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
	HAL023045	A. BUILDING: _____ B. WING _____	04/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND HOUSE	950 HARDIN DRIVE SHELBY, NC 28150

(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 conducted an annual survey and complaint investigation on April 10, 2018 and April 11, 2018.	D 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of truth of the facts alleged or conclusion set forth in the statement of deficiencies or corrective action, report, the plan of corrections prepared solely as a matter of compliance with State Laws.	
D 364	10A NCAC 13F .1004(g) Medication Administration 10A NCAC 13F .1004 Medication Administration (g) The facility shall ensure that medications are administered to residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to assure medications were administered to residents within one hour before or one hour after the scheduled times for 5 of 5 sampled residents (Residents #1, #2, #3, #4, #5). The findings are: During the initial tour observation of two medication aides on 4/10/18 between 9:00am and 11:15am revealed: -The electronic Medication Administration Record (eMAR) on two separate medication carts had multiple residents profiles flagged on the computer screens in red, labeled "Past Due". -One medication aide had administered a scheduled 9:00am medication to a resident at 10:25am. -A different medication aide had administered a medication to a resident at 10:10am who had their medications scheduled for 8:00am. -Another resident who had 9:00am scheduled medications had been administered their medications at 10:05am.	D 364	10A NCAC 13F.1004 Medication Administration It is the policy of the Cleveland House to assure residents receive medications within one hour before or one hour after the prescribed time. Trainings for Med Aides were held on 4/10-4/15/2018 and conducted by the Matrix System Administrator and Executive Director. All Med Aides were trainied on how to print paper MARS utilizing the E-Mar Offline Program to administer medication in the event of internet outage. DON/LPN will monitor for 30 days and ongoing ED will monitor weekly for 30 days and randomly ongoing. Med Aides will notify DON/LPN and ED of any internet outage.	4/15/2018 5/18/2018

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Reviewed and Acknowledged by Joseph Cline, RN 5/26/18

Joseph Cline

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D 364	Continued From page 1 -During the medication pass 6 residents were observed with a total of of 26 medications administered, by two different medication aides, as much as an hour and fifteen minutes outside of the hour after. 1. Review of Resident #4's current FL2 dated 10/6/17 revealed: -Diagnoses included: Parkinson's disease, orthostatic hypotension, Congestive Heart Failure, s/p pacemaker, gastroesophageal reflux, history of depression, and anxiety. -An order for carbidopa/levodopa (used to treat symptoms of Parkinson's disease) 25mg-100mg 2 tablets three times a day at 8:00am, 12:00pm, and 6:00pm. -An order for carbidopa/levodopa ER 50mg-200mg 1 tablet daily at 6:00am. -An order for calcium carbonate (used to reduce acid in the stomach) 500mg 1 tablet daily. -An order for famotidine (used to reduce acid in the stomach) 20mg 1 tablet daily at bedtime. -An order for fludrocortisone (used to treat a type of low blood pressure which occurs when going from lying to sitting/standing) 0.1mg 1 tablet every morning. -An order for milk of magnesia (used to treat constipation) 400mg/5ml 30ml as needed for constipation. -An order for lorazepam (used to reduce anxiety) 0.5mg 1 tablet three times daily. -An order for potassium chloride (used to supplement potassium levels) 20 mEq 1 tablet daily. -An order for Senexon-S (used to prevent constipation) 8.6mg-50mg 1 tablet twice daily. Review of Resident #4's record revealed the following subsequent medication orders dated 1/5/18 an order for milk of magnesia 400mg/5ml	D 364	The community has established a tracking log "Red Book to identify and record internet outages which will be located at the nurses station. Med Aides will reference the Red Book to document internet downtime. The DON/LPN will monitor the log for 30 days and ongoing. The ED will monitor the log randomly. DON/LPN reviewed MARS to adjust medication administration times to meet medication administration compliance in consultation with PCP as needed. DON/LPN will monitor this process for the next 30 days for compliance and ongoing. Executive Director will monitor this process randomly.	5/10/2018

