 mg take 1 tablet by mouth twice a day, with quantity received of 60. - The medication count had a zero balance noted	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660		
(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 25 on 09/25/15. Review of the Medication Administration Record (MAR) for Resident #6 for September 2015 revealed: -Clonazepam 1mg take 1 tablet by mouth twice a day. -The medication was administered, signified by Medication Aide initials in blocks on the MAR, as ordered for the entire month. -No comments related to clonazepam on the back of the MAR. Review of an Account Trial Balance record for Resident #6 for the month of October 2015, provided by the facility's contract pharmacy, revealed 60 tablets of clonazepam 1mg dispensed on 10/06/15 with a prescription number of 04065580. Review of the Controlled Drug Receipt/Record/Disposition form for Resident #6 for the period of 09/26/16 through 10/31/15 revealed: -No prescription number and no date received. -"Clonazepam take 1 tablet po for anxiety," with quantity received of 62. -In the top center of the form was written "Home Bottle #1." -A zero balance noted on 10/26/15. -On 10/27/15 at 8:00AM one tablet was dispensed with 97 tablets left, with "Bottle two" written to the right of the illegible signature. -The form ended on 10/31/15 at 2:00PM with a balance of 88 tablets. Review of a second Controlled Drug Receipt/Record/Disposition form for Resident #6 for the period of 10/07/15 through 11/04/15 revealed:	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

(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 26 -A prescription number of 4065580 and date received of 10/06/15. -"Clonazepam 1 mg 1 tablet po BID [twice a day] at 8A & 2P" with quantity received of 60. -The medication count had a zero balance noted on 11/04/15. Review of the MAR for Resident #6 for October 2015 revealed: -Clonazepam 1mg take 1 tablet by mouth twice a day. -Medication Aide initials were circled for doses administered on 10/02/15 through 10/07/15. -The medication was administered, signified by medication aide initials in blocks on the MAR, as ordered for the remaining dates in October 2015. -On the back of the MAR was a comment for 10/02/15 at 8:00AM as follows: "klonopin 1 mg NG waiting on pharmacy not given" with an illegible signature. -Another comment for 10/05/15 at 2:00PM was "clonopin 1 mg PO waiting on [illegible initials] pharmacy not given" with illegible initials. -No other comments were noted on the back of the October 2015 MAR. Review of physician orders for Resident #6 dated 10/30/15 revealed a new order for clonazepam 1mg to be given every AM, noon and 6PM. Review of a copy of order sheet for Resident #6 dated 11/01/15 revealed: "Dr. [name of physician]- [Resident #6] has order for her clonazepam and we are having issues with the insurance as earlier noted. she has some in backstock 1 tab po BID [twice a day]. Can we continue and then have Rx [prescription] order until filled?" -At the bottom of the order form was noted "yes," an illegible signature and the date 11/01/15.	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28680		
(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 27 Review of the MAR for Resident #6 for November 2015 revealed: -The computer-printed order for clonazepam 1mg take 1 tablet by mouth twice a day at 8:00AM and 2:00PM was administered (as indicated by initials) on 11/01/15 and 11/02/15 with no accompanying comments on the back of the MAR (for a total of 4 administration opportunities). -The computer-printed order was crossed out with the date 10/30/15, "N/O" (new order) and the physician's name written in with no further initials in blocks for the rest of the month. Review of a second handwritten page of Resident #7's November 2015 MAR revealed: -Medication orders which included "clonazepam 1mg 1 tab po 8A[M], 12P[M] and 6PM" with administration (indicated by initials) on 11/01/15 at 6PM through 11/04/15 at 12PM and 11/05/15 at 8AM through 11/05/15 at 12PM (for a total of 11 administration opportunities). -The capital letter "F" noted on 11/13/15 at 6PM through 11/16/15 at 12PM, and again on 11/26/15 at 6PM through 11/29/15 at 12PM (for a total of 18 administration opportunities). -No initials documented for clonazepam administration on 11/07/15 at 6PM, 11/11/15 at 6PM, 11/12/15 at 6PM, 11/18/15 at 12PM and 11/30/15 at 12PM (for a total of five administration opportunities), with the 11/18/15 at 12PM opportunity having a comment on the back of the MAR ("clonazepam 1mg NG waiting on pharmacy" with illegible initials). -All remaining administration times noted with circles around the initials (for a total of 54 administration opportunities). -On the back of this hand-written MAR was the comment "clonazepam 1mg NG waiting on pharmacy" written for 40 different administration	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

(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 28 times from 11/04/15 at 6PM through 11/29/15 at 6PM. Review of a third page of hand-written MAR for Resident #6 for November 2015 revealed: - "Home Meds" at the top center margin of the MAR. - The order "clonazepam 1mg take 1 tab po TID (three times a day)" with the times of 8A, 12N (noon) and 6P. - The capital letter "F" was noted on 11/05/15 at 8A, 11/13/15 at 6P through 11/16/15 at 12N and 11/27/15 at 8A through 11/29/15 at 12N (for a total of 18 administration opportunities). - All remaining dates and times were initialed as administered (for a total of 72 administration opportunities). - There were no comments documented on the back of this third hand-written MAR. Review of a Medication Release form for Resident #6 dated 11/13/15 at 7:30PM revealed: - A date was blacked out with "13" written above it. - A list of medications which included "Clonazepam [SIC]" 1mg, with a quantity released of 12 and a quantity returned of 3. - The date of returning medications was 11/16/15 at 4:00P. - Resident #6's printed name was noted on the Responsible Person signature line, and the name in cursive was noted on the Person Returning Medications signature line. Review of another Medication Release form for Resident #6 dated 11/27/15 at 5:00PM revealed: - A list of medication which included clonazepam 1mg, the quantity released of 12 crossed out and "09" written in, and a quantity returned of 1. - The date of returning medications was 11/29/15 at 4:00P.	D 358		

Division of Health Service Regulation

STATE FORM

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

(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 29 -Resident #6's printed name was noted on the Responsible Person signature line, and the name in cursive was noted on the Person Returning Medications signature line. Review of the Controlled Drug Receipt/Record/Disposition form for Resident #6 for 11/01/15 through 11/30/15 revealed: -No prescription number and no date received were documented on the form. -"take 1 tab po TID [three times a day] for anxiety 8A, 12N, 6P" with no medication noted and a quantity received of 87. -Across the first line in the first column was written "Bottle From Home." -"Home Visit" with a down arrow from 11/13/15 at 6P through 11/16/15 at 12N and again from 11/27/15 at 8A through 11/29/15 at 12N (during this period was noted a crossed-out signature on a line dated 11/27/15 at 6P, with the word "error" written in the margin). -Consecutive dates from 11/11/15 at 12P through 11/16/15 at 8A were noted to have dates written over other dates with a thicker pen stroke. -On 11/30/15 at 6P there was documented a zero balance. Review of a Primary Care Physician computer-printed note for Resident #6 dated 11/07/15 revealed: -The reason for the visit was for follow-up for a recent acute bronchitis. -Under the Assessment heading was "History of noncompliance with medical treatment [no punctuation] The patient is running out of her meds due to insurance issues." -Under the Follow-up heading was in bold letters "History of noncompliance with medical treatment" and in non-bolded print "She is withdrawing from Clonazepam now."	D 358		

Division of Health Service Regulation

STATE FORM

6806

ZJTN13

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

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D 358	Continued From page 30 -A hand-written illegible signature. Review of a Primary Care Physician computer-printed note for Resident #6 dated 11/21/15 revealed: -The reason for the visit was for follow-up for a recent acute bronchitis. -Under the Assessment heading was "History of noncompliance with medical treatment [no punctuation] The patient is running out of her meds due to insurance issues." -A hand-written illegible signature. Review of an Account Trial Balance record for Resident #6 for the month of December 2015, provided by the facility's contracted pharmacy, revealed: -90 tablets of clonazepam 1mg dispensed on 12/01/15 with a prescription number of 04065666. -"Payment- Thank You" of \$373.08 Review of the Controlled Drug Receipt/Record/Disposition form for Resident #6 for the period of 12/01/15 through 12/31/15 revealed: -Prescription number 4065666 and a date received of 12/01/15. -"Clonazepam 1mg 1 tab po TID 8A & 12N & 6PM" with a quantity received of 90. -The medication count had a zero balance noted on 12/31/15. Review of the MAR for Resident #6 for December 2015 revealed: -The computer-printed order for clonazepam 1mg take 1 tablet by mouth 3 times a day, with times noted of 8AM, 12PM and 6PM. -No documentation of administration for 12/13/15 at 6PM. -The capital letter "F" in administration blocks	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660		
(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 31 from 12/25/15 at 8AM through 12/28/15 at 12PM. -Documentation of administration in all other blocks with no initials circled. -On the back of the MAR dated 12/01/15 at 8A and 12 was the comment "Klonopin NG waiting on pharmacy" with a signature. Interview with Resident #6 on 01/12/16 at 10:05AM revealed: -She had received no medications for "90 days" while her Medicaid was being approved. -She had seen her Neurologist on 10/30/15 who changed some of her medications but it "took a month to get all that as [contract] pharmacy cut me off." -The medications that were stopped included "[brand name for clonazepam]." -Starting on 11/04/15 she reported as starting to go through "withdrawal," stating she had bad headaches, diarrhea, no sleep and aching teeth. -On 11/05/15 she was told by the facility manager that her prescriptions would be filled at a retail pharmacy but that did not occur. -On 11/07/15 she saw the Primary Care Physician whom she reported did not know she was out of medications. -She had heard the Primary Care Physician ask the Facility Manager why she was out of medications, but there were no new prescriptions and no medications were forthcoming. -The Primary Care Physician told her she was going through withdrawals. -There was "no weaning me off [brand name for clonazepam]" and "they knew it [withdrawals] was going to happen." Phone interview with the Pharmacist from the contract pharmacy on 01/13/16 at 9:10AM revealed: -Pharmacy policy was if a resident was not having	D 358		

