STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow up survey on June 22-24, 2016.	{D 000}		
{D 273}	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: UNABATED TYPE B VIOLATION Based on observations, record reviews and interviews, the facility failed to assure referral and follow-up to meet the acute health care needs of 3 of 4 sampled residents (#1, #3, #4) as related to failure to coordinate physician's order for change from Humalog to Novolog (#3), failure to notify the physician of a new wound for a diabetic resident (#3), failure to notify physician of health changes (#4), and failure to notify physician of weight changes as ordered for residents (#1, #4). The findings are: 1. Review of Resident #3's current FL-2 dated 08/03/15 revealed: -The resident's diagnoses included mental retardation, dementia, diabetes, psychosis, hypertension, hip fracture, osteoarthritis, and severe constipation. Review of Resident #3's current Care Plan dated 06/16/16 revealed: -Resident #3 had fragile skin. -Resident #3 was totally dependent for transfers	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 1 and ambulation/mobility with a wheelchair. A. Review of an entry on the facility shift note dated 05/31/16 at 1:00 a.m. revealed: -Resident #3 was assisted to the bedside commode by the Resident Care Coordinator (RCC). -Resident #3 had a skin tear to left lower leg that started bleeding. -Staff and RCC completed wound care to Resident #3 lower left leg. -Resident #3 was assisted back to bed. Review of a facility shift note dated 06/21/16 at 8:32 p.m. revealed: -The RCC noted the scab came off the wound site to the left lower leg of Resident #3 when she removed the thrombo-embolic deterrent hose hose on Resident #3. -The opened wound site to the left lower leg started bleeding. -The RCC applied pressure to the wound site of the left lower leg of Resident #3. Review of an entry on the facility shift note dated 06/21/16 for third shift revealed: -The Medication Aide Supervisor noticed that wound had opened up to Resident #3's left lower leg when the resident was assisted to the toilet by staff. -The Medication Aide Supervisor cleaned the wound to the left lower leg of Resident #3 with water. Interview with Medication Aide/Supervisor (MA/A) on 06/22/16 at 11:45 a.m. revealed: -Resident #3 had reinjured the wound area when she bumped her left leg on the side of the bed while she was being transferred last week. -Staff had cleaned the wound area with water but	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 2	{D 273}		

no other treatment was done.
-Resident #3 wore TED hose when she was out of bed.
-The physician for Resident #3 had not been notified of wound area.

Observation of Resident #3 on 06/22/16 at 1:00 p.m. revealed:
-Resident #3 was sitting in a chair in the common area next to the dining room.
-Resident #3 was wearing TED hose on both legs.
-Resident #3 denied any pain at this time.

Observation of Resident #3 on 06/24/16 at 10:30 a.m. revealed:
-Resident #3 was sitting in a chair in the sitting area next to the dining room.
-Resident #3 was wearing TED hose bilaterally.
-The MA/S rolled down the TED hose to left leg as asked by the survery staff.
-A circular wound was observed to the shin of lower left leg.
-The wound area measured approximately 2 inches long and 1 inch wide with a pink-purple interior and dry flaky skin to its perimeter.
-There was no active drainage from wound site to left lower leg.
-A bruise was observed right below the open wound of the left lower leg.
-The bruise measured approximately 4 inches long and ¾ of an inch wide.
-The skin that surrounded the open wound and bruise to the left leg was a dark red.
-The MA/S rubbed her ungloved finger across the open wound area and said the wound site was dry.

Interview with Resident #3 on 06/24/16 at 10:35 a.m. revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 3 -She remembered her left lower leg was bumped against the bed but she did not remember when. -A staff member washed the wound site with water but no bandage was applied. -The wound site was bleeding a few days ago when the scab was scraped off accidentally. -No bandage or ointment was applied to wound site on left leg. -The staff applied pressure to wound site until the bleeding stop. -She wore her TED hose when she was up out of bed. -Her left leg hurt sometimes but it was not hurting today. Interview with MA/S on 06/24/16 at 10:40 a.m. revealed: -She ran her ungloved finger across the wound site on the left leg of Resident #3 to show the wound was dry. -The wound site had been just cleaned with water with no dressing or bandage and the staff applied TED hose as ordered by the physician. -She wasn't sure how long the wound site had been on Resident #3's left lower leg. -The bruise appeared on Resident #3's left leg with the left leg wound. -A fax had been sent over on the morning of 06/24/16 to the physician for Resident #3 to get PRN orders for wound care for skin tears and scratches. -The facility was waiting for a response from the physician's office. -No one from the facility had contacted the physician for Resident #3 regarding the left leg wound prior to 06/24/16 because the facility does not have a protoccol to notify physician of new wound areas. Interview with the RCC on 06/24/16 at 10:45 a.m.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 4	{D 273}		

revealed:
-The facility was waiting to hear from the physician for treatment of the leg wound/bruise for Resident #3.
-She was unsure of how long Resident #3 had the leg wound/bruise but it was documented in the charting notes.
-The facility had not contacted Resident #3's physician about the leg wound/bruise before 06/24/16.
-No accident/incident report had been completed when the leg wound occurred for Resident #3.

