



PRINTED: 09/20/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018023		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/08/2016	
NAME OF PROVIDER OR SUPPLIER AUSTIN ADULT CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARDNER INDUSTRIAL DRIVE CONOVER, NC 28613			
(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	{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: Based on observations, record reviews, and interviews, the facility failed to assure referral and follow-up for 1 of 3 residents sampled (#3) in the area of refusal of medications. The findings are: Review of Resident #3's current FL2 dated 5/31/16 revealed: -Diagnoses included diabetes, hypertension, a history of traumatic brain injury (TBI), and lung cancer. -A medication order for DDAVP 0.01%, 1 spray intranasally at bedtime. (DDAVP is a synthetic anti-diuretic hormone used to treat excessive urination in a variety of conditions including post TBI.) Review of Resident #3's Medication Administration Records (MARs) for May, June, July, August and September 2016 revealed: - Resident #3 refused the DDAVP Nasal Spray 17 days out of 31 day in May 2016. -Resident #3 refused the DDAVP Nasal Spray 22 days out of 30 days in June 2016. -Resident #3 refused the DDAVP Nasal Spray 21	D 273	D273 To Correct: In the past, Med Aides notified the RCC of medication Refusals verbally or by sliding A note under her door. A new procedure has been implemented where Med Aides must document medication Refusals on the MAR and in a separate location (Medication Refusal Log Book). The MRLB also requires the Med Aide to document all of the attempts they made to encourage the Resident to take his/her medication. The RCC is cont'		10-3-16		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5500