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

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D 358	Continued From page 32 their bill paid, the pharmacy would give a 30 day notice after which if no payment was made, then services would be stopped. -He confirmed Resident #6, according to his records, had an October 2015 unpaid pharmacy bill of \$706.34 when pharmacy services were stopped. -He did not have a date when the 30 day notice was sent because when payment was made that record was no longer archived. -He was informed in November 2015 that Resident #6 was approved for Medicaid, was "dual eligible" for pharmacy coverage by both Medicare and Medicaid, and based on this coverage the contract pharmacy was able to credit much of the outstanding bill balance. -After Medicaid paid a portion of the outstanding pharmacy bill, the outstanding balance remaining was \$373.08, which was paid on 12/03/15, with Resident #6 now in good standing. -The Resident "had to get medication[s] on her own in November [2015]." -The contract pharmacy resumed medication delivery no later than 12/01/15 and "reversed all the claims." -The contract pharmacy was told the Resident was "getting all her meds from a local [retail] pharmacy." Confidential interview with a Medication Aide (MA) revealed: -Medication reordering occurred before weekends began. -If medications were needed during weekdays, a fax order was sent to the contract pharmacy and medications would arrive the same evening. -Residents should never completely run out of medications unless there was no insurance, in which case physician could consider giving discontinuation (D/C) orders.	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28659

(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 33 -There was no local retail pharmacy used as a back-up pharmacy. -On admission, a resident's medication brought into the facility would be put in "back stock" in case they ran out of medications. -MA initials circled on the MAR indicated either the medication was refused or the medication was not in the pharmacy. -Sometimes medications would be borrowed from another resident if not present. -Concerning Resident #6's clonazepam she stated there was a "possibility it was given but I can't remember" -At "one point" Resident #6 did run out of clonazepam. -If medication was not sent by the contract pharmacy due to not being time or insurance lapse, and if there was no way to get the medication she would document in the comment section on the back side of the MAR "waiting on pharmacy." -She remembered Resident #6 asking for medications "two times" when the facility did not have them and she remembered a lapse in insurance. -She did not remember Resident #6 having withdrawal symptoms, but she could not say if she had or did not have withdrawal symptoms. Confidential interview with a second MA revealed: -If a resident did not have a medication available she would ask the Facility Manager who might know why it was missing. -"Back stock" medications were kept in the medication room and were used if medications were missing from the medication cart. -If a resident had a "bottom spare" of a medication in the medication cart drawer she could give this medication to a resident. -If a "spare medication" were given to a resident,	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD49016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

(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 34 it would be documented on the MAR as "borrow" but she was not sure of this and "will have to get back to [surveyor] on that." -Documentation on the back of the MAR as "waiting on pharmacy" meant "it would have to be..." then without finishing her statement said she would "have to get back to [surveyor] on that one." -She stated Resident #6 "had insurance issues" then without finishing her statement said she would "have to get back to [surveyor]." Confidential interview with a third MA revealed: -If a resident was a "week away" from running out of medications the facility would reorder them. -When narcotic medications arrived from the contract pharmacy control sheets would be made "by hand." -Narcotic medications arrived from the contract pharmacy in a "locked box" and not inventoried with the delivery person, she was "hoping everything is in there." -Empty cassettes (plastic pill containers used by the contract pharmacy) would be given to the delivery person for return. -If there was no medication delivery for a resident, the Facility Manager would get medications from a retail pharmacy. -Medications brought in on admission were kept in a locked closet in the medication room. -She had in the past taken medications from admission medications, like when Medicaid approval was pending for a resident, and this was an "acceptable plan." -For medications administered from supply from the contract pharmacy, documentation would go on the MAR. -For controlled medications administered from a supply brought in by a resident, a control sheet would be made.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660			
(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 35 - "NG" documented on the MAR meant the medication was "not given from the cassette" and "does not mean they [a resident] were not given a medication." - Resident #6 took her medications and did not refuse medications. - She did not notice Resident #6 having any side effects regarding medications. - Resident #6 "has not missed medications, not that I know of." - Circles around initials on the MAR for Resident #6 meant the "whole thing with the cassette" and she "had her home meds" from the bottle. - She would document on the control sheet for the home medications and would not have to document on the back of the MAR. - She had never been told the purpose of circling initials on the MAR, but it meant either a resident refusal, waiting on the pharmacy or a medication error. - If a medication were not given at all for any reason, it would be documented the same way by circling initials and making a comment on the back of the MAR. - For Resident #6's October 2015 MAR for clonazepam, she stated none of the initials were her initials from 10/02/15 through 10/07/15, but she remembered that during this time she was "out of Medicaid," a bottle from her admission was placed in a medication drawer and a control sheet for this bottle was made. - For Resident #6's November 2015 MAR for clonazepam, she stated doses on 11/01/15 and 11/02/15 were pulled from a cassette. - For Resident #6's second page of the November 2015 MAR for clonazepam, she stated the initials for doses administered on 11/01/15 through 11/03/15 had no circles and the medication came from a cassette, and after 11/05/15 MAs got medication from "house stock" which was "what	D 358			

Division of Health Service Regulation

STATE FORM

2JTN13

If continuation sheet, 36 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

(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 36 she came in with." -She identified her initials with entries on the back side of Resident #6's November 2015 MAR. Interview with the Facility Manager on 01/13/16 at 1:00PM revealed: -If a resident had insurance issues, she would have family sign a form that they would be "responsible." -If a resident was admitted with medications they brought with them, those pills could be used as "back stock" when they run out of medications from the contract pharmacy. -If "back stock" was used and the contract pharmacy was no longer filling prescriptions, the facility would use a different pharmacy or call the physician to get D/C orders. -If all options for filling prescriptions were exhausted, she would discuss the issue with the corporate office that would usually give her permission to go to a retail pharmacy as it was "cheaper" and much depended on what insurance the resident had. -Resident #6 was admitted with Medicare only and she had "90 to 100" clonazepam on admission. -She applied for Medicaid on behalf of Resident #6, which was originally denied but once the physician's signature date on the FL-2 was corrected the resident was approved. -When Resident #6 started running out of medications in November 2015 she got some medication orders D/C'd and others suspended by the physician. -It was decided to wait for Medicaid approval and not go through the contract pharmacy. -Resident #6 "never went without her [brand name for clonazepam] for more than 3 days." -The Resident ran out of clonazepam the first or second day of December, 2015 from which the	D 358		

Division of Health Service Regulation

STATE FORM

2009

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If continuation sheet 37 of 79

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

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OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

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D 358	Continued From page 37 Resident's "back supply" was used. -The contract pharmacy got a check from "corporate" to pay off the pharmacy balance owed for Resident #6 -The Resident's co-pay for another medication (Lyrica) "ate all the money up" which was what caused the Resident's pharmacy bill to go so high. -She told the MAs to use Resident #6's back stock. -Resident #6 knew how many clonazepam she had brought in with her on admission as "I have a sheet" which documented the amount. An interview with Resident #6 on 01/13/16 at 3:10PM revealed: -She had brought numerous medications to the facility from home upon admission. -The medications were brought in a plastic bag from the retail pharmacy that filled her prescriptions before her admission. -Her prescriptions from the retail pharmacy were only filled for 30 days at a time. -She was told by MAs (no specific names given) that they would be using the "supply" she brought in with her at the time the contract pharmacy "cut her off." An interview with a Nurse on 01/13/16 at 3:30PM revealed: -She was employed by the facility to provide MA instruction for staff. -She taught MAs how to document on a MAR if a medication was not available for administration. -Upon reviewing comments on the back side of a MAR for Resident #6, she stated she did not know what "NG" meant. -She stated she knew there were times MAs had to wait on the contract pharmacy for medications. -She stated she was not familiar with the MARs	D 358		

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STATE FORM

6520

ZJTN13

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H4L049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

