STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL062009	A. BUILDING: _____ B. WING _____	R 05/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDY RIDGE ASSISTED LIVING	326 BOWMAN ROAD CANDOR, NC 27229

(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 the Montgomery County Department of Social Services conducted an annual and follow-up survey on May 16-18, 2017.	D 000		
D 358	10A NCAC 13F .1004(a) Medication Administration 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: Based on record review and interview, the facility failed to assure a medication used to treat orthostatic hypotension was administered as ordered by the prescribing practitioner for 1 of 7 sampled residents (Resident #2). The findings are: Review of Resident #2's current FL-2 dated 09/13/2016 revealed: -Diagnoses included Alzheimer's Dementia, Hypertension, Hyperlipidemia, Chronic Dizziness, EPS Disease with Abnormal Movement, History of Femur Fracture, Agitation, Anxiety, History of Falls, History of Syncope, History of Right Hip Hemiarthroplasty 09/12/2015, and Orthostatic Hypotension. -There was a physician's order for Fiorinef Acetate (used to treat orthostatic hypotension)	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL062009	A. BUILDING: _____ B. WING _____	R 05/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDY RIDGE ASSISTED LIVING	326 BOWMAN ROAD CANDOR, NC 27229

(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 1 0.1mg tablet take 2 tablets = 0.2mg daily. Review of Resident #2's subsequent physician's orders dated 03/03/2017 revealed: -There was an order for Florinef Acetate 0.1mg tablet take 2 tablets (0.2mg) once daily for orthostatic hypotension. -There were additional instructions to hold if SBP (systolic blood pressure) was greater than 120. Review of the March 2017 electronic Medication Administration Records (eMARs) for Resident #2 revealed there were 5 of 11 opportunities when Florinef Acetate 0.1mg 2 tablets was documented as administered at 8:00am when Resident #2's SBP was greater than 120 as follows: -On 03/03/2017, SBP was 128. -On 03/07/2017, SBP was 136. -On 03/08/2017, SBP was 130. -On 03/17/2017, SBP was 138. -On 03/22/2017, SBP was 128. -There were no documented notes on the eMAR or in the eMAR Nurse's Comments documenting the Fiorinef Acetate was not administered on 03/03/2017, 03/07/2017, 03/08/2017, 03/17/2017, or 03/22/2017. Review of the April 2017 electronic Medication Administration Records (eMARs) for Resident #2 revealed there were 4 of 20 opportunities when Florinef Acetate 0.1mg 2 tablets was documented as administered at 8:00am when Resident #2's SBP was greater than 120 as follows: -On 04/05/2017, SBP was 132. -On 04/18/2017, SBP was 128. -On 04/19/2017, SBP was 130. -On 04/28/2017, SBP was 130. -There were no documented notes on the eMAR or in the eMAR Nurse's Comments documenting the Fiorinef Acetate was not administered on	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL062009	A. BUILDING: _____ B. WING _____	R 05/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDY RIDGE ASSISTED LIVING	326 BOWMAN ROAD CANDOR, NC 27229

(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 2 04/05/2017, 04/18/2017, 04/19/2017, or 04/28/2017. Review of the May 2017 electronic Medication Administration Records (eMARs) for Resident #2 revealed there were 3 of 4 opportunities when Florinef Acetate 0.1mg 2 tablets was documented as administered at 8:00am when Resident #2's SBP was greater than 120 as follows: -On 05/02/2017, SBP was 126. -On 05/12/2017, SBP was 132. -On 05/16/2017, SBP was 130. -There were no documented notes on the eMAR or in the eMAR Nurse's Comments documenting the Fiorinef Acetate was not administered on 05/02/2017, 05/12/2017, or 05/16/2017. Interview on 05/18/2017 at 11:15am with a Medication Aide (MA) who documented administration of the Florinef Acetate to Resident #2 revealed: -She had not administered the Fiorinef Acetate when Resident #2's SBP was greater than 120. -She was aware of the instructions to hold the Fiorinef Acetate when Resident #2's SBP was greater than 120. -When she initialed the eMAR which documented administration of the medication, she was not only documenting she had administered the Fiorinef Acetate to the resident when the SBP was greater than 120, but she was also documenting the results of the resident's blood pressure obtained. -She was trained to write a note in the resident's record or document on the eMAR when a medication was not administered. Interview on 05/18/2017 at 12:35pm with a second Medication Aide (MA) who documented administration of the Florinef Acetate to Resident	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL062009	A. BUILDING: _____ B. WING _____	R 05/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDY RIDGE ASSISTED LIVING	326 BOWMAN ROAD CANDOR, NC 27229

