Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029007	A. BUILDING: _____ B. WING _____	06/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MALLARD RIDGE ASSISTED LIVING	9420 NORTH HIGHWAY 150 CLEMMONS, NC 27012

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D 000	Initial Comments The Adult Care Licensure Section conducted an Annual survey on June 27, 2017 and June 28, 2017.	D 000	10A NCAC 13F .0902(b) All Wellness Directors and RN will be educated on the processing of new orders through a New Order Notebook Best Practice. This will consist	June 28th, 2017
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 B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure physician notification for 1 of 7 sampled residents (Resident #3) who was experiencing swelling in both lower legs, loss of pedal pulse in right foot and faint pedal pulse in the left foot and both feet blue in color and cold to the touch and not wearing Thrombo-Embolic Deterrent hose (TED hose) as ordered. The findings are: A. Review of Resident #3's current FL2 dated 03/15/17 revealed: -Diagnoses included closed displaced fracture of the humeral bone, fall risk, Alzheimer's disease, atrial fibrillation, hypertension, hyperlipidemia and hypothyroidism. -The FL2 did not include orders for compression stockings (Thrombo-Embolic Deterrent hose). Review of Resident #3's signed physician's order	D 273	of the Wellness Director, or designee, will verify that the order has been accepted into Quick MAR with the correct directions and appropriate administration times. They will also verify that the medication is in the community and available for administration. If the medication is not available, the Wellness Director will make a note in the resident record as to why and what steps have been taken to obtain mediation as well as notification of the MD. Once the above steps have been completed, the Wellness Director or designee will initial and date the order as documentation that they have completed the follow up. Training will be completed 6/28/2017. ED or designee will be responsible for reviewing that New Order Notebook Best Practice is being followed through appropriately by Wellness Directors and RN on a daily basis for 2 weeks. Then, weekly for 2 additional weeks. Once seeing a compliant trend for an entire month, will continue to check weekly ongoing.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Executive Director (X6) DATE 7.21.17

Joanne S Robinson RN BSN 7/26/17 reviewed and acknowledged

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D 273	Continued From page 1 dated 04/26/17 revealed an order for TED hose to apply every AM and remove every PM. Observation on 06/27/17 of Resident #3 at 9:45 am revealed: -She was sitting in her recliner in her room. -Swelling was present in both lower legs. -Both feet were blue in color. -She was not wearing TED hose. Interview on 06/27/17 with Resident #3 at 9:45 am revealed: -She came from the hospital to this facility with a broken left shoulder from a fall at home. -She had "swelling in her feet a lot". -She was not sure if she was to be wearing TED hose. -She denied having TED hose to put on. Observation on 06/27/17 of Resident #3 at 3:20 pm revealed: -She was sitting in her recliner in her room. -She did not have on TED hose. -Swelling was present in both lower extremities. -Both feet were blue in color. -The sandals she was wearing were so tight that the swelling caused the tissue to swell in-between the open areas of the sandal. -Resident #3 tried pulling off the right sandal, but was hard to do and the sandal made a loss of suction noise when pulled off. Interview on 06/27/17 with the Resident Care Coordinator (RCC) at 3:25 pm revealed: -She was a Registered nurse (RN). -After assessing Resident #3 she stated, the right pulse was "absent" and the left pulse was "faint". -Resident #3's feet were "blue and ice cold". -She would notify the doctor. -She could not find Resident #3's TED hose in the	D 273		