(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 38 used by the facility. An interview with Resident #6 on 01/13/16 at 4:30PM revealed: -She remembered going on a leave of absence from the facility in November. -She was given medications, "don't remember" but "just what I had in stock." -Clonazepam was not one of the medications. Phone interview with the Primary Care Physician on 01/14/16 at 9:45AM revealed: -Insurance was not willing to pay for "certain things" for Resident #6 and the Resident had no money to pay for medications. -Some residents were willing to accept "alternatives" but Resident #6 wanted things "her way." -Before coming to the facility Resident #6 was known to refuse medications for which the "non-compliance" was referring to in his note. -Clonazepam is "a little more expensive." -The Resident's withdrawal symptoms were "not life threatening" but rather "just life aggravated." -He could not recall any conversations about replacing the clonazepam with another medication. Phone interview with the Administrator on 01/14/16 at 12:05PM revealed: -The contract pharmacy would let a pharmacy bill accumulate "for a time," but if the bill came with a "note" demanding payment then it would have to be paid. -"I was not paying any pharmacy bill" as the Facility Manager told her the facility would use "back up" medications and was going with another retail pharmacy. -She told the Facility Manager that she would pay on the contract pharmacy account for Resident	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER
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OLIN, NC 28660**

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D 358	Continued From page 39 #6 so medications would resume. -She "hand-delivered" a check to the contract pharmacy to pay on a "non-pharmacy" payment. -If there were "no other plans" for medications for a resident she would normally call the contract pharmacy and would be told an amount to pay, which she would pay. -The facility had medications for Resident #6 from her admission in "back up." Interview with the Facility Manager on 01/15/16 at 1:00PM revealed the original copy of Resident #6's inventory of medications upon admission was not available for review (a photocopy was provided for review). A second interview with the Facility Manager on 01/15/16 at 2:20PM revealed: -She could not account for the documentation on control sheets for Resident #6's clonazepam brought in from home on admission and on the control sheet for clonazepam from the contract pharmacy for the same period of time from 10/07/15 at 2:00PM through 11/04/15 at 12:00PM. -A lot of MAs "come and go" and did not always document on the back of the MARs. B. Review of Resident #7's current FL2 dated 8/29/15 revealed: Diagnoses of encephalopathy, avascular necrosis, and migraine headaches. -Xanax 1 mg, 1 tab at bedtime (used for anxiety) -Celexa 20 mg, 1 tab at bedtime. (an antidepressant) -Lyrica 300 mg twice per day (to treat nerve pain and fibromyalgia) -Aspirin 81 mg daily (to help prevent heart attacks, strokes, and blood clots) -Diclofenac 15 mg, 1 daily. (used to treat pain and	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

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D 358	Continued From page 40 inflammation associated with arthritis). Review of Resident Register revealed Resident #7 was admitted to the facility on 8/27/15. Review of November and December, 2015 Medication Administration Records revealed: -Lyrica, Celexa, and Diclofenac were initialed and circled by staff on 11/30/15 and 12/1/15. -The back of the MAR explained the circles as "waiting on meds from pharmacy." Telephone interview with staff at the Resident #7's neurologist office on 1/13/15 at 1:30pm revealed: -If Resident #7 missed doses of Celexa, he would experience withdrawal symptoms and worsening pain. -If Resident #7 missed doses of Lyrica and Diclofenac, he would have increased inflammation. Telephone interview with Resident #7's primary care physician on 1/14/15 at 9:30AM revealed he was aware Resident #7 may have missed some medications because of insurance but made no comment on the significance. Telephone interview with the pharmacy provider on 1/13/15 at 9:30AM revealed: -Medications were delayed because of insurance issues and non-payment. -He understood from the facility manager that she made arrangements to get the medication from another pharmacy when their pharmacy did not send refills because of payment. Interview with the facility manager on 1/15/16 at 12:20pm revealed: -Resident #7 missed the two days medications	D 358		

Division of Health Service Regulation

STATE FORM

5009

ZJTN13

If continuation sheet 41 of 76

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660			
(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 41 because of insurance issues: -She was attempting to get them from a different pharmacy when the medications came in from the pharmacy provider. Interview with Resident #7 on 1/13/16 at 11:35AM revealed: -He remembered that when he was out of Lyrica and Diclofenac that he had more pain and could not sleep at night. -He said he was offered Tylenol, but that it "did not help." Confidential interview with a Medication Aide (MA) revealed the MA initials circled on the MAR indicated either the medication was refused or the medication was not in the pharmacy. A Plan of Protection was obtained from the facility on 1/13/16 which included: -"Produced original documents meds was given." -A nurse will retrain medication aides on medication administration. -Consulting staff in the corporate office "from the beginning" with issues concerning insurance and funds. -The Facility Manager will monitor weekly to ensure all medications are available. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 14, 2016.	D 358			
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the	D 367	Tag 367 10A NCAC 13F .1004(j) – Medication Administration Actions taken prior to and during survey.	02/12/20 16	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28650		
(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 367	Continued From page 42 following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to accurately document a medication order change and when medication was not available for administration for 1 of 3 residents (Resident #6). The findings are: Review of Resident #6's current FL-2 revealed: -An admission date of 08/26/15. -A diagnosis of "fascioscapulohumeral dysphasia." -Celexa (used to treat depression) 40mg 1 tab po daily. -Clonazepam (used to treat anxiety disorders) 1 mg 1 tab po twice a day. -Diclofenac (used for pain) 75mg 1 tab po QD every day. -Lyrica (used to neuropathic pain) 300mg 1 tab po	D 367	- Facility Manager produced original documents that meds were given as ordered by their physician. - The Facility donates money to help residents pay for medications when waiting on Medicaid approval. - Medication bills are paid through the corporate office on a monthly basis. - It normally takes about 60 days to get Medicaid approval. Resident # 6 and Resident # 7 withheld information concerning insurance policies that caused their Medicaid application to take over 3 months to become approved. - When the pharmacy did not send their medications in November, the Facility had to use the meds they had brought from home, in the back up supply room. When those medications were almost depleted, the Manager called the corporate office. - The Facility paid their medication bill to get medications restarted December 1st. What immediate action will the facility take to abate the violation? - The Facility produced during the survey original documentation that Resident # 6 did not go without medications and the Facility did not violate patient rights.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660		
(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 367	Continued From page 43 at bedtime. -Proair (used to treat shortness of breath) 2 puffs po every 8 hours as needed. -Illegible signature in the physician signature block with the date 09/15/15. Review of a Primary Care Physician note for Resident #6 dated 8/29/15 revealed: - "I am seeing this patient as a new admission." - "Additionally, she presents with a history of depression with anxiety." - "Presently, she feels a moderate degree of depression." - "She is in the Maintenance Phase of treatment (3 or more prior episodes of depression). The patient's symptoms have not improved so they have not met their goal." - Review of Symptoms included psychiatric as "negative for anxiety, depression and sleep disturbance." - Under the heading "Current Medications" was "Please see MAR [medication administration record] and chart for a complete and up-to-date list of medications." - A psychiatric examination of alert and oriented "x 3" and appropriate affect and demeanor. - An assessment diagnosis of depression with anxiety. - A plan for depression with anxiety as "Will monitor. No change in current treatment plan." Review of the MAR for Resident #6 for October 2015 revealed: - Clonazepam 1mg take 1 tablet by mouth twice a day. - Medication Aide initials were circled for doses administered on 10/02/15 through 10/07/15. - The medication was documented as administered as ordered for the remaining dates in October 2015.	D 367	- Training was provided to all Medication Aides to review Medication Administration and Facility Policies and Procedures. Training was completed by an RN at the facility on 2/12/16. Describe your plans to ensure residents are protected from further risk or additional harm? - The Administrator/Manager shall ensure the residents' medication administration record (MAR) shall be accurate and include all the following as listed in rule 10A NCAC 13F .1004 (j)(1-8). - The Administrator/Manager will monitor the medication aides using the "quality assurance – new orders/charting/MAR/count" monitoring form, see Exhibit L. - The monitoring will be completed weekly x3, monthly x3, and then quarterly thereafter. - Documentation shall be kept at the Facility for review.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660
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D 367	Continued From page 44 -On the back of the MAR was a comment for 10/02/15 at 8:00AM as follows: "klonopin 1 mg NG waiting on pharmacy not given" with an illegible signature. -Another comment for 10/05/15 at 2:00PM was "clonopin 1 mg PO waiting on [illegible initials] pharmacy not given" with illegible initials. -No other comments were noted on the back of the October 2015 MAR. Review of physician orders for Resident #6 on 10/30/15 revealed a new order for clonazepam 1mg to be given every AM, noon and 6PM. Review of a copy of order sheet for Resident #6 dated 11/01/15 revealed: -"Dr. [name of physician]- [Resident #6] has order for her clonazepam and we are having issues with the insurance as earlier noted, she has some in backstock 1 tab po BID [twice a day]. Can we continue and then have Rx [prescription] order until filled?" -At the bottom of the order form was noted "yes," an illegible signature and the date 11/01/15. Review of the MAR for Resident #6 for November 2015 revealed: -The computer-printed order for clonazepam 1mg take 1 tablet by mouth twice a day at 8:00AM and 2:00PM was administered (as indicated by initials) on 11/01/15 and 11/02/15 with no accompanying comments on the back of the MAR (for a total of 4 administration opportunities). -The computer-printed order was crossed out with the date 10/30/15, "N/O" (new order) and the physician's name written in with no further initials in blocks for the rest of the month. Review of a second handwritten page of Resident #7's November 2015 MAR revealed:	D 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED: R 01/15/2016
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OLIN, NC 28660