(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 3	D 358		

#2 revealed:
-The parameters to hold the Fioronef Acetate were visible on the eMAR.
-The Fiorinef Acetate was supposed to be held when Resident #2's SBP was greater than 120.
-When her initials were documented on the eMAR, she had administered the Fiorinef Acetate.
-When the Fiorinef Acetate was not administered, she was trained to document the blood pressure reading on the eMAR and document the medication as not administered in the eMAR notes.

Telephone interview on 05/18/2017 at 11:25am with the Provider Pharmacist revealed:
-The pharmacy provider managed the eMAR system.
-The current physician's order for Resident #2's Fiorinef Acetate was 0.1mg two tablets daily, hold if SBP greater than 120.
-If the MAs held a medication, there should be documentation on the back page of the eMAR.
-If there were no notes on the back page of the eMAR, the MAs probably were not documenting holding the medication.
-Fiorinef Acetate could cause the blood pressure to increase.
-Not administering the Fiorinef Acetate could cause dizziness, or light-headedness, which could lead to falls.
-If the Resident's SBP was greater than 120, the MAs should have been holding the dose of Fiorinef Acetate.

Interview on 05/18/2017 at 12:20pm with the Registered Nurse Director (RND) revealed:
-She was not aware the Fiorinef Acetate was not being held per physician orders.
-She had not received any medication error reports for Resident #2 documenting medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL062009	A. BUILDING: _____ B. WING _____	R 05/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDY RIDGE ASSISTED LIVING	326 BOWMAN ROAD CANDOR, NC 27229

(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 4	D 358		

errors for the administration of the Fiorinef Acetate.
-When MAs administered medication, there was an option to select "did not administer". If that option was selected, there was a series of options asking why the medication was not administered which would show up on the eMAR.
-If the Medication Aides (MAs) initialed the eMAR, it meant the medication was administered.

Telephone interview on 05/18/2017 at 1:15pm with the Nurse Practitioner (NP) from Resident #2's physician's office revealed:
-She did not recall Resident #2's blood pressures being really high or low when she visited the facility.
-If the resident's blood pressure was outside the ordered parameters, the Fiorinef Acetate should not be administered.
-She would expect the parameters for the Fiorinef Acetate to be followed by the facility.
-It did not sound like there had been any effects to the resident based on the blood pressure readings documented when the resident was administered the Fiorinef Acetate when the SBP was greater than 120.
-She would be continuing the parameters.
-Staff just needed more education.

Telephone interview on 05/18/2017 at 9:30am with Resident #2's Power of Attorney (POA) revealed:
-She did not have any concerns with the care Resident #2 was provided at the facility.
-She did not have any concerns with regards to Resident #2's medications.
-She had been contacted by the facility that Resident #2 had fallen "several times" at the facility but there had been no severe injuries or hospitalizations that she knew of.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL062009	A. BUILDING: _____ B. WING _____	R 05/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDY RIDGE ASSISTED LIVING	326 BOWMAN ROAD CANDOR, NC 27229

(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 5 -There had "probably" not been any falls in more than 1 - 2 months. -She was well satisfied with the care Resident #2 was provided. Based on record review and observation, Resident #2 was not to interviewable regarding medications administered due to cognitive deficits.	D 358		