PRINTED: 10/25/2017
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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
	HAL049003	A. BUILDING: _____ B. WING _____	10/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE PLACE ADULT LIVING CENTER	1372 EUFOLA ROAD STATESVILLE, NC 28677

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D 000	Initial Comments The Adult Care Licensure Section and Iredell County Department of Social Services conducted an Annual survey and complaint investigation on October 11 and 12, 2017 with an exit conference via telephone on October 13, 2017. The complaint investigation was initiated by the Iredell County Department of Social Services on September 29, 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 observations, record reviews, and interviews, the facility failed to ensure medications were administered as ordered by a licensed prescribing practitioner for 2 of 5 sampled residents (Resident #2 and Resident #6), regarding topical corticosteroid cream and petroleum gel. A. Review of Resident #2's current FL-2 dated 8/20/17 revealed diagnoses included dementia (Alzheimer's type) and altered mental status. Review of the physician orders for Resident #2 dated 08/17/17 revealed an order for	D 358		

Joanne S Robinson RN

POC reviewed and acknowledged 11/13/17

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D 358	Continued From page 1 triamcinolone 0.1% cream apply to affected area on trunk twice per day for two weeks, then two times per day for weekends only. (triamcinolone is steroid cream used to treat inflammation of the skin). Review of Resident #2's Medication Administration Records (MARs) for August 2017 revealed: -There was an entry beginning 08/18/17 for triamcinolone cream to be applied to affected areas on trunk twice daily for 2 weeks, then apply twice daily on weekends with administration times of 8:00am and 8:00pm. -Triamcinolone cream was documented as being administered twice daily for two weeks from 8/18/17-8/31/17. Review of Resident #2's MARs for September and October 2017 revealed: -There was an entry for triamcinolone cream to apply and rub a thin film to affected areas twice a day on the weekends. -In September 2017, triamcinolone cream was documented as administered twice daily from 9/1/17-9/30/17. -In October 2017, triamcinolone cream was documented as administered twice daily from 10/01/17-10/11/17 at 8:00 and 8:00 pm and at 8:00 am on 10/12/17. -The facility Medication Aides (MAs) administered the triamcinolone cream 58 times when the cream should not have been administered. Telephone interview with the contracted pharmacy on 10/12/17 at 9:12 am and 11:01 am revealed: -The current order on file was for triamcinolone cream to be applied to affected area twice per day for two weeks beginning 8/17/17 and then	D 358	All facility med-techs have been re-trained to observe the physician's orders for all directives. Administrator has implemented a policy to monitor all orders including topical medications, regardless of their frequencies. Facility co-administrator will monitor all orders effective immediately and on a weekly basis.	10/13/2017

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D 358	Continued From page 2 twice per day on weekends. -454 grams of triamcinolone was last dispensed on 8/17/17 -The length of time the cream would last depended on the size of the affected area and size of the patient. -A refill was requested on 10/12/17 for triamcinolone by facility. Telephone interview with Resident #2 Dermatologist on 10/12/17 at 9:24 am revealed: -Triamcinolone cream was to be applied to trunk and extremities twice per day for two weeks and then twice per day on weekends for dermatitis. -If the medication was used every day it could cause skin to be irritated and the skin could tear. -If the skin was not healing, resident should have scheduled another appointment to be evaluated. Observation of medications on hand on 10/12/17 at 9:07 am revealed the triamcinolone cream was not available. Interview with 1st shift Medication Aide (MA) on 10/12/17 at 9:40 am revealed: -She normally worked 1st shift 4 days per week at facility. -MAs were responsible for applying medication to Resident #2. -Triamcinolone was being applied to Resident #2 daily. -She applied once every day during her shift as she misread the instructions on the MAR. -She was unsure of what happened to the cream. Telephone interview with another 1st shift Medication Aide (MA) on 10/12/17 at 12:04 pm revealed: -She worked as a MA during 1st shift 3 times per week.	D 358		

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D 358	Continued From page 3 -Resident #2 was prescribed triamcinolone cream, however she couldn't remember exactly how often it was prescribed to be applied. -She applied the cream once per day to Resident #2's trunk every day during her shift, usually in the morning after breakfast. -She must have misread the order on the MAR. -She last applied the medication 10/11/17 during the morning shift and there was cream left to be used the next day and should have been on the shelf. Interview with 3rd shift Medication Aide (MA) on 10/12/17 at 2:07 pm revealed: -She worked as the 3rd shift MA and normally works either 10 pm-6 pm or 6 pm-6 am. -She applied triamcinolone cream to the resident skin every evening during her shift "because he had continuous itching." -She misread the instructions on the MAR. -If the resident needed the medication more than prescribed "we are call the doctor for a new order." Interview with the Co-Administrator on 10/12/17 at 9:45 am and 2:40 pm revealed: -MAs were responsible for administering medications to residents. -The MAs misread the medication record and continued to apply triamcinolone cream every day after two weeks. -They were now aware of the error and had notified the Dermatologist of the medication error report. -They would assure the cream was administered twice daily on the weekends, as ordered. -She expected MAs to follow physicians' orders of medication, and if clarification was needed to contact physician.	D 358		