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D 273	Continued From page 2 room or in the medication cart. -Resident #3 was to wear her TED hose every day all day and then remove them every evening at 10:00 pm. -She was not aware Resident #3 was not wearing her TED hose or why. Telephone interview on 06/27/17 with Resident #3's primary care physician at 3:45 revealed: -Resident #3 was to be wearing TED hose from 7:00 am to 10:00 pm. -He was not aware Resident #3 was not wearing her TED hose. -He was not aware Resident #3 was having any issues with the circulation in her feet. -He expected the facility follow the orders as written and notify him of any issues. Telephone interview on 06/27/17 with Resident #3's Nurse Practitioner (NP) at 4:00 pm revealed: -She was not aware Resident #3 was not wearing TED hose as ordered. -She was not notified by the facility staff Resident #3 had swelling, no pulses in either foot, or any type of vascular issues with Resident #3's lower extremities. -There was no documentation in Resident #3's record at the doctor's office or triage, that Resident #3 was having any kind of issues today (06/27/17). -The NP expected the facility staff to put the TED hose on every day at 7 am and removed at 10 pm as ordered and to call with any increased swelling or decreased pedal pulses and circulation. -Failure to do so would result in a negative outcome such as; increased swelling, increased blood pressure, increased pressure on the heart valves and heart resulting in further valve damage, and increased fluid buildup in the lungs as well as the possibility of "throwing a clot".	D 273		

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D 273	Continued From page 3 Review of Resident #3's Nurse's Note dated 06/07/17 at 3:30 pm revealed: -Both lower legs of Resident #3 were very swollen. -Resident #3's "right pedal pulse is weaker than the left". -Resident #3's TED hose "not on at this time". -Resident #3's "NP notified of edema" to both lower legs. Interview on 06/27/17 with the RCC at 4:15 pm revealed: -She spoke with Resident #3's Physician's Assistant (PA) at 3:30 pm informed the PA of the "increased swelling, bilateral feet blue in color and pedal pulse missing in the right and faint in the left". -She received a telephone order to "put the TED hose on and elevate the feet" and the PA would check on her next visit (which would be 06/29/17). -She could not find the TED hose in Resident #3's room or on the medication cart. Interview on 06/27/17 with Medication Aide (MA) at 5:16 pm revealed she found a pair of TED hose belonging to Resident #3 and put them on her as well as ordered another pair. Telephone interview on 06/27/17 with Resident #3's family member at 5:34 pm revealed: -She was aware Resident #3 was supposed to wear TED hose. -"The TED hose keep down the swelling" and "better for her heart". -She visited 3 times a week. -She remembered Resident #3 not always wearing her TED hose and the most recent was 06/24/17.	D 273		

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D 273	Continued From page 4 -She noticed Resident #3's feet were "swollen, and blue". -She reported Resident #3 not having on her TED hose and the condition of Resident #3's feet on 06/24/17 to the morning shift MA and TED hose were not able to be located. -The family member expected the facility staff to apply the TED hose every morning and take off every evening as ordered unless there was an issue and to report to the doctor any issues. Review of Resident #3's Nurse's Note dated 06/27/17 at 8:45 am revealed: -It was documented Resident #3's both lower legs were assessed, by the RCC/RN as no swelling present, TED hose applied and wrinkle free. -It was documented Resident #3's "pedal pulses very difficult to palpate", and "will contact doctor for possible order for venous doppler". Interview on 06/28/17 with a second MA at 9:10 am revealed: -If she put Resident #3's TED hose on, she documents after putting the TED hose on. -She documented refusals and if there were 3 refusals or if the TED hose were not applied for 3 consecutive days, it was to be reported to the doctor. -The night shift MAs put on Resident #3's TED hose. -She saw that Resident #3 did not have on TED hose 06/27/17 but it was documented as "applied". -She was unable to located Resident #3 TED hose and would check with the other MAs or nursing assistants. Interview on 06/28/17 with Regional Registered Nurse (RN) at 9:15 am revealed the TED hose were on Resident #3 and she would call the	D 273		

