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	HAL018032	A. BUILDING: _____ B. WING _____	C 05/30/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF CATAWBA	2010 29TH AVENUE DRIVE NE HICKORY, NC 28601

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D 000	Initial Comments The Adult Care Licensure Section and the Catawba County Department of Social Services conducted an annual survey and compliant investigation from May 23, 2017 through May 30, 2017. The county initiated the complaint investigation on April 4, 2017.	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: TYPE A1 VIOLATION Based on observations, record reviews, and interviews, the facility failed to assure referral and follow-up for 1 of 6 sampled residents (#6) related to informing the resident's primary care provider of a critical missed medication for 7 consecutive days. The findings are: Review of Resident #6's current FL2 dated 9/27/16 revealed: -Diagnoses included Alzheimer's dementia, hypertension, cardiac dysrhythmia, and elevated blood lipids. -A medication order for warfarin 3mg daily Monday through Friday, and 2.5mg on Saturday and Sunday. (Warfarin is an anticoagulant used to prevent blood clots.) Review of a subsequent order dated 12/20/16	D 273	D273 Healthcare 1.Education regarding medication administration, specifically the importance of anti-coagulation medication, was completed on June 7, 2017 and June 28, 2017 by Executive Director and Licensed Health Professional Service nurse. 2.Chart audits completed for all residents to assure follow-up was completed for documented health concerns. 3.Weekly cart audits will be completed by Medication Aide and monitored by Resident Care Coordinator to ensure medications are present on cart and in appropriate placement. 4.Care Managers or Executive Director will monitor medication exception reports daily for necessary follow-up. Completion Date: June 29, 2017	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Executive Director (X6) DATE 7-5-2017

7-5-17

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D 273	Continued From page 8 compliance. -Care managers will review the eMAR exceptions report daily and on-going for any required follow-up with physicians, medication refusals, and missed medications. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED JUNE 29, 2017.	D 273		
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on observations, interviews, and review of the facility's Activity Program calendar for May 2017, the facility failed to ensure a minimum of 14 hours per week of a variety of planned group activities that promoted socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of	D 317	D317 Activities Program 1.Education regarding activity programming, staff participation and outing requirements was completed on June 7, 2017 by Executive Director. 2.New Activity Director was hired by facility. 3.Activity programming was changed to include a minimum of 14 hours of planned activities weekly. Activities will be at level of appropriateness for both Assisted Living and Special Care Unit. 4.A minimum of one monthly outing list will be made available to all residents to provide a choice of participation. 5.Executive Director will monitor activities weekly to ensure compliance. Completion Date: July 12, 2017	

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D 319	Continued From page 15 PCA's about the day's activities when she will not be there. -She was to be made aware when an activity or outing did not take place. -She had not been made aware that residents were not being offered an outing at least every other month. -She was unaware if there had been any outings. -"We have a problem and we will fix it." On 5/30/17 at 11:27am the facility provided a copy of an outing log from 11/30/16 through 5/19/17 that revealed: -The outing for 5/19/17 was not on the May activity calendar. -There were 8 assisted living residents who had been on outings from November to May and only 1 resident from the special care units that had been on 2 outings in December. -No other residents from the special care units had been on any outings from November to May.	D 319		
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: TYPE A1 VIOLATION	D 358	D 358 Medication Administration 1. Education regarding proper medication administration, the 6 rights of medication administration, and policy and procedure regarding medication reorder, medication overstock, and notification of error was completed on June 7, 2017 and June 28, 2017 by ED, Senior Care Manager and LHPS nurse. 2. If medication is made unavailable, residents' medical provider will be contacted to provide further instructions/orders. 3. Weekly cart audits will be completed by MA and monitored by RCC to ensure medications are present on cart and available for proper administration.	

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D 358	Continued From page 16 Based on observations, record reviews, and interviews, the facility failed to administer medications as ordered by a licensed prescribing practitioner to 2 of 5 residents observed during a medication pass (#7 and #8) and 5 of 6 (#1, #2, #3, #4, and #6) sampled residents. (Seroquel, warfarin, temazepam, loratadine, methotrexate, autologous eye drop, sertraline, docusate/senna, pantoprazole, and cephalexin.) The findings are: A. Review of Resident #6's current FL2 dated 9/27/16 revealed: -Diagnoses included Alzheimer's dementia, hypertension, cardiac dysrhythmia, and elevated blood lipids. -A medication order for warfarin 3mg daily Monday through Friday, and 2.5mg on Saturday and Sunday. (Warfarin is an anticoagulant used to prevent blood clots.) Review of a subsequent order dated 12/20/16 revealed: -An increase in the dose of warfarin to 3mg daily due to an INR (International Normalized Ratio) of 1.7. (The INR is a lab test used to determine the dose and effectiveness of warfarin. A normal range for an anti-coagulated patient is 2.0 to 3.5). -The dose of warfarin continued at 3mg per day until a dosage increase on 3/7/17 to 3mg daily Monday through Friday, and 3.5mg daily on Saturday and Sunday, due to an INR of 1.5. Review of Resident #6's record revealed INRs were checked weekly from 1/10/17 through 3/7/17 with a range of 1.5 to 3.6. Review of Resident #6's electronic Medication Administration Record (eMAR) for February 2017	D 358	4. Care Managers or ED will monitor medication exception reports daily for follow-up. 5. Antibiotics, anti-coagulants, and eye drops will be monitored bi-weekly by RCC or LHPS nurse to ensure proper administration. Completion Date: June 29, 2017	