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D 358	Continued From page 4 Attempted telephone interview with another 3rd shift MA on 10/12/17 at 10:38 am was unsuccessful. Observation of Resident #2 skin during incontinence care with a staff member on 10/12/17 at 11:30am revealed: -Resident had multiple dark red scabbed over bumps on buttocks and legs. -No open areas or irritation was noted. Observation of medication on hand on 10/12/17 at 10:00 am revealed 454 grams of Triamcinolone labeled for Resident #2 was filled by pharmacy on 10/12/17. Based on record review and observation, Resident #2 was not interviewable. B. Review of Resident #6's current FL2 dated 11/15/16 revealed: -Diagnoses included Alzheimer's disease and hypertension. -A physician's order for petroleum gel (a skin protectant) to be applied two times daily. Review of Resident #6's signed physician's orders dated 08/10/17 revealed: -An order for petroleum gel to be applied two times daily at 8:00 am and 8:00 pm. -An order for petroleum gel to be applied every day as needed for irritation. Review of Resident #6's August 2017 and October 2017 Medication Administration Records (MARs) revealed: -An entry for petroleum gel was documented as being applied two times daily at 8:00 am and 8:00 pm from 08/01/17 to 08/31/17. -An entry for petroleum gel was documented as being applied two times daily at 8:00 am and 8:00	D 358	All facility med-techs have been re-trained to observe the physician's orders for all directives. Administrator has implemented a policy to monitor all orders including topical medications, regardless of their frequencies. Facility co-administrator will monitor all orders effective immediately and on a weekly basis.	10/13/2017

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D 358	Continued From page 5 pm from 10/01/17 to 10/11/17. Review of Resident #6's September 2017 MAR revealed an entry for petroleum gel was scheduled to be administered at 8:00 am and 8:00 pm and documented as being applied only one time daily at 8:00 pm from 09/01/17 to 09/30/17. Observation on 10/12/17 at 9:45 am of Resident #6's medications available for administration revealed a 328 gram sized opened container of petroleum gel. Interview on 10/12/17 at 9:48 am with the morning shift Medication Aide (MA) revealed: -She had been employed with this facility for approximately 4 years and 6 months. -She typically worked at this facility 4 days per week as the morning shift MA. -She remembered applying petroleum gel to Resident #6 and was not sure why she forgot to document on the MAR that it had been done. -She typically double checked at the end of each day to ensure she had documented on the MAR all medications given to Resident #6 but she "must have missed it" during the month of September 2017. Telephone interview on 10/12/17 at 10:00 am with a second morning shift MA revealed: -She typically worked at this facility 3 days per week as a morning shift MA. -She did not apply petroleum gel to Resident #6 at 8:00 am during the month of September 2017 because she "didn't think she needed it and the resident didn't ask for it." -She was aware that Resident #6 had both an order for petroleum gel to be applied at 8:00 am and 8:00 pm in addition to an order for petroleum	D 358		

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D 358	Continued From page 6 gel to be applied as needed for irritation. -She understood the difference between routine and as needed medication orders. -She made the decision whether to apply the petroleum gel or not based on how Resident #6's skin looked. -She had not contacted Resident #6's doctor to discuss the need for petroleum gel. Telephone interview on 10/12/17 at 1:58 pm with a pharmacist at the facility's contracted pharmacy revealed: -The most recent physician's order they had for Resident #6 was for petroleum gel to be applied two times daily and as needed for irritation. -The last time petroleum gel had been dispensed to the facility for Resident #6 was on 04/26/17. -A 368 gram container of petroleum gel had been dispensed to the facility for Resident #6. -She was unsure how long a 328 gram container would last because it would depend on how much was applied each time. Interview on 10/12/17 at 2:30 pm with the night shift MA revealed: -She typically worked at this facility 3 days per week as the night shift MA. -She applied petroleum gel to Resident #6 every day that she worked at 8:00 pm and at other times during her shift if needed for irritation. -She did not question whether Resident #6 needed the petroleum gel because it was an order from her physician and she followed all physician's orders. -Petroleum gel was applied to Resident #6 because her skin was often red and irritated from sitting a lot. Interview on 10/12/17 at 2:40 pm with the facility's Co-Administrator revealed:	D 358		

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D 358	Continued From page 7 -She was unaware that Resident #6 had not received petroleum gel at 8:00 am for the entire month of September 2017. -She expected the MAs to follow the physicians' orders for all medications. -She expected the MAs to contact the physician if they needed clarification on whether a medication should be administered. -She expected the MAs on each shift to double check the MARs after giving medications to ensure they had documented all medications given. Telephone interview on 10/13/17 at 9:22 am with a representative from Resident #6's physician's office revealed: -The physician had written an order for Resident #6 to receive petroleum gel applied two times daily. -The physician expected the facility to follow all orders exactly as written. Based on record review and observation, Resident #6 was not interviewable.	D 358		