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D 273	Continued From page 5 doctor today for a possible venous doppler study to be ordered. Telephone interview on 06/28/17 with Resident #3's NP at 9:25 am revealed she was called by the Regional RN and Resident #3's TED hose were on this am. Interview on 06/28/17 with a third MA at 10:30 am revealed: -The night shift MAs put on Resident #3's TED hose. -She checks to see if the TED hose are on and for any issues. -If a resident does not have on TED hose for 3 days in a row, the doctor was to be notified. -The MAs were responsible for applying and removal of all TED hose. -If TED hose were soiled, she was to document in the eTAR under other and give reason. -If TED hose were missing, she was to measure and re-order. -All TED hose were to be kept in the resident's room and an extra pair was to be kept in the medication cart. -She could not find an extra pair of TED hose for Resident #3 so she will measure Resident #3 and order another pair. Interview on 06/28/17 with a Nursing Assistant (NA) at 11:00 am revealed: -She cannot recall Resident #3 having TED hose on 06/27/17. -All complaints by residents were reported to the MAs. Interview on 06/28/17 with the RCC at 12:15 pm revealed: -The MAs were responsible for putting on the TED hose in the morning and taking them off in	D 273		

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D 273	Continued From page 6 the evening. -The MAs were responsible for the application and removal of the TED hose. -If there were any issues the MAs were to bring it to her attention or call the doctor. -There was no specific policy about TED hose in the facility, only the MA training. -Only 3 days could a resident go without TED hose before the doctor was to be called and to get any new orders. Review of Nurses Notes from May 1, 2017 to July 28, 2017 revealed no documentation of the physician being notified of Resident #3's refusal or Resident #3 not wearing the TED hose for 3 constitutive days. Review of Resident #3's June 2017 electronic Treatment Administration Record (eTAR) revealed: -An entry to apply TED hose at 7:00 am and remove TED hose at 10 pm. -There were 20 out of 27 opportunities documented as applied. -There were 26 out of 27 opportunities documented as removed. -There were 7 out of the 27 opportunities documented as "refused". -The 7 refused dates were as follows; 06/06/17, 06/14/17, 06/17/17 - 06/20/17, and 06/26/17. Interview on 06/28/17 with the Wellness Director (WD) at 12:20 pm revealed: -The MA or WD was to let the doctor know if a resident was without or refused TED hose after 3 days. -She was not aware Resident #3 was not wearing or refusing to wear the TED hose as ordered. Interview on 06/28/17 with the ED at 12:30 pm	D 273		

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D 273	Continued From page 7 revealed: -The ED expected the facility staff to follow all physician's orders. -All issues with physician's orders were to be handled through the doctor, MA, RCC and the WD. -It was the responsibility of the WD to monitor all electronic Medication Records (eMARs), and eTARs for accuracy, hole and or issues. -It was the responsibility of the RCC to monitor any issues that are reported by the MAs. The facility failed to assure physician notification of Resident #3 with a diagnoses of closed displaced fracture of the humeral bone, fall risk, Alzheimer's disease, atrial fibrillation, hypertension, hyperlipidemia and hypothyroidism. The facilities failure to ensure Resident #3 continued to wear the prescribed TED hose and follow up with the physician concerning Resident #3's blue, faint and missing pulses of her feet was detrimental to the health and safety of the affected resident and constitutes a Type B Violation. A Plan of Protection was provided by the facility on 06/27/17 as follows: -Facility staff will immediately review all orders received 06/27/17 to assure healthcare referral and follow up was completed as ordered by prescribing physician. -All new orders will be reviewed by the WD daily with date, initials and verification that medication and treatment supplies are on hand and available for administration. -The ED, or designee, will ensure WD are checking daily by checking daily for 2 weeks, for	D 273		

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D 273	Continued From page 8 an additional 2 weeks, the ED or designee will check weekly. This monitoring will continue for 1 month and continue as needed. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED August 12, 2017.	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, interview, and record review, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to Referral and Follow-up. The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure physician notification for 1 of 7 sampled residents (Resident #3) who was experiencing swelling in both lower legs, loss of pedal pulse in right foot and faint pedal pulse in the left foot and both feet blue in color and cold to the touch and not wearing Thrombo-Embolic Deterrent hose (TED hose) as ordered.[Refer to Tag 273, 10A NCAC 13F.0902(b) Health Care [Type B Violation]).	D912	G.S. 131D-21(2) All care staff will be re-educated in regards to Resident rights. Training will be completed by July 28th, 2017. Community will assure that training in regards to resident rights occurs at hire and on a periodic basis.	July 28th, 2017

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