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D 358	Continued From page 58 (Resident #6), affecting a large portion of the sampled residents, this citation constitutes a Type A1 Violation. Review of a Plan of Protection provided on 5/11/17 and updated on 5/26/17 revealed: -Employees will be counseled and written up. -MAs will be trained on Coumadin. -We will implement a medication overflow basket in the med room. -Medication carts will be monitored daily by the RCM, SCC, or the Executive Director. -MAs will be inserviced on all medication policies and procedures. -When a medication cannot be located or is not available, pharmacy "lost medication" form will be completed to receive medication. -Coumadin will be located with narcotics (separate) so not to be missed. -eMAR will be audited daily by each shift, RCM, and SCC. -Facility will complete a 100% chart audit and follow-up as indicated. -Facility will refer Pharmacy Consultant to provide training on medication administration and follow-up. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED JUNE 29, 2017.	D 358		
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	D 392	D392 Controlled Substances 1. An audit was completed to ensure narcotic record sheets were available for narcotic medications currently in facility on May 31, 2017.	

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D 392	Continued From page 59 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: Based on observations, record reviews, and interviews, the facility failed to assure narcotic count record sheets were maintained for 1 of 5 (#4) residents sampled. The findings are: Review of Resident #4's current FL2 dated 1/16/17 revealed: -Diagnoses included chronic bronchitis, chronic obstructive pulmonary disease, a malignant neoplasm of the lower lobe (lung), and a secondary malignant neoplasm. -A medication order for temazepam 30mg, 1 capsule at night as needed for sleep. (Temazepam is a medication used to treat insomnia.) Review of Resident #4's record revealed: -An order to admit resident to local hospice on 11/18/16 with a diagnosis of lung cancer. -A subsequent order dated 3/8/17 to discontinue the prn (as needed) dosing of temazepam 30mg and use a scheduled dose of 30mg of temazepam at bedtime for sleep. Review of Resident #4's electronic Medication Administration Record (eMAR) for March 2017 revealed: -An entry for temazepam 30mg, 1 capsule at bedtime, with a scheduled administration time of 8pm. -The temazepam 30mg was documented as administered daily from 3/10/17 through 3/31/17.	D 392	2. Education regarding policy and procedure for narcotic record sheets was completed on June 7, 2017 for all Medication Aides by Licensed Health Professional Service nurse and Executive Director. 3. A weekly audit will be completed by the Resident Care Coordinator to ensure narcotic record sheets are in the appropriate book and filed properly upon completion. Completion Date: July 12, 2017	

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D 392	Continued From page 62 5/5/17, and 5/25/17. Review of facility narcotic count records for Resident #4 revealed: -There were only 3 narcotic count sheets in the facility for Resident #4's temazepam 30mg including the one currently being used. -One narcotic count sheet for 14 capsules started with the first dose given on 4/8/17 and the last dose given on 4/21/17. -One narcotic count sheet for 13 capsules started with the first dose given on 4/27/17 and the last dose given on 5/10/17. Interview with the Executive Director on 5/26/17 at 3:45pm revealed those 3 narcotic count sheets were the only narcotic count sheets they could find in the facility for Resident #4's temazepam 30mg. Review of the facility's policy and procedure manual revealed: -Documentation of controlled substances will be maintained by the facility and will be available for review. -The record of documentation will be kept in the resident's record, ex. MAR or controlled drug sign-out record. -The documentation will be maintained within the facility for a minimum of 3 years.	D 392		
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	D 400	D400 Pharmaceutical Care 1.Pharmaceutical review was completed on June 28, 2017. 2.Care Managers will follow-up with any areas noted of non-compliance, along with contacting resident's medical provider when required.	

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D 400	Continued From page 63 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. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure quarterly on-site medication reviews, that identified and prevented medication related problems for 1 of 6 sampled residents (Resident #3). The findings are: Review of Resident #3's current FL2 dated	D 400	Completion Date: July 12, 2017	

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D914	Continued From page 68 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure each resident was free from the risk of exploitation by failing to perform a controlled drug screening on a staff member with access to residents' controlled drugs prior to beginning employment. The findings are: Based on interviews and record reviews, the facility failed to assure an examination and screening for the presence of controlled substances was performed for 1 of 7 sampled staff, the Resident Care Manager, hired after 10/1/13 before the employee began working as a medication aide in the facility. [Refer to tag D992 G.S. 131D-45(a) Examination and Screening, (Type B Violation.)]	D914		
D992	G.S.§ 131D-45 (a) Examination and screening G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening	D992	D 992 Examination and screening 1. New Business Office Manager was hired by facility. 2. Education was provided to Business Office Manager regarding drug screening on May 31, 3017 by ED and Senior Care Manager. 3. 100% audit was completed by Business Office Manager and Executive Director to ensure every staff member had documentation of drug screen completed on May 31, 2017.	

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D992	Continued From page 69 of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to assure an examination and screening for the presence of controlled substances was performed for 1 of 7 sampled staff, Resident Care Manager (RCM) hired after 10/1/13 before the employee began working as a medication aide in the facility. The findings are: Review of the RCM's employment record revealed: -The date of hire was 2/13/17. -No documentation of completion of controlled	D992	4. Executive Director and Business Office Manager will review and confirm completion of drug screen prior to offer of employment for all new staff members. Completion Date: July 12, 2017	