(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 367	Continued From page 45 -Medication orders which included "clonazepam 1mg 1 tab po 8A[M], 12P[M] and 6PM" with administration (indicated by initials) on 11/01/15 at 6PM through 11/04/15 at 12PM and 11/05/15 at 8AM through 11/05/15 at 12PM (for a total of 11 administration opportunities). -The capital letter "F" noted on 11/13/15 at 6PM through 11/16/15 at 12PM, and again on 11/26/15 at 6PM through 11/29/15 at 12PM (for a total of 18 administration opportunities). -No initials documented for clonazepam administration on 11/07/15 at 6PM, 11/11/15 at 6PM, 11/12/15 at 6PM, 11/18/15 at 12PM and 11/30/15 at 12PM (for a total of five administration opportunities), with the 11/18/15 at 12PM opportunity having a comment on the back of the MAR ("clonazepam 1mg NG waiting on pharmacy" with illegible initials). -All remaining administration times noted with circles around the initials (for a total of 54 administration opportunities). -On the back was the comment "clonazepam 1mg NG waiting on pharmacy" written for 40 different administration times from 11/04/15 at 6PM through 11/29/15 at 6PM. Review of a third hand-written MAR page for Resident #6 for November 2015 revealed: -"Home Meds" at the top center margin of the MAR. -The order "clonazepam 1mg take 1 tab po TID [three times a day]" with the times of 8A, 12N [noon] and 6P. -The capital letter "F" was noted on 11/05/15 at 8A, 11/13/15 at 6P through 11/16/15 at 12N and 11/27/15 at 8A through 11/29/15 at 12N (for a total of 18 administration opportunities). -All remaining dates and times were initialed as administered without circles (for a total of 72 administration opportunities).	D 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660			
(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 367	Continued From page 46 -There were no comments documented on the back of this third hand-written MAR. Review of a Medication Release form for Resident #6 dated 11/13/15 at 7:30PM revealed: -A date that was blacked out with "13" written above it. -A list of medications which included "Colanazepam [SIC]" 1mg, with a quantity released of 12 and a quantity returned of 3. -The date of returning medications was 11/16/15 at 4:00P. -Resident #6's printed name was noted on the Responsible Person signature line, and the name in cursive was noted on the Person Returning Medications signature line. Review of another Medication Release form for Resident #6 dated 11/27/15 at 5:00PM revealed: -A list of medication which included clonazepam 1mg, the quantity released of 12 crossed out and "09" written in, and a quantity returned of 1. -The date of returning medications was 11/29/15 at 4:00P. -Resident #6's printed name was noted on the Responsible Person signature line, and the name in cursive was noted on the Person Returning Medications signature line. Review of the Controlled Drug Receipt/Record/Disposition form for Resident #6 for 11/01/15 through 11/30/15 revealed: -No prescription number and no date received were documented on the form. -"take 1 tab po TID [three times a day] for anxiety 8A, 12N, 6P" with no medication noted and a quantity received of 87. -Across the first line in the first column was written "Bottle From Home." -"Home Visit" with a down arrow from 11/13/15 at	D 367			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

OLIN VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

999 TABOR ROAD
OLIN, NC 28660

(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 367	Continued From page 47 6P through 11/16/15 at 12N and again from 11/27/15 at 8A through 11/29/15 at 12N (during this period was noted a crossed-out signature on a line dated 11/27/15 at 6P, with the word "error" written in the margin). -Consecutive dates from 11/11/15 at 12P through 11/16/15 at 8A were noted to have dates written over other dates with a thicker pen stroke. -On 11/30/15 at 6P there was documented a zero balance. Review of a Primary Care Physician computer-printed note for Resident #6 dated 11/07/15 revealed: -The reason for the visit was for follow-up for a recent acute bronchitis. -Under the Assessment heading was "History of noncompliance with medical treatment (no punctuation) The patient is running out of her meds due to insurance issues." -Under the Follow-up heading was in bold letters "History of noncompliance with medical treatment" and in non-bolded print "She is withdrawing from Clonazepam now." -A hand-written illegible signature. Review of a Primary Care Physician computer-printed note for Resident #6 dated 11/21/15 revealed: -The reason for the visit was for follow-up for a recent acute bronchitis. -Under the Assessment heading was "History of noncompliance with medical treatment (no punctuation) The patient is running out of her meds due to insurance issues." -A hand-written illegible signature. Review of an Account Trial Balance record for Resident #6 for the month of December 2015, provided by the facility's contracted pharmacy.	D 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

(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 367	Continued From page 48 revealed: -90 tablets of clonazepam 1mg dispensed on 12/01/15 with a prescription number of 04065666. -"Payment- Thank You" of \$373.08 Review of the MAR for Resident #6 for December 2015 revealed: -The computer-printed order for clonazepam 1mg take 1 tablet by mouth 3 times a day, with times noted of 8AM, 12PM and 6PM. -No documentation of administration 12/13/15 at 6PM. -The capital letter "F" in administration blocks from 12/25/15 at 8AM through 12/28/15 at 12PM. -Documentation of administration in all other blocks with none circled. -On the back of the MAR dated 12/01/15 at 8A and 12 was the comment "Klonopin NG waiting on pharmacy" with a signature. Review of the Controlled Drug Receipt/Record/Disposition form for Resident #6 for the period of 12/01/15 through 12/31/15 revealed: -Prescription number 4065666 and a date received of 12/01/15. -"Clonazepam 1mg 1 tab po TID (three times a day) 8A & 12N & 6PM" with a quantity received of 90. -The medication count had a zero balance noted on 12/31/15. Interview with Resident #6 on 01/12/16 at 10:05AM revealed: -She had received no medications for "90 days" while her Medicaid was being approved. -She had seen her Neurologist on 10/30/15 who changed some of her medications but it "took a month to get all that as [contract] pharmacy cut me off."	D 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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999 TABOR ROAD

OLIN, NC 28660

(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 367	Continued From page 49 -The medications that were stopped included "[brand name for clonazepam]." -Starting on 11/04/15 she reported as starting to go through "withdrawal," stating she had bad headaches, diarrhea, no sleep and aching teeth. -On 11/05/15 she was told by the facility manager that her prescriptions would be filled at a retail pharmacy but that did not occur. -On 11/07/15 she saw the Primary Care Physician whom she reported did not know she was out of medications. -She had heard the Primary Care Physician ask the Facility Manager why she was out of medications, but there were no new prescriptions and no medications were forthcoming. -The Primary Care Physician told her she was going through withdrawals. -There was "no weaning me off [brand name for clonazepam]" and "they knew it [withdrawals] was going to happen." Phone interview with the Pharmacist from the contract pharmacy on 01/13/16 at 9:10AM revealed: -Pharmacy policy was if a resident was not having their bill paid, the pharmacy would give a 30 day notice after which if no payment was made, then services would be stopped. -He confirmed Resident #6, according to his records, had an October 2015 unpaid pharmacy bill of \$706.34 when pharmacy services were stopped. -He was informed in November 2015 that Resident #6 was approved for Medicaid, was "dual eligible" for pharmacy coverage by both Medicare and Medicaid, and based on this coverage the contract pharmacy was able to credit much of the outstanding bill balance. -After Medicaid paid a portion of the outstanding pharmacy bill, the outstanding balance remaining	D 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660			
(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 367	Continued From page 50 was \$373.08, which was paid on 12/03/15, with Resident #6 now in good standing. -The Resident "had to get medication[s] on her own in November [2015]." -The contract pharmacy resumed medication delivery no later than 12/01/15 and "reversed all the claims." -The contract pharmacy was told the Resident was "getting all her meds from a local [retail] pharmacy." Confidential interview with a Medication Aide (MA) revealed: -Medication reordering occurred before weekends began. -If medications were needed during weekdays, a fax order was sent to the contract pharmacy and medications would arrive the same evening. -Residents should never completely run out of medications unless there was no insurance, in which case physician could consider giving discontinuation (D/C) orders. -There was no local retail pharmacy used as a back-up pharmacy. -On admission, a resident's medication brought into the facility would be put in "back stock" in case they ran out of medications. -MA initials circled on the MAR indicated either the medication was refused or the medication was not in the pharmacy. -Sometimes medications would be borrowed from another resident if not present. -Concerning Resident #6's clonazepam there was a "possibility it was given but I can't remember." -At "one point" Resident #6 did run out of clonazepam. -If medication was not sent by the contract pharmacy due it not being time or insurance lapse, and if there was no way to get the medication she would document in the comment	D 367			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

