

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092169	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/07/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF FUQUAY VARNIA		STREET ADDRESS, CITY, STATE, ZIP CODE 6616 JOHNSON POND ROAD FUQUAY VARINA, NC 27526		
(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 and Wake County Human Services conducted an follow-up survey on 1/6/2016 and 1/7/2016.	{D 000}	<u>Plan:</u> Resident #4's medications were verified by Resident Care Director (RCD) with the physician. All current orders are present on the MAR and being administered. RCD and ARCD were retrained by the Director of Clinical Operations with regard to this rule area and the medication verification process. RCD and ARCD will comply to the verification process.	
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement physician orders for 1 of 3 sampled residents (Resident #4) related to daily weights. The findings are: Review of Resident #4's FL2 dated 6/20/15 revealed: -Resident #4 was admitted on 6/26/15. -Diagnoses included: Right humerus fracture, congestive heart failure, acute systolic heart failure, hypertension, diabetes mellitus, Parkinson's disease, depression, and cellulitis. -Medication orders included Lasix (a diuretic used in the treatment of congestive heart failure) 20 mg daily. -There was an order to obtain weight daily and to call physician if 1 pound weight gain in 24 hours or 5 pound weight gain in 1 week. Review of Resident #4's most recent care plan	D 276	<u>Monitoring:</u> Regional Nursing and/or RDO will conduct monthly random order to MAR audits to ensure all current medications are present on the MAR.	02/05/16

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

[Signature]

TITLE

Executive Director

(X6) DATE

2-5-2016

STATE FORM

0499

GE2012

If continuation sheet 1 of 3

acknowledged

[Signature]

2/5/16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/07/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF FUQUAY VARNIA		STREET ADDRESS, CITY, STATE, ZIP CODE 6616 JOHNSON POND ROAD FUQUAY VARINA, NC 27528		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(D) PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 1 dated 12/19/15 revealed: -Resident #4's weight was 166.6 pounds. Review of Resident #4's care plan dated 12/14/15 revealed: -Resident #4's weight was recorded as 166.6 pounds. Review of the Medication Administration Record (MAR) for Resident #4 for November 2015, December 2015, and January 2016 revealed no entry for daily weights. Review of subsequent physician orders revealed no order for daily weights to be discontinued. Interview with the Executive Director (ED) on 1/6/16 at 2:10pm revealed: -Orders to check weights should be on the Medication Administration Records. -The Resident Care Director (RCD) keeps a log book in her office, and they may have logs of the weights in that book. - "I will check and find out for you." Interview with a Medication Aide (MA) on 1/6/16 at 2:30pm revealed: - "I have never checked Resident #4 's weight." -Resident #4 just recently moved to B-Hall at the end of December. Interview with a second MA on 1/6/16 at 3:15pm revealed: -Resident #4 used to be on D-Hall but moved to B-Hall because she fell. - "I cared for Resident #4 when she lived on D-Hall." -Residents are usually weighed on 1st shift in the mornings. - "I recall weighing her, but I do not believe it was	D 276		

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D 276	Continued From page 2 every day." Interview with the RCD on 1/7/16 at 8:30am revealed: - "I will check on the weights for Resident #4. -I will contact our pharmacy to see what orders they processed." Interview with Resident #4 on 1/7/16 at 8:50am revealed: - "I ate breakfast this morning, and it was good. -I feel okay today. -They weigh me but not often. -It is probably done once a month but not every day or every week I would say." Interview with a MA on 1/7/16 at 9:00am revealed: -All residents get weighed once a month if there are no orders to weigh daily or weekly. -The Medication Aides or Personal Care Aides obtain the weights. - "We try to do them at the same time each day." -Monthly weights have to be done by the 20th of the month. Telephone interview with the physician office representative on 1/7/16 at 9:35am revealed: - "I am not sure of what was ordered for Resident #4. -I will have to reach out to the physician and get back to you." Telephone interview with the physician office representative on 1/7/16 revealed: -The order for weights to be done daily has been discontinued as of today, 1/7/16.	D 276		