BMX112

If continuation sheet 1 of 7

Debra C. Bailey
10/10/16

Administrative

10/4/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/08/2016
NAME OF PROVIDER OR SUPPLIER AUSTIN ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARNER INDUSTRIAL DRIVE CONOVER, NC 28613			
(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 days out of 31 days in July 2016. -Resident #3 refused the DDAVP Nasal Spray 16 days out of 31 days in August 2016. -Resident #3 refused the DDAVP Nasal Spray 4 days out of 7 in September 2016. Observation of Resident #3's medications on hand at 9:32am on 9/8/16 revealed: -An open bottle of DDAVP Nasal Spray, 5ml/50 doses, labeled 1 spray intranasally daily at bedtime, with a dispense date of 6/30/16. -The open bottle of nasal spray dated 6/30/16 was approximately 80% full. -An open bottle of DDAVP Nasal spray in an overstock supply, 5ml/50 doses, labeled 1 spray intranasally daily at bedtime, with a dispense date of 5/20/16. -The open bottle of DDAVP Nasal Spray dated 5/20/16 was completely full. Interview with Resident #3 on 9/8/16 at 9:45am revealed he had never refused the DDAVP Nasal Spray, "they won't give it to me." Interview with a Medication Aide (MA) on 9/8/16 at 9:50am revealed: -Resident #3 always refused his DDAVP Nasal Spray when she works second shift. -The Medication Aides inform the Resident Care Coordinator (RCC) when the residents refuse their medications 3 consecutive days. -The RCC then contacts the residents primary care provider. Interview with the RCC at 10:00am revealed: -She faxed the resident's primary care provider when they refused their medications for 3 consecutive days. -Resident #3 usually took his medications. -She did not recall faxing Resident #3's primary	D 273	D273 cont' required to check all documentation in the MRLB daily and take action as necessary. <u>To Prevent:</u> The RCC is required to check the MRLB daily to see if there are any refusals. If no refusals are reported, the RCC is to check the MARS to ensure there were no refusals and document no refusals in the MRLB. <u>To Monitor:</u> The Administrator cont'		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/08/2016
NAME OF PROVIDER OR SUPPLIER AUSTIN ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARNER INDUSTRIAL DRIVE CONOVER, NC 28613			
(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 care provider for any medication refusals, but "they should be in the resident's record if I did." Review of Resident #3's record revealed no documentation of faxes to the resident's primary care provider related to medication refusals. Interview with Resident #3's primary care Nurse Practitioner on 9/8/16 at 10:18am revealed she had not been informed of Resident #3's refusal of his medications. Interview with a Pharmacist at the facility's pharmacy provider on 9/8/16 at 10:25am revealed: -They had dispensed 5ml/50 dose bottles of DDAVP Nasal Spray to Resident #3 on 3/30/16, 4/26/16, 5/20/16 and 6/30/16. -The facility has to order items like nasal sprays, insulin, and eye drops, but all other routine medications are shipped automatically each month. Interview with Resident #3's Guardian on 9/8/16 at 10:40am revealed: -He believed the facility had informed him in the past of Resident #3's medication refusals. -Resident #3 was not very reliable in an interview. -He believed the facility had done a good job of taking care of Resident #3. Review of the facility's policy on medication refusals revealed: -All medication refusals must be documented on the MAR. -The Supervisor must be notified of the medication refusals immediately. -The Supervisor must notify the Administrator/Manager. -If a resident refused medications 3 days in a row,	D 273	D273 cont the Administrator's designee will check the MRLB <u>monthly</u> to ensure that the RCC is documenting daily. The Administrator / Administrators designee will also keep all old records from the MRLB.		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/08/2016
NAME OF PROVIDER OR SUPPLIER AUSTIN ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARNER INDUSTRIAL DRIVE CONOVER, NC 28613			
(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 the medication room supervisor must contact the physician that prescribed the medication. -All contacts with the physician must be documented.	D 273			
(D 400)	10A NCAC 13F .1009(a)(1) Pharmaceutical Care 10A NCAC 13F .1009 Pharmaceutical Care (a) An adult care home shall obtain the services of a licensed pharmacist or a prescribing practitioner for the provision of pharmaceutical care at least quarterly. The Department may require more frequent visits if it documents during monitoring visits or other investigations that there are medication problems in which the safety of residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes the following: (1) an on-site medication review for each resident which includes the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and (C) documenting the results of the medication review in the resident's record.	(D 400)	① 400 To Correct: The Administrator has notified the pharmacy that provides pharmaceutical care to the facility and scheduled a meeting to discuss pharmaceutical care. In the meeting, our expectations for pharmaceutical care were discussed and the pharmacy has agreed to what we are requiring from them. They will identify medication refusals and work with the facility to prevent medication refusals in the future. cont'	10-4-16	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/08/2016
NAME OF PROVIDER OR SUPPLIER AUSTIN ADULT CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARNER INDUSTRIAL DRIVE CONOVER, NC 28613		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{D 400}	Continued From page 4 This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to provide adequate pharmaceutical care for 1 of 3 residents sampled (#3) in the area of refusal of medications. The findings are: Review of Resident #3's current FL2 dated 5/31/16 revealed: -Diagnoses included diabetes, hypertension, a history of traumatic brain injury (TBI), and lung cancer. -A medication order for DDAVP 0.01%, 1 spray intranasally at bedtime. (DDAVP is a synthetic anti-diuretic hormone used to treat excessive urination in a variety of conditions including post TBI.) Review of Resident #3's Medication Administration Records (MARs) for May, June, July, August and September 2016 revealed: - Resident #3 refused the DDAVP Nasal Spray 17 days out of 31 days in May 2016. -Resident #3 refused the DDAVP Nasal Spray 22 days out of 30 days in June 2016. -Resident #3 refused the DDAVP Nasal Spray 21 days out of 31 days in July 2016. -Resident #3 refused the DDAVP Nasal Spray 16 days out of 31 days in August 2016. -Resident #3 refused the DDAVP Nasal Spray 4 days out of 7 in September 2016. Interview with Resident #3 on 9/8/16 at 9:45am revealed he had never refused the DDAVP Nasal Spray, "they won't give it to me."	{D 400}	<u>D 400 cont'</u> <u>To Prevent</u>: The pharmacy has agreed to provide in-service training to all pharmacy consultants and make sure they understand our expectations regarding medication refusals. <u>To Monitor</u>: The Administrator/ Administrator Designee will review all pharmacy reviews quarterly to ensure that the pharmacy consultant is identifying medication refusals.		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/08/2016
NAME OF PROVIDER OR SUPPLIER AUSTIN ADULT CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARNER INDUSTRIAL DRIVE CONOVER, NC 28613		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{D 400}	Continued From page 5 Interview with a Medication Aide (MA) on 9/8/16 at 9:50am revealed Resident #3 always refused his DDAVP Nasal Spray when she works second shift. Interview with the RCC at 10:00am revealed Resident #3 usually took his medications. Interview with Resident #3's Guardian on 9/8/16 at 10:40am revealed Resident #3 was not very reliable in an interview. Observation of Resident #3's medications on hand at 9:32am on 9/8/16 revealed: -An open bottle of DDAVP Nasal Spray, 5ml/50 doses, labeled 1 spray intranasally daily at bedtime, with a dispense date of 6/30/16. -The open bottle of nasal spray dated 6/30/16 was approximately 80% full. -An open bottle of DDAVP Nasal spray in an overstock supply, 5ml/50 doses, labeled 1 spray intranasally daily at bedtime, with a dispense date of 5/20/16. -The open bottle of DDAVP Nasal Spray dated 5/20/16 was completely full. Review of the Consultant Pharmacist's Medication Regimen Reviews (MRR) for Resident #3 revealed: -The MRR for 3/15/16 had no recommendations related to irregularities with Resident #3's medication therapy. -The MRR for 6/20/16 had no recommendations related to irregularities with Resident #3's medication therapy. Interview with the Consultant Pharmacist on 9/8/16 at 11:32am revealed: -During his quarterly MRR he looked at the	{D 400}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/08/2016
NAME OF PROVIDER OR SUPPLIER AUSTIN ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARNER INDUSTRIAL DRIVE CONOVER, NC 28613			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{D 400}	Continued From page 6 MARs, drug interactions, and duplicate therapy. -He noted refusal of medications, but "refusal of medications is common in that facility." -He did not normally make recommendations related to a residents' refusal of medications because the facility had a policy that addressed refusal of medications. Review of the facility's policy on medication refusals revealed: -All medication refusals must be documented on the MAR. -The Supervisor must be notified of the medication refusals immediately. -The Supervisor must notify the Administrator/Manager. -If a resident refused medications 3 days in a row, the medication room supervisor must contact the physician that prescribed the medication. -All contacts with the physician must be documented.	{D 400}			