Interview with the Administrator on 06/24/16 at 10:50 a.m. revealed:
-He did not know how long Resident #3 had the wound/bruise to her left lower leg.
-No accident/incident report had been done when the injury to left leg of Resident #3 occurred.
-He had sent over a fax to Resident #3's physician on the morning of 06/24/16 to get PRN treatment orders for minor scratches and skin tears for Resident #3.
-The facility had not contacted Resident #3's physician prior to 06/24/16 about the left leg wound area.

Telephone interview with the Nurse with the physician's office for Resident #3 on 06/24/16 at 11:05 a.m. revealed:
-The physician did not know about the wound area or bruise to the left leg of Resident #3.
-The facility had not notified the physician of the wound area or bruise to the left leg for Resident #3.
-She did not know if their office had received a fax from the facility regarding the leg wound on Resident #4 on 06/24/16.
-She would talk with the physician to see if he wanted Resident #3 to come in for evaluation of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 5 the left lower leg. Review of the voicemail message from the Nurse with the physician's office for Resident #3 on 06/24/16 at 11:20 a.m. revealed: -The physician wanted to evaluate Resident #3's left leg wound/bruise on 06/24/16. -She had notified the facility to bring Resident #3 in as soon as possible. Observation of Resident #3 on 06/24/16 at 11:40 a.m. revealed Resident #3 left the facility with the Administrator to go her physician's office. Review of the Report of Health Services to Resident dated 06/24/16 for Resident #3 revealed: -A physician's order to apply a cold pack or ice to left leg hematoma every 8 hours for 15 minutes or as tolerated for 2 weeks. -A physician's order to elevate the left leg as much as possible. -A physician's order to apply triple antibiotic ointment topically to left wound area three times a day for 2 weeks. -Resident #3 to return to the physician's office for re-evaluation in 2 weeks. Review of the Physician's Request Form dated 06/24/16 for Resident #3 revealed: -The request was made by the facility for a standing order for care for minor scratches or skin tears. -The Physician's response was he wanted to be notified all minor bruises and scratches and to schedule of an office visit for evaluation. B. Review of Resident #3's current FL-2 dated 08/03/15 revealed: -The resident's diagnoses included mental	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 6 retardation, dementia, diabetes, psychosis, hip fracture, hypertension, osteoarthritis, and severe constipation. -There was an order to administer Humalog Kwik insulin before meals subcutaneously using the following sliding scale: 0-70 = Call MD & Resident to drink orange juice, 71-150 = 0 units, 151- 200 = 2 units, 201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units, 401 or greater = 12 units, call physician if blood sugar is > 401 (Humalog is rapid-acting insulin used to lower blood sugar.). Review of a Telephone Order from the facility's pharmacy for Resident #3 dated 06/14/16 revealed a request to change from Humalog to Novolog product per insurance formulary change. Review of subsequent physician's order for Resident #3 dated 06/21/16 revealed to change insulin from Humalog to Novolog insulin to be given before meals subcutaneously using the following sliding scale: 0-70 = Call MD & Resident to drink orange juice, 71-150 = 0 units, 151- 200 = 2 units, 201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units, 401 or greater = 12 units, call physician if blood sugar is > 401 (Novolog is rapid-acting insulin used to lower blood sugar.). Review of the June 2016 Medication Administration Record for Resident #3 from 06/01/16 through 06/22/16 revealed: -Resident #3's blood sugars ranged from 160 to 250 at 7:30 a.m. from 06/01/16 through 06/22/16. -It was documented Humalog insulin per sliding scale was administered to Resident #3 from 06/01/16 through 06/22/06 at 7:30 a.m. -It was also documented Resident #3 was given 2 units of Novolog insulin on 06/18/16 and 06/19/16 at 7:30 a.m.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 7 Observation of the medication pass on 06/22/16 at 5:00 p.m. revealed: -The Medication Aide (MA) removed a box of Novolog insulin from the facility medication refrigerator for intended administration to Resident #3. -The name on the prescription label for the Novolog insulin was not Resident #3. -The prescription label had the name of person who was identified to reside in another assisted living facility. Interview with the MA on 06/22/16 at 5:04 p.m. revealed: -She knew the Novolog insulin did not belong to Resident #3. -She was just doing what she had been told to do by the first shift Supervisor. -The first shift Supervisor told her to use the Novolog insulin in the refrigerator since the Novolog for Resident #3 had not come in from the pharmacy. -She knew the insulin for Resident #3 had recently changed from Humalog to Novolog but she was not sure if the new physician's order had been written for the Novolog. -She did not know why the Novolog insulin was not in the facility for Resident #3 prior to 06/22/16. -She did not know why Resident #3 was being changed from Humalog to Novolog insulin. -She had been giving Resident #3 Humalog insulin sliding scale until 06/22/16. Interview with the Administrator on 06/22/16 at 5:25 p.m. revealed: -Resident #3 had been recently changed from Humalog insulin to Novolog insulin due to insurance formulary change. -The pharmacy had notified the facility last week	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 8	{D 273}		