(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 367	Continued From page 51 section on the back side of the MAR "waiting on pharmacy." -She remembered Resident #6 asking for medications "two times" when the facility did not have them and she remembered a lapse in insurance. -She did not remember Resident #6 having withdrawal symptoms, but she could not say if she had or did not have withdrawal symptoms. Confidential interview with a second MA revealed: -If a resident did not have a medication available she would ask the Facility Manager who might know why it was missing. -"Back stock" medications were kept in the medication room and were used if medications were missing from the medication cart. -If a resident had a "bottom spare" of a medication in the medication cart drawer she could give this medication to a resident. -If a "spare medication" were given to a resident, it would be documented on the MAR as "borrow" but she was not sure of this and "will have to get back to [surveyor] on that." -Documentation on the back of the MAR of "waiting on pharmacy" as "it would have to be..." then without finishing her statement said she would "have to get back to [surveyor] on that one." -The resident "had insurance issues" but she would "have to get to [surveyor]." Confidential interview with a third MA revealed: -If a resident was a "week away" from running out of medications the facility would reorder them. -When narcotic medications arrived from the contract pharmacy control sheets would be made "by hand." -Narcotic medications arrived from the contract pharmacy in a "locked box" and not inventoried	D 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

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999 TABOR ROAD

OLIN, NC 28660

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D 367	Continued From page 52 with the delivery person, she was "hoping everything is in there." -Empty cassettes (plastic pill containers used by the contract pharmacy) would be given to the delivery person for return. -If there was no medication delivery for a resident, the Facility Manager would get medications from a retail pharmacy. -Medications brought in on admission were kept in a locked closet in the medication room. -She had in the past taken medications from admission medications, like when Medicaid approval was pending for a resident, and this was an "acceptable plan." -For medications administered from supply from the contract pharmacy, documentation would go on the MAR. -For controlled medications administered from a supply brought in by a resident, a control sheet would be made. -"NG" documented on the MAR meant the medication was "not given from the cassette" and "does not mean they [a resident] were not given a medication." -Resident #6 she took her medications and did not refuse medications. -She did not notice Resident #6 having any side effects regarding medications. -Resident #6 "has not missed medications, not that I know of." -Circles around initials on the MAR for Resident #6 meant the "whole thing with the cassette" and she "had her home meds" from the bottle. -She would document on the control sheet for the home medications and would not have to document on the back of the MAR. -She had never been told the purpose of circling initials on the MAR, but it meant either a resident refusal, waiting on the pharmacy or a medication error.	D 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD49016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
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D 367	Continued From page 53 -If a medication were not given at all for any reason, it would be documented the same way by circling initials and making a comment on the back of the MAR. -For Resident #6's October 2015 MAR for clonazepam, she stated none of the initials were her initials from 10/02/15 through 10/07/15, but she remembered that during this time she was "out of Medicaid," a bottle from her admission was placed in a medication drawer and a control sheet for this bottle was made. -For Resident #6's November 2015 MAR for clonazepam, she stated doses on 11/01/15 and 11/02/15 were pulled from a cassette. -For Resident #6's second page of the November 2015 MAR for clonazepam, she stated the initials for doses administered on 11/01/15 through 11/03/15 had no circles and the medication came from a cassette, and after 11/05/15 MAs got medication from "house stock" which was "what she came in with." -She identified her initials with entries on the back side of Resident #6's November 2015 MAR. Interview with the Facility Manager on 01/13/16 at 1:00PM revealed: -If a resident had insurance issues, she would have family sign a form that they would be "responsible." -If a resident was admitted with medications they brought with them, those pills could be used as "back stock" when they run out of medications from the contract pharmacy. -If "back stock" was used and the contract pharmacy was no longer filling prescriptions, the facility would use a different pharmacy or call the physician to get D/C orders. -If all options for filling prescriptions were exhausted, she would discuss the issue with the corporate office and they would usually give her	D 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660			
(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 367	Continued From page 54 permission to a retail pharmacy at it was "cheaper" and much depended on what insurance the resident had. -Resident #6 was admitted with Medicare only and she had "90 to 100" clonazepam on admission -She applied for Medicaid on behalf of Resident #6, which was originally denied but once the physician's signature date on the FL-2 was corrected the resident was approved -When Resident #6 started running out of medications in November 2015 she got some medication orders D/C'd and others suspended by the physician. -It was decided to wait for Medicaid approval and not go through the contract pharmacy. -Resident #6 "never went without her [brand name for clonazepam] for more than 3 days." -The Resident ran out of clonazepam the first or second day of December, 2015 from which the Resident's "back supply" was used -The contract pharmacy got a check from "corporate" to pay off the pharmacy balance owed for Resident #6. -The Resident's co-pay for another medication (lyrica) "ate all the money up" which was what caused the Resident's pharmacy bill to go so high. -She told the MAs to use Resident #6's back stock. -The Resident knew how many clonazepam she had brought in as "I have a sheet." An interview with Resident #6 on 01/13/16 at 3:10PM revealed: -She had brought numerous medications to the facility from home upon admission. -The medications were brought in a plastic bag from the retail pharmacy that filled her prescriptions before her admission.	D 367			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28650		
(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 367	Continued From page 55 -Her prescriptions from the retail pharmacy were only filled for 30 days at a time. -She was told by MAs (no specific names given) that they would be using the "supply" she brought in with her at the time the contract pharmacy "cut her off." An interview with a Nurse on 01/13/16 at 3:30PM revealed: -She was employed by the facility to provide MA instruction for staff. -She taught MAs how to document on a MAR if a medication was not available for administration. -Upon reviewing comments on the back side of a MAR for Resident #6, she stated she did not know what "NG" meant. -She stated she knew there were times MAs had to wait on the contract pharmacy for medications. -She stated she was not familiar with the MARS used by the facility. An interview with Resident #6 on 01/13/16 at 4:30PM revealed: -She remembered going on a leave of absence from the facility in November. -She was given medications, "don't remember" but "just what I had in stock." -Clonazepam was not one of the given medications. Phone interview with the Primary Care Physician on 01/14/16 at 9:45AM revealed: -Insurance was not willing to pay for "certain things" for Resident #6 and the Resident had no money to pay for medications. -Some residents were willing to accept "alternatives" but Resident #6 wanted things "her way." -Before coming to the facility Resident #6 was known to refuse medications for which the	D 367			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/15/2016
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(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 367	Continued From page 56 "non-compliance" was referring to in his note. -Clonazepam is "a little more expensive." -The Resident's withdrawal symptoms were "not life threatening" but rather "just life aggravated." -He could not recall any conversations about replacing the clonazepam with another medication. Phone interview with the Administrator on 01/14/16 at 12:05PM revealed: -The contract pharmacy would let a pharmacy bill accumulate "for a time," but if the bill came with a "note" demanding payment then it would have to be paid. -"I was not paying any pharmacy bill" as the Facility Manager told her the facility would use "back up" medications and was going with another retail pharmacy. -She told the Facility Manager that she would pay on the contract pharmacy account for Resident #5 so medications would resume. -She "hand-delivered" a check to the contract pharmacy to pay on a "non-pharmacy" payment. -If there were "no other plans" for medications for a resident she would normally call the contract pharmacy and would be told an amount to pay, which she would pay. -The facility had medications for Resident #6 from her admission in "back up." Interview with the Facility Manager on 01/15/16 at 1:00PM revealed the original copy of Resident #6's inventory of medications upon admission was not available for review (a photocopy was provided for review). A second interview with the Facility Manager on 01/15/16 at 2:20PM revealed: -She could not account for the documentation on control sheets for Resident #6's clonazepam.	D 367			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660		
(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 367	Continued From page 57 brought in from home on admission and on the control sheet for clonazepam from the contract pharmacy for the same period of time from 10/07/15 at 2:00PM through 11/04/15 at 12:00PM. -A lot of MAs "come and go" and did not always document on the back of the MARs.	D 367		
D 392	10A NCAC 13F .1008(a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record review and interviews, the facility failed to accurately document and account for a controlled substance for 1 of 3 residents reviewed for medication administration (Resident #6). The findings are: Review of Resident #6's current FL-2 revealed: -An admission date of 08/26/15 -A diagnosis of "fascioscapulothoracic dysplasia." -Celexa (used to treat depression) 40mg 1 tab po daily. -Clonazepam (used to treat anxiety disorders) 1 mg 1 tab po twice a day -Diclofenac (used for pain) 75mg 1 tab po every	D 392	Tag 392 10A NCAC 13F .1008(a) – Controlled Substances Type B What immediate action will the Facility take to abate the violation? - The Manager will go into medication room daily to check narcotic sheets and controlled substances - The Manager will keep count of all narcotics on a daily basis. - See attached Exhibit M for examples of the med tech documentation on the controlled substances sheets and the Manager's daily check of the count of controlled substances. - Training was provided to all Medication Aides to review Medication Administration, Controlled Substances documentation and Facility Policies and Procedures. - Training was completed by an RN and Manager at the Facility on 2/12/16.	02/12/2016