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D 364	Continued From page 2 30ml every other day. Review of Resident #4's record revealed the following subsequent medication orders dated 1/29/18: -An order for carbidopa/levodopa 25mg-100mg 2 tablets three times a day at 8:00am, 12:00pm, and 6:00pm. -An order for carbidopa/levodopa ER 50mg-200mg 1 tablet daily. -An order for carbidopa/levodopa ER 50mg-200mg 1 tablet daily at bedtime. -An order for fludrocortisone 0.1mg 1 tablet twice daily. -An order for lorazepam 0.5mg 1 tablet three times daily. -An order for sertraline 25mg 1 tablet daily. Review of Resident #4's record revealed the following subsequent medication orders dated 3/9/18: -An order for carbidopa/levodopa 25mg-100mg 2 tablets three times a day at 8:00am, 12:00pm, and 6:00pm. -An order for carbidopa/levodopa ER 50mg-200mg 1 tablet daily at 6:00am. -An order for carbidopa/levodopa ER 50mg-200mg 1 tablet daily at bedtime at 8:00pm. -An order for calcium carbonate 500mg 1 tablet daily at 12:30pm. -An order for famotidine 20mg 1 tablet daily at bedtime at 8:00pm. -An order for fludrocortisone 0.1mg 1 tablet twice daily at 7:00am and 2:00pm. -An order for milk of magnesia 400mg/5ml 30ml every other day at 8:00am. -An order for lorazepam 0.5mg 1 tablet three times daily at 6:00am, 11:00am, and 6:00pm. -An order for potassium chloride 20 mEq 1 tablet daily at 8:00am.	D 364		

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D 364	Continued From page 3 -An order for Senexon-S 8.6mg-50mg 1 tablet twice daily at 8:00am and 8:00pm. -An order for sertraline 25mg 1 tablet daily at 6:00pm. Review of Resident #4's February 2018 electronic Medication Administration Record (EMAR) revealed: -The carbidopa/levodopa 25mg-100mg 2 tablets three times a day at 8:00am, 12:00pm, and 6:00pm was documented administered late on 15 out of 83 opportunities. -The carbidopa/levodopa 25mg-100mg 2 tablets at 8:00am was documented not administered on 2/8/18. -The carbidopa/levodopa ER 50mg-200mg 1 tablet daily at 8:00pm was documented administered late on 11 out of 28 opportunities. -The calcium carbonate 500mg 1 tablet daily at 12:30pm was documented administered late on 8 out of 27 opportunities. -The calcium carbonate 500mg 1 tablet daily at 12:30pm was documented not administered on 2/6/18. -The famotidine 20mg 1 tablet daily at 8:00pm was documented as administered late on 11 out of 28 opportunities. -The fludrocortisone 0.1mg 1 tablet twice daily at 7:00am and 2:00pm was documented as administered late on 25 out of 54 opportunities. -The fludrocortisone 0.1mg 1 tablet twice daily at 7:00am and 2:00pm was documented not administered on 2/8/18 at 2:00pm and on 2/14/18 at 2:00pm. -The milk of magnesia 400mg/5ml 30ml every other day at 8:00am was documented as administered late on 6 out of 14 opportunities. -The lorazepam 0.5mg 1 tablet three times daily at 6:00am, 11:00am, and 6:00pm was documented as administered late on 7 out of 84	D 364		

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D 364	Continued From page 4 opportunities. -The potassium chloride 20 mEq 1 tablet daily at 8:00am was documented as administered late on 9 out of 27 opportunities. -The potassium chloride 20mEq 1 tablet daily at 8:00am was documented not administered on 2/8/18. -The Senexon-S 8.6mg-50mg 1 tablet twice daily at 8:00am and 8:00pm was documented as administered late on 21 out of 55 opportunities. -The Senexon-S 8.6mg-50mg 1 tablet twice daily at 8:00am and 8:00pm was documented not administered on 2/8/18. -The sertraline 25mg 1 tablet daily at 6:00pm was documented as administered late 1 out of 28 opportunities. Review of Resident #4's March 2018 EMAR revealed: -The carbidopa/levodopa 25mg-100mg 2 tablets three times a day at 8:00am, 12:00pm, and 6:00pm was documented administered late on 7 out of 93 opportunities. -The carbidopa/levodopa ER 50mg-200mg 1 tablet daily at 8:00pm was documented administered late on 18 out of 31 opportunities. -The calcium carbonate 500mg 1 tablet daily at 12:30pm was documented administered late on 1 out of 31 opportunities. -The famotidine 20mg 1 tablet daily at 8:00pm was documented as administered late on 18 out of 31 opportunities. -The fludrocortisone 0.1mg 1 tablet twice daily at 7:00am and 2:00pm was documented as administered late on 18 out of 62 opportunities. -The lorazepam 0.5mg 1 tablet three times daily at 6:00am, 11:00am, and 6:00pm was documented as administered late on 7 out of 90 opportunities. -The potassium chloride 20 mEq 1 tablet daily at	D 364		