that Humalog Flex Pen was no longer covered by Resident #3's insurance and the insulin needed to be changed to Novolog.
-A new order was needed from the physician to change the insulin form Humalog to Novolog for Resident #3.
-The physician had written the prescription to change Resident #3 from Humalog to Novolog on 06/21/16.
-He had dropped off the Novolog prescription to the pharmacy earlier on 06/22/16.
-He was waiting for the pharmacy to call him to pick up the Novolog prescription.
-He didn't know why the facility took so long in getting the new prescription for the Novolog from the physician.
-The Resident Care Coordinator (RCC) handled getting new prescriptions and orders from the physician.

Interview with the Administrator on 06/22/16 at 5:45 p.m. revealed:
-He had found left over Novolog Flex Pen left over from a previous prescription for Resident #3.
-He had instructed the MA to use the Novolog Flex Pen last week until the new prescription for Novolog could be obtained from the physician for Resident #3.
-There was only enough insulin in the Novolog Flex Pen to be used on 06/18/16 and 06/19/16.

Telephone interview with a second MA on 06/22/16 at 6:10 p.m. revealed:
-She had worked third shift on the evening of 06/17/16.
-There was no Novolog insulin available for Resident #3 on 06/18/16.
-The pharmacy did not deliver the Novolog insulin with its shipment on 06/18/16 at 12:12 a.m.
-She did not know why the Novolog was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 9	{D 273}		

delivered by the pharmacy.
-She notified the Supervisor on 1st shift on 06/18/16 the Novolog insulin was not shipped for Resident #3.

Interview with the RCC on 06/22//16 at 6:25 p.m. revealed:
-The pharmacy had made the request for Resident #3's insulin to be changed from Humalog to Novolog due to insurance coverage on 06/14/16.
-She did not call the physician's office to follow-up with the pharmacy's request to change the Humalog to Novolog for Resident #3.
-She did not follow-up with the physician to see what the status of getting the new Novolog prescription from 06/14/16.
-She was responsible for getting new orders and prescription from the physician but she thought the pharmacy was handling getting the new Novolog prescription with the faxed request to the physician's office on 06/14/16.
-The facility had been waiting hear to from the physician's office about the new prescription until the Administrator picked up the Novolog prescription on 6/21/16.
-She had called the pharmacy to see if the physician had sent over the new prescription for Novolog but she did not remember when.
-She did not document her phone call to the pharmacy regarding the new Novolog prescription for Resident #3.
-That the Novolog insulin prescription for Resident #3 had been dropped off at the pharmacy on 06/22/16 should be ready to be picked now.
-No Novolog insulin was available for administration for Resident #3 prior to 06/22/16.
-She did not know about any left over Novolog FlexPen being used for Resident #3 on 06/18/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 10	{D 273}		

or 06/19/16.
-The medication aides had administered Humalog sliding scale insulin to Resident #3 prior to 06/22/16.

Interview with the Medication Aide/Supervisor on 06/23/16 at 9:45 a.m. revealed:
-She did not remember the MA telling her about the Novolog not being delivered to the facility on 06/18/16.
-She did not call the pharmacy to follow-up with Novolog not being delivered because she knew the physician had not written the new Novolog prescription.
-The RCC handled talking with the physician's office about getting new orders or prescriptions.
-She did not know if the RCC had followed up with the physician's office for the new Novolog prescription for Resident #3.
-Resident #3 did not have Novolog insulin in the building until 06/22/16.
-She had administered Humalog to Resident #3 prior to the Novolog coming from the pharmacy.