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

(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 392	Continued From page 58 day. -Lyrica (used to neuropathic pain) 300mg 1 tab po at bedtime -Proair (used to treat shortness of breath) 2 puffs po every 8 hours as needed -Illegible signature in the physician signature block with the date 09/15/15. Review of Resident #6's patient prescription record and patient profile, from the retail pharmacy dispensing her medications prior to admission to the facility, revealed: -Clonazepam 1 mg tablet, take 1 tablet twice a day -Clonazepam 1mg tablets dispensed each month from January 2015 through August 2015. -Each month, a quantity of 60 tablets were dispensed. -The last date for the filling of this prescription was 8/13/15 with a quantity of 60 tablets dispensed and no refills remaining Review of a Neurologist note for Resident #6 dated 08/20/15 revealed: -Under the heading of active problems FSH (fascioscapulohumeral muscular dystrophy). -"...she is no longer ambulatory..." -"She is starting to have some fecal incontinence and is depressed over her situation as they are looking going to assisted living. I do think that is a reasonable option..." -"I will hold off any changes [to medications] though [s]he may need to look at changing her antidepressant pending how she does..." -Under the heading of Current Med[ications]s was listed clonazepam 1mg oral tablet, 1 po BID. Review of a copied document, provided by the Facility Manager and identified as an inventory of Resident #6's medications upon admission.	D392	Describe your plans to ensure residents are protected from further risk or additional harm? - All med techs will be required to account for and document meds given. - The Manager will keep count of all narcotics on a daily basis. - The Manager will go into medication room daily to check narcotic sheets and controlled substances. - The Manager will initial Control Count Sheets for each resident at least weekly verifying count is correct. - All narcotics will be counted weekly and amount given deducted to have an accurate count. This will be done by Manager and med techs. - See attached Exhibit N for examples of the med tech documentation on the controlled substances sheets and the Manager's daily check of the count of controlled substances. - The Administrator/Manager shall assure a readily retrievable record of controlled substances by documenting the receipt, administration, and disposition of controlled substances.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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D 392	Continued From page 59 revealed: -The date 08/26/15 and "[Resident #6] meds upon admit." -Space for the name of the resident and the resident's physician were blank. -A list of medications which included "clonazepam [no tablet strength noted] 87 pills." -A bold black line running across the bottom 1/4th of the page, under which was noted partial faint printing, the Resident's name on a signature line and a "print name" line, the word "self" under this and the date of 08/26/15. Review of second copied document, provided by the Facility Manager and identified as an inventory of Resident #6's medications upon admission, revealed: - "Final Copy" handwritten in the upper left hand corner. -The Resident's name on the name of resident line and "Home Med" on the line for resident's physician. -The date 08/26/15 and "[Resident #6] meds upon admit." -A list of medications which included "clonazepam [no tablet strength noted] 87 pills" and under this in different handwriting "[name of Resident #6] Bottle 2 Clonazepam 1mg #72 pills." -A bold black line running across the bottom 1/4th of the page, under which was noted partial faint printing, the Resident's name on a signature line and a "print name" line, the word "self" under this and the date of 08/26/15. Review of a third copied document, provided by the Facility Manager and identified as an inventory of Resident #6's medications upon admission, revealed: -Resident's name on the name of resident line and "Home Meds" on the line for resident's	D 392	- The Administrator/Manager will monitor the medication aides using the "Controlled Medication Administration" monitoring form, see Exhibit K. - The monitoring will be completed weekly x 3, monthly x3, and then quarterly thereafter. - Documentation shall be kept at the Facility for review.	

Division of Health Service Regulation

STATE FORM

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ZJTN13

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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OLIN VILLAGE

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OLIN, NC 28660

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D 392	Continued From page 60 physician. -A date of 08/26/17 (wrong year) and "Bottle 2 Clonazepam 1mg #72 pills" with signatures of the Resident and the Facility Manager. Review of a Primary Care Physician note for Resident #6 dated 8/29/15 revealed: -"I am seeing this patient as a new admission." -"Additionally, she presents with a history of depression with anxiety." -"Presently, she feels a moderate degree of depression." -"She is in the Maintenance Phase of treatment (3 or more prior episodes of depression)... The patient's symptoms have not improved so they have not met their goal." -Review of Symptoms included psychiatric as "negative for anxiety, depression and sleep disturbance." -Under the heading "Current Medications" was "Please see MAR [medication administration record] and chart for a complete and up-to-date list of medications." -A psychiatric examination of alert and oriented "x 3" and appropriate affect and demeanor. -An assessment diagnosis of depression with anxiety. -A plan for depression with anxiety as "Will monitor. No change in current treatment plan." Review of an Account Trial Balance record for Resident #6 for the month of August 2015, provided by the facility's contracted pharmacy, revealed 60 tablets of clonazepam 1mg dispensed on 08/27/15 with a prescription number of 04065470. Review of the Controlled Drug Receipt/Record/Disposition form for Resident #6 for the period of 08/27/16 through 09/25/15	D 392		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660		
(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 392	Continued From page 61 revealed: -A prescription number of 4065470 and date received of 08/27/15. -Clonazepam 1 mg take 1 tablet by mouth twice a day, with quantity received of 60. -The medication count had a zero balance noted on 09/25/15. Review of the Medication Administration Record (MAR) for Resident #6 for September 2015 revealed: -Clonazepam 1mg take 1 tablet by mouth twice a day. -The medication was documented as administered as ordered for the entire month. -No comments related to clonazepam on the back of the MAR. Review of the Controlled Drug Receipt/Record/Disposition form for Resident #6 for the period of 09/26/16 through 10/31/15 revealed: -No prescription number and no date received. -"Clonazepam take 1 tablet po for anxiety," with quantity received of 62. -In the top center of the form was written: " Home Bottle #1. " -A zero balance noted on 10/26/15. -On 10/27/15 at 8:00AM one tablet was dispensed with 97 tablets left, with " Bottle two " written to the right of the illegible signature. -The form ended on 10/31/15 at 2:00PM with a balance of 88 tablets. Review of an Account Trial Balance record for Resident #6 for the month of October 2015, provided by the facility's contract pharmacy, revealed 60 tablets of clonazepam 1mg dispensed on 10/06/15 with a prescription number of 04065580.	D 392		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

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D 392	Continued From page 62 Review of a second Controlled Drug Receipt/Record/Disposition form for Resident #6 for the period of 10/07/15 through 11/04/15 revealed: -A prescription number of 4065580 and date received of 10/06/15. -"Clonazepam 1 mg 1 tablet po BID [twice a day] at 8A & 2P" with quantity received of 60. -The medication count had a zero balance noted on 11/04/15. Review of the MAR for Resident #6 for October 2015 revealed: -Clonazepam 1mg take 1 tablet by mouth twice a day. -Medication Aide initials were circled for doses administered on 10/02/15 through 10/07/15. -The medication was documented as administered as ordered for the remaining dates in October 2015. -On the back of the MAR was a comment for 10/02/15 at 8:00AM as follows: "klonopin 1 mg NG waiting on pharmacy not given" with an illegible signature. -Another comment for 10/05/15 at 2:00PM was "clonopin 1 mg PO waiting on [illegible initials] pharmacy not given" with illegible initials. -No other comments were noted on the back of the October 2015 MAR. Review of physician orders for Resident #6 dated 10/30/15 revealed a new order for clonazepam 1mg to be given every AM, noon and 6PM. Review of a copy of order sheet for Resident #6 dated 11/01/15 revealed: -"Dr. [name of physician]- [Resident #6] has order for her clonazepam and we are having issues with the insurance as earlier noted, she has some	D 392		

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D 392	Continued From page 63 in backstock 1 tab po BID [twice a day]. Can we continue and then have Rx [prescription] order until filled?" -At the bottom of the order form was noted "yes," an illegible signature and the date 11/01/15. Review of the Controlled Drug Receipt/Record/Disposition form for Resident #6 for 11/01/15 through 11/30/15 revealed: -No prescription number and no date received were documented on the form. -"take 1 tab po TID [three times a day] for anxiety 8A, 12N, 6P" with no medication noted and a quantity received of 87. -Across the first line in the first column was written "Bottle From Home." -"Home Visit" with a down arrow from 11/13/15 at 6P through 11/16/15 at 12N and again from 11/27/15 at 8A through 11/29/15 at 12N (during this period was noted a crossed-out signature on a line dated 11/27/15 at 6P, with the word "error" written in the margin). -Consecutive dates from 11/11/15 at 12P through 11/16/15 at 8A were noted to have dates written over other dates with a thicker pen stroke. -On 11/30/15 at 6P there was documented a zero balance. Review of the MAR for Resident #6 for November 2015 revealed: -The computer-printed order for clonazepam 1mg take 1 tablet by mouth twice a day at 8:00AM and 2:00PM was administered (as indicated by initials) on 11/01/15 and 11/02/15 with no accompanying comments on the back of the MAR (for a total of 4 administration opportunities). -The computer-printed order was crossed out with the date 10/30/15, "N/O" (new order) and the physician's name written in with no further initials in blocks for the rest of the month.	D 392		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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D 392	Continued From page 64 Review of a second handwritten page of Resident #7's November 2015 MAR revealed: -Medication orders which included "clonazepam 1mg 1 tab po 8A[M], 12P[M] and 6PM" with administration (indicated by initials) on 11/01/15 at 6PM through 11/04/15 at 12PM and 11/05/15 at 8AM through 11/05/15 at 12PM (for a total of 11 administration opportunities). -The capital letter "F" noted on 11/13/15 at 6PM through 11/16/15 at 12PM, and again on 11/26/15 at 6PM through 11/29/15 at 12PM (for a total of 18 administration opportunities). -No initials documented for clonazepam administration on 11/07/15 at 6PM, 11/11/15 at 6PM, 11/12/15 at 6PM, 11/18/15 at 12PM and 11/30/15 at 12PM (for a total of five administration opportunities), with the 11/18/15 at 12PM opportunity having a comment on the back of the MAR ("clonazepam 1mg NG waiting on pharmacy" with illegible initials). -All remaining administration times noted with circles around the initials (for a total of 54 administration opportunities). -On the back was the comment "clonazepam 1mg NG waiting on pharmacy" written for 40 different administration times from 11/04/15 at 6PM through 11/29/15 at 6PM. Review of a third handwritten MAR page for Resident #6 for November 2015 revealed: -"Home Meds" at the top center margin of the MAR. -The order "clonazepam 1mg take 1 tab po TID [three times a day]" with the times of 8A, 12N [noon] and 6P. -The capital letter "F" was noted on 11/05/15 at 8A, 11/13/15 at 6P through 11/16/15 at 12N and 11/27/15 at 8A through 11/29/15 at 12N (for a total of 18 administration opportunities).	D 392		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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OLIN VILLAGE