Interview with staff of the facility's pharmacy on 06/23/16 at 10:55 a.m. revealed:
-The pharmacy made a recommendation on 06/14/16 to the physician and the facility to change the Humalog insulin to Novolog insulin because of the insurance coverage for Resident #3.
-The Novolog insulin was not delivered to the facility on 06/18/16.
-The pharmacy did not send out the Novolog insulin because the physician had not sent the Novolog prescription.
-The pharmacy contacted the physician's office again on 06/18/16 to get the prescription for the change to Novolog insulin.
-The new prescription for Novolog insulin for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 11 Resident #3 was not received by the pharmacy until 06/22/16. -The Novolog insulin for Resident #3 was ready to be picked up on 06/22/16 at 5:00 p.m. -No one from the facility contacted the pharmacy to inquire of the status of the new prescription for Novolog. Interview with the Administrator on 06/23/16 at 4:05 p.m. revealed: -He did not contact the pharmacy or the physician to see why it took so long to get the new Novolog prescription. -The RCC was supposed to follow-up with the pharmacy and the physician for the new Novolog prescription. Interview with the Nurse with the physician's office for Resident #3 on 06/24/16 at 11:05 a.m. revealed: -The pharmacy had faxed over the recommendation to change Resident #3 from Humalog to Novolog due to insurance coverage 06/14/16. -The physician did not write the new prescription for Novolog until 06/21/16. -She wasn't exactly sure why it took so long for the physician to write the new prescription for Novolog. -No one from the facility had contacted the physician's office to inquire regarding the status of the new Novolog prescription. -It was expected for the facility to continue to give Resident #3 Humalog insulin per the sliding scale order until the Novolog insulin was picked from the pharmacy. -Resident #3 should be taking Novolog with new prescription written on 06/21/16. 2. Review of Resident #4's current FL-2 dated	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(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 09/08/15 revealed: -Diagnoses included type II diabetes mellitus, hypertension, and moderate mental retardation. -Resident #4 was fully ambulatory. Review of Resident #4's Resident Register revealed an admission date of 10/03/15. A. Observation of Resident #4 on 06/24/16 at 1:28pm revealed: -The resident held onto fixed objects while moving from the dining area to the common area. -The resident was walking in a waddling pattern with foot placement side to side. Observation of Resident #4's lower extremities after Personal Care Aide (PCA) had removed his socks and shoes, on 06/24/16 at 2:10pm revealed: -Resident #4's right foot was slightly puffy without any pitting edema noted (when area is depressed with a finger, an indention remains at the site).. -The resident's left foot was swollen with three plus pitting edema when pressed by PCA's finger. -The resident denied pain or discomfort. Interview with a 7 am-3 pm PCA on 06/24/16 at 2:10pm revealed: -Resident #4 had been walking in this manner for some time. -The PCA could not remember when Resident #4 began walking differently. It could be because his feet were swollen. -The PCA had observed the swelling while assisting the resident in the shower. -The resident's feet had been swollen for about two weeks. -The PCA thought that the resident's swollen feet must be painful.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(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 Interview with a 7 am -3 pm PCA and Medication Aide on 06/24/16 at 2:10pm revealed: -The PCA said she had reported the swelling to the Medication Aide (MA) about two weeks ago. The PCA could not chart observations or findings. -The MA stated that she had not been notified of the resident's swollen feet and she would notify Resident #4's physician immediately. Interview with the MA at2:45 pm revealed Resident #4's physician was notified about the edema and weight changes and the physician requested that the resident be brought in for evaluation immediately. Observation revealed Resident # 4 was seen by the physician on 06/24/16 at 3pm. Resident #4 returned to the facility on 06/24/16 at 6:10pm with the following orders: -Thrombo-Embolic Deterrent (TED hose) knee high hose to be worn by the resident as much as possible during the day {TED hose are worn to increase circulation and reduce the risk of blood clots}. -Laboratory orders for tests to evaluate Resident #4's heart and kidney function. -Resident #4 was to see the physician in two weeks for follow-up. B. Review of Resident #4's record revealed: -A physician's order dated 10/03/15 ordering the resident to be weighed on the fifth day of each month. -The physician was to be notified if the resident lost or gained three pounds or more. Review of the Medication Administration Record (MAR) for Resident #4 revealed: -The weight recorded for April 5, 2016 was 254	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(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 pounds. -The weight recorded for May 5, 2016 was 263 pounds (an increase of 9 pounds). -The weight recorded for June 5,2016 was 260 pounds (a decrease of 3 pounds). Interview with the MA on 06/24/16 at 11:40am revealed: -Communication with the physicians was usually by a faxed order sheet. -The Administrator, the MA and the Resident Care Coordinator would contact the medical providers. -An order form to notify the physician of Resident #4's weight changes could not be located. Interview with the Administrator on 06/24/16 at 6:10pm revealed: -He was not aware of Resident #4's weight changes. -He was not aware of problems with the scales used to weigh the residents. -The facility's Resident Care Coordinator (RCC) had recently retired and would be more involved reviewing records. -He felt that having the RCC during 7am-3pm shift will prevent this type of oversight in resident care. 3. Review of Resident #1's current FL-2 dated 02/02/16 revealed: -An admission date of 01/02/16. -Diagnoses included acute encephalopathy (a disease that that alters brain function), acute respiratory failure, elevated troponins (proteins in the blood that can indicate heart muscle damage), elevated transaminases (enzymes that can indicate liver damage) and Chronic Obstructive Pulmonary Disease (COPD). -The resident's admission weight was 259	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(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 pounds. Review of a physician's order for Resident #1's revealed: -A physician's order dated 02/03/16 requesting that the resident be weighted on the 5th day of each month. -A weight gain or loss of 3 pounds or more needed to be reported to the doctor. Review of weights recorded on Resident #1's Medication Administration Record (MAR) revealed: -On 02/05/16 the resident's weight was recorded as 264 pounds (5 pounds more than FL-2 weight of 259 pounds). On 03/05/16 the resident's weight remained at 264 pounds. On 04/02/16 the resident's weight was recorded as 262 pounds (2 pounds less than previous month). -On 05/05/16 the resident's weight was recorded as 240 pounds (22 pounds less than previous month). -On 06/05/16 the resident's weight was recorded as 250lbs (10 pounds more than the previous month). Review of a Physician's Request Form for Resident #1 revealed: -A Physician's Request Form dated 05/05/16 faxed to the doctor from the facility addressing the 05/05/16 weight loss. -Similar notifications for the change in weight for 02/05/16 and 06/05/16 could not be found. Interview with the MA on 06/24/16 at 11:40am revealed: -Communication with the physicians was usually by a faxed order form.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(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 -Order forms for the 02/05/16 and 06/05/16 weight changes could not be found. Interview with the Administrator on 06/24/16 at 6:10pm revealed: -He was not aware of Resident #1's weight changes. -He was not aware of problems with the scales used to weigh the resident's. -The facility's Resident Care Coordinator (RCC) had recently retired and would be more involved reviewing records. -He felt that having the RCC during 7am-3pm shift would prevent this type of oversite in the resident's care. _____ Review of the facility's plan of protection dated 6/24/16 revealed the following: Immediate action taken by the facility to abate the violation includes: -For identified residents, the Primary Care Physician (PCP) will be immediately notified. -Identified residents will be seen immediately by the PCP. Follow up appointments to meet health care needs of identified residents will be made immediately. Plans to ensure residents are protected from further risk or additional harm includes: -Staff training will be held to ensure all incidents and injuries are recorded in resident charts. -Staff training will be held to ensure incident reports are completed and reported to the County Department of Social Services Adult Home Specialist, as required by law. -Staff training will be held to ensure the resident's PCP is notified of incidents and injuries.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(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 17 -All incident reports will be reviewed by the Resident Care Coordinator or Administrator, to follow up with reporting or needed treatment. -Staff will monitor each resident for daily changes in health status, and will report changes in health status to the Supervisor-in-Charge/Resident Care Coordinator/Administrator, who will then contact the PCP. CORRECTION DATE FOR THE UNABATED TYPE B VIOLATION SHALL NOT EXCEED JUNE 24, 2016.	{D 273}		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with rules and regulations as related to health care. The findings are: Based on observations, record reviews and interviews, the facility failed to assure referral and follow-up to meet the acute health care needs of 3 of 4 sampled residents (#1, #3, #4) as related to failure to coordinate physician's order for	{D912}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: _____ B. WING _____	R 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(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
{D912}	Continued From page 18 change from Humalog to Novolog (#3), failure to notify the physician of a new wound for a diabetic resident (#3), failure to notify physician of health changes (#4), and failure to notify physician of weight changes as ordered for residents (#1, #4). [Refer to Tag D273 10A NCAC 13F .0902(b) Health Care (Unabated Type B Violation).]	{D912}		