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D 392	Continued From page 65 -All remaining dates and times were initialed as documented without circles (for a total of 72 administration opportunities). -There were no comments documented on the back of this third hand-written MAR. Review of a Medication Release form for Resident #6 dated 11/13/15 at 7:30PM revealed: -A date was blacked out with "13" written above it. -A list of medications which included "Colanazepam [SIC]" 1mg, with a quantity released of 12 and a quantity returned of 3. -The date of returning medications was 11/16/15 at 4:00P. -Resident #6's printed name was noted on the Responsible Person signature line, and the name in cursive was noted on the Person Returning Medications signature line. Review of another Medication Release form for Resident #6 dated 11/27/15 at 5:00PM revealed: -A list of medication which included clonazepam 1mg, the quantity released of 12 crossed out and "09" written in, and a quantity returned of 1. -The date of returning medications was 11/29/15 at 4:00P. -Resident #6's printed name was noted on the Responsible Person signature line, and the name in cursive was noted on the Person Returning Medications signature line. Review of a Primary Care Physician computer-printed note for Resident #6 dated 11/07/15 revealed: -The reason for the visit was for follow-up for a recent acute bronchitis. -Under the Assessment heading was "History of noncompliance with medical treatment [no punctuation] The patient is running out of her meds due to insurance issues."	D 392		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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D 392	Continued From page 66 -Under the Follow-up heading was in bold letters "History of noncompliance with medical treatment" and in non-bolded print "She is withdrawing from Clonazepam now." -A hand-written illegible signature. Review of a Primary Care Physician computer-printed note for Resident #6 dated 11/21/15 revealed: -The reason for the visit was for follow-up for a recent acute bronchitis. -Under the Assessment heading was "History of noncompliance with medical treatment [no punctuation] The patient is running out of her meds due to insurance issues." -A hand-written illegible signature. Review of an Account Trial Balance record for Resident #6 for the month of December 2015, provided by the facility's contracted pharmacy, revealed: -90 tablets of clonazepam 1mg dispensed on 12/01/15 with a prescription number of 04065666. -"Payment- Thank You" of \$373.08 Review of the Controlled Drug Receipt/Record/Disposition form for Resident #6 for the period of 12/01/15 through 12/31/15 revealed: -Prescription number 4065666 and a date received of 12/01/15. -"Clonazepam 1mg 1 tab po TID (three times a day) 8A & 12N & 6PM" with a quantity received of 90. -The medication count had a zero balance noted on 12/31/15. Review of the MAR for Resident #6 for December 2015 revealed: -The computer-printed order for clonazepam 1mg	D 392		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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D 392	Continued From page 67 take 1 tablet by mouth 3 times a day, with times noted of 8AM, 12PM and 6PM. -No documentation for 12/13/15 at 6PM. -The capital letter "F" in administration blocks from 12/25/15 at 8AM through 12/28/15 at 12PM. -Initials in all other administration blocks with none circled. -On the back of the MAR dated 12/01/15 at 8A and 12 was the comment "Klonopin NG waiting on pharmacy" with a signature. Interview with Resident #6 on 01/12/16 at 10:05AM revealed: -She had received no medications for "90 days" while her Medicaid was being approved. -She had seen her Neurologist on 10/30/15 who changed some of her medications but it "took a month to get all that as [contract] pharmacy cut me off." -The medications that were stopped included "[brand name for clonazepam]." -Starting on 11/04/15 she reported as starting to go through "withdrawal," stating she had bad headaches, diarrhea, no sleep and aching teeth. -On 11/05/15 she was told by the facility manager that her prescriptions would be filled at a retail pharmacy but that did not occur. -On 11/07/15 she saw the Primary Care Physician whom she reported did not know she was out of medications. -She had heard the Primary Care Physician ask the Facility Manager why she was out of medications, but there were no new prescriptions and no medications were forthcoming. -The Primary Care Physician told her she was going through withdrawals. -There was "no weaning me off [brand name for clonazepam]" and "they knew it [withdrawals] was going to happen."	D 392		

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D 392	Continued From page 68 Telephone interview with the Pharmacist from the contract pharmacy on 01/13/16 at 9:10AM revealed: -Pharmacy policy was if a resident was not having their bill paid, the pharmacy would give a 30 day notice after which if no payment was made, then services would be stopped. -He confirmed Resident #6, according to his records, had an October 2015 unpaid pharmacy bill of \$706.34 when pharmacy services were stopped. -He was informed in November 2015 that Resident #6 was approved for Medicaid, was "dual eligible" for pharmacy coverage by both Medicare and Medicaid, and based on this coverage the contract pharmacy was able to credit much of the outstanding bill balance. -After Medicaid paid a portion of the outstanding pharmacy bill, the outstanding balance remaining was \$373.08, which was paid on 12/03/15, with Resident #6 now in good standing. -The Resident "had to get medication[s] on her own in November [2015]." -The contract pharmacy resumed medication delivery no later than 12/01/15 and "reversed all the claims." -The contract pharmacy was told the Resident was "getting all her meds from a local [retail] pharmacy." Confidential interview with a Medication Aide (MA) revealed: -Medication reordering occurred before weekends began. -If medications were needed during weekdays, a fax order was sent to the contract pharmacy and medications would arrive the same evening. -Residents should never completely run out of medications unless there was no insurance, in which case physician could consider giving	D 392		

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NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28560
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(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 392	Continued From page 69 discontinuation (D/O) orders. -There was no local retail pharmacy used as a back-up pharmacy. -On admission, a resident's medication brought into the facility would be put in "back stock" in case they ran out of medications. -MA initials circled on the MAR indicated either the medication was refused or the medication was not in the pharmacy. -Sometimes medications would be borrowed from another resident if not present. -Concerning Resident #6's clonazepam there was a "possibility it was given but I can't remember." -At "one point" Resident #6 did run out of clonazepam. -If medication was not sent by the contract pharmacy due to not being time or insurance lapse, and if there was no way to get the medication she would document in the comment section on the back side of the MAR "waiting on pharmacy." -She remembered Resident #6 asking for medications "two times" when the facility did not have them and she remembered a lapse in insurance. -She did not remember Resident #6 having withdrawal symptoms, but she could not say if she had or did not have withdrawal symptoms. Confidential interview with a second MA revealed: -If a resident did not have a medication available she would ask the Facility Manager who might know why it was missing. -"Back stock" medications were kept in the medication room and were used if medications were missing from the medication cart. -If a resident had a "bottom spare" of a medication in the medication cart drawer she could give this medication to a resident. -If a "spare medication" were given to a resident.	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD49016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

(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 392	Continued From page 70 It would be documented on the MAR as "borrow" but she was not sure of this and "will have to get back to [surveyor] on that." -Documentation on the back of the MAR of "waiting on pharmacy" as "it would have to be ..." then without finishing her statement said she would "have to get back to [surveyor] on that one." -The resident "had insurance issues" but then without finishing her statement said she would "have to get to [surveyor]." Confidential interview with a third MA revealed: -If a resident was a "week away" from running out of medications the facility would reorder them. -When narcotic medications arrived from the contract pharmacy control sheets would be made "by hand." -Narcotic medications arrived from the contract pharmacy in a "locked box" and not inventoried with the delivery person, she was "hoping everything is in there." -Empty cassettes (plastic pill containers used by the contract pharmacy) would be given to the delivery person for return. -If there was no medication delivery for a resident, the Facility Manager would get medications from a retail pharmacy. -Medications brought in on admission were kept in a locked closet in the medication room. -She had in the past taken medications from admission medications, like when Medicaid approval was pending for a resident, and this was an "acceptable plan." -For medications administered from supply from the contract pharmacy, documentation would go on the MAR. -For controlled medications administered from a supply brought in by a resident, a control sheet would be made.	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL048016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660			
(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 382	Continued From page 71 - "NG" documented on the MAR meant the medication was "not given from the cassette" and "does not mean they [a resident] were not given a medication." - Regarding Resident #6, she took her medications and did not refuse medications. - She did not notice Resident #6 having any side effects regarding medications. - Resident #6 "has not missed medications, not that I know of." - Circles around initials on the MAR for Resident #6 meant the "whole thing with the cassette" and she "had her home meds" from the bottle. - She would document on the control sheet for the home medications and would not have to document on the back of the MAR. - She had never been told the purpose of circling initials on the MAR, but it meant either a resident refusal, waiting on the pharmacy or a medication error. - If a medication were not given at all for any reason, it would be documented the same way by circling initials and making a comment on the back of the MAR. - For Resident #6's October 2015 MAR for clonazepam, she stated none of the initials were her initials from 1/02/15 through 10/07/15, but she remembered that during this time she was "out of Medicaid," a bottle from her admission was placed in a medication drawer and a control sheet for this bottle was made. - For Resident #6's November 2015 MAR for clonazepam, she stated doses on 11/01/15 and 11/02/15 were pulled from a cassette. - For Resident #6's second page of the November 2015 MAR for clonazepam, she stated the initials for doses administered on 11/01/15 through 11/03/15 had no circles and the medication came from a cassette, and after 11/05/15 MAs got medication from "house stock" which was "what	D 382			

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STATE FORM

8998

ZJTN13

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28650

(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 392	Continued From page 72 she came in with." -She identified her initials with entries on the back side of Resident #6's November 2015 MAR. Interview with the Facility Manager on 01/13/16 at 1:00PM revealed: -If a resident had insurance issues, she would have family sign a form that they would be "responsible." -If a resident was admitted with medications they brought with them, those pills could be used as "back stock" when they run out of medications from the contract pharmacy. -If "back stock" was used and the contract pharmacy was no longer filling prescriptions, the facility would use a different pharmacy or call the physician to get D/C orders. -If all options for filling prescriptions were exhausted, she would discuss the issue with the corporate office and they would usually give her permission to go to a retail pharmacy as it was "cheaper" and much depended on what insurance the resident had. -Resident #6 was admitted with Medicare only and she had "90 to 100" clonazepam on admission. -She applied for Medicaid on behalf of Resident #6, which was originally denied but once the physician's signature date on the FL-2 was corrected and the resident was approved. -When Resident #6 started running out of medications in November 2015 she got some medication orders D/C'd and others suspended by the physician. -It was decided to wait for Medicaid approval and not go through the contract pharmacy. -Resident #6 "never went without her [brand name for clonazepam] for more than 3 days." -The Resident ran out of clonazepam the first or second day of December, 2015 from which the	D 392		

Division of Health Service Regulation

STATE FORM

9896

ZJTN13

If continuation sheet 73 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/15/2016
NAME OF PROVIDER OR SUPPLIER OLIN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 999 TABOR ROAD OLIN, NC 28660			
(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 392	Continued From page 73 Resident's "back supply" was used. -The contract pharmacy got a check from "corporate" to pay off the pharmacy balance owed for Resident #6. -The Resident's co-pay for another medication (Lyrica) "ate all the money up" which was what caused the Resident's pharmacy bill to go so high. -She told the MAs to use Resident #6's back stock. -The Resident knew how many clonazepam she had brought in as "I have a sheet" which documented the amount. An interview with Resident #6 on 01/13/16 at 3:10PM revealed: -She had brought numerous medications to the facility from home upon admission. -The medications were brought in a plastic bag from the retail pharmacy that filled her prescriptions before her admission. -Her prescriptions from the retail pharmacy were only filled for 30 days at a time. -She was told by MAs (no specific names given) that they would be using the "supply" she brought in with her at the time the contract pharmacy "cut her off." A second interview with Resident #6 on 01/13/16 at 4:30PM revealed: -She remembered going on a leave of absence from the facility in November. -She was given medications, "don't remember" but "just what I had in stock." -Clonazepam was not one of the medications. Phone interview with the Primary Care Physician on 01/14/16 at 9:45AM revealed: -Insurance was not willing to pay for "certain things" for Resident #6 and the Resident had no	D 392			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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NAME OF PROVIDER OR SUPPLIER

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OLIN VILLAGE

999 TABOR ROAD
OLIN, NC 28660

(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 392	Continued From page 74 money to pay for medications. -Some residents were willing to accept "alternatives" but Resident #6 wanted things "her way." -Before coming to the facility Resident #6 was known to refuse medications for which the "non-compliance" was referring to in his note. -Clonazepam was "a little more expensive." -The Resident's withdrawal symptoms were "not life threatening" but rather "just life aggravated." -He could not recall any conversations about replacing the clonazepam with another medication. Phone interview with the Administrator on 01/14/16 at 12:05PM revealed: -The contract pharmacy would let a pharmacy bill accumulate for a time, but if the bill came with a "note" demanding payment then it would have to be paid. -"I was not paying any pharmacy bill" as the Facility Manager told her the facility would use "back up" medications and was going with another retail pharmacy. -She told the Facility Manager that she would pay on the contract pharmacy account for Resident #6 so medications would resume. -She "hand-delivered" a check to the contract pharmacy to pay on a "non-pharmacy" payment. -If there were "no other plans" for medications for a resident she would normally call the contract pharmacy and would be told an amount to pay, which she would pay. -The facility had medications for Resident #6 from her admission in "back up." Interview with the Facility Manager on 01/15/16 at 1:00PM revealed the original copy of Resident #6's inventory of medications upon admission was not available for review (a photocopy was	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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D 392	Continued From page 75 provided for review) A second with the Facility Manager on 01/15/16 at 2:20PM revealed: -She could not account for the documentation on control sheets for Resident #6's clonazepam brought in from home on admission and on the control sheet for clonazepam from the contract pharmacy for the same period of time from 10/07/15 at 2:00PM through 11/04/15 at 12:00PM. -A lot of MAs "come and go" and did not always document on the back of the MARs. A Plan of Protection was obtained from the facility on 01/15/16 which included: -The Facility Manager going into the medication room daily to check narcotic sheets and controlled medications. -All Medication Aides would account for all medications given. -All narcotic medications would be counted weekly by the Facility Manager and the Medication Aides and any amounts given to be deducted to have an accurate count. -Control sheets would have proper labeling. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 29, 2016.	D 392		
(D912)	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.	(D912)	Tag 912 G.S. 131D-21(2) – Resident Rights What immediate action will the facility take to abate the violation?	01/18/20 16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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{D912}	Continued From page 76 This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to assure residents received care and services that are adequate, appropriate and in compliance with federal and state laws and rules and regulations related to management of facilities, health care, medication administration and controlled substances. Based on observations, interviews, and record review, the Administrator failed to assure the total operation of the facility related to resident assessment, health care, nutrition and food service, medication administration, medication documentation, controlled substances and resident rights (care and services) [Refer to Tag 176, 10A NCAC 13F .0601(a), Management of Facilities (Type B Violation)] Based on observation, record review and interviews, the facility failed to address wheelchair needs as determined necessary by a neurologist for one resident (#6) and to ensure another resident went to a specialty appointment (#7) for 2 of 5 residents [Refer to Tag 273, 10A NCAC 13F .0902(b), Health Care (Type B Violation)] Based on record review and interviews, the facility failed to administer ordered medications for 2 of 3 sampled residents reviewed for medication administration (Resident #6 and Resident #7) [Refer to Tag 358, 10A NCAC 13F .1004(a), Medication Administration (Type B Violation)] Based on record review and interviews, the facility failed to accurately document and account	{C912}	- See response to Tag 273 above Describe your plans to ensure residents are protected from further risk or additional harm? - See response to Tag 273 The following tags cited in prior July and September surveys were cleared by State surveyors, see Exhibit N: - Tag 76 10A NCAC 13F .0306(a)(3) – Housekeeping and Furnishings - Tag 77 10A NCAC 13F .0306(a)(4) – Housekeeping and Furnishings - Tag 79 10A NCAC 13F .0306(a)(5) – Housekeeping and Furnishings - Tag 219 10A NCAC 13F .0606 – Staffing Chart - Tag 283 10A NCAC 13F .0904(a)(2) – Nutrition and Food Service - Tag 317 10A NCAC 13F .0905(d) – Activities Program - Tag 319 10A NCAC 13F .0905(f) – Activities Program - Tag 338 10A NCAC 13F .0909 – Resident Rights - Tag 932 G.S. 131D-4.4A(b) – ACH Infection Prevent Requirements	

Division of Health Service Regulation

STATE FORM

ZJTN13

If continuation sheet 77 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/15/2016
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OLIN, NC 28560

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(D912)	Continued From page 77 for a controlled substance for 1 of 3 residents reviewed for medication administration (Resident #6) [Refer to Tag 392, 10A NCAC 13F .1008(a) Controlled Substances (Type B Violation)].	(D912)	The following tags were investigated on August 28, 2015 and October 13, 2015 in connection with complaints by the Iredell County Department of Social Services and deemed unsubstantiated, see Exhibit O: - 10A NCAC 13F .1104 – Accounting for Resident's Personal Funds - 10A NCAC 13F .1010 – Pharmaceutical Services - 10A NCAC 13F. 1004 – Medication Administration - 10A NCAC 13F. 0605 – Staffing of Personal Care Aide Supervisors - 10A NCAC 13F -0901 – Personal Care and Supervision The Facility was found to be in substantial compliance with the above regulations.	