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D 364	Continued From page 5 8:00am was documented as administered late on 3 out of 31 opportunities. -The Senexon-S 8.6mg-50mg 1 tablet twice daily at 8:00am and 8:00pm was documented as administered late on 21 out of 62 opportunities. -The sertraline 25mg 1 tablet daily at 6:00pm was documented as administered late 3 out of 31 opportunities. Review of Resident #4's April 2018 EMAR from 4/1/18 to 4/11/18 revealed: -The carbidopa/levodopa 25mg-100mg 2 tablets three times a day at 8:00am, 12:00pm, and 6:00pm was documented administered late on 1 out of 33 opportunities. -The carbidopa/levodopa ER 50mg-200mg 1 tablet daily at 8:00pm was documented administered late on 2 out of 11 opportunities. -The famotidine 20mg 1 tablet daily at 8:00pm was documented as administered late on 2 out of 11 opportunities. -The fludrocortisone 0.1mg 1 tablet twice daily at 7:00am and 2:00pm was documented as administered late on 9 out of 22 opportunities. -The lorazepam 0.5mg 1 tablet three times daily at 6:00am, 11:00am, and 6:00pm was documented as administered late on 2 out of 33 opportunities. -The potassium chloride 20 mEq 1 tablet daily at 8:00am was documented as administered late on 3 out of 11 opportunities. -The Senexon-S 8.6mg-50mg 1 tablet twice daily at 8:00am and 8:00pm was documented as administered late on 5 out of 22 opportunities. Interview with Resident #4's contracted sitter on 4/11/18 at 11:00am revealed: -She had worked with Resident #4 for 7 years. -"He's pitiful and can't function, and he cries when he don't get his meds on time."	D 364		

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D 364	Continued From page 6 -"He just sits there and his anxiety causes tremors so bad his hands and feet shake and he drools." -When Resident #4 received his medications on time, the resident was "calm" and "relaxed." -She had noticed his medications being late "quite a bit" and had recently spoken with his Home Health Nurse of her concerns about the timing of his medications and his symptoms. -"There's a world of difference when he doesn't get his meds." -"If they don't get that 6:00am" carbidopa/levodopa "in him I can't get him up out of bed without help." -"If he has his meds, I can walk him in the halls." -"Without meds he drools, his limbs stiffen ...legs, feet, and arms" and she was unable to walk Resident #4 in the hall. -"He gets very anxious and the tremors increase." Interview with Resident #4's Home Health Nurse on 4/11/18 at 11:30am revealed: -Home Health was consulted to follow Resident #4 to provide education on safety, fall precautions, skin care, and medications. -"If he doesn't get his meds on time he has much more difficulty." -"I have tried to educate the staff about this." -"There's a big change when he doesn't get them on time." -"I've been watching to see if it's the med time related or if a progression of his condition to see if I need to get him back in to see his Neurologist." -The ability to physically get him out of bed was "medication related." -Resident #4 "loves having somebody with him" and she had observed him sitting in the hallway after his sitter had left upset yelling and the lorazepam "helps with that." -Increased anxiety in Resident #4 caused	D 364		

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D 364	Continued From page 7 "problems with eating and swallowing." Interview with a personal care aide on 4/11/18 at 2:40pm revealed: -She routinely provided personal care to Resident #4 on first shift. -If Resident #4's sitter was "not here we care for him like on Saturday and Sunday." -Resident #4 required assistance with incontinent care, showers, getting to meals, transfers from wheelchair to bed after lunch to rest, and transfer assistance from bed to wheelchair in preparation for dinner. -"In the mornings it's harder to transfer him." -Resident #4 required 2 person assist in the mornings "cause his legs buckle." -"After he's had his medicine, we can help him up easier." -"On the mornings his meds are late it's hard to get him up" and she had noticed "slight" tremors in his upper and lower extremities. -When Resident #4 got his medicine "he doesn't need a 2 person assist." Interview with a medication aide on 4/11/18 at 2:45pm revealed: -"I try to make sure he gets that medication right on time" for his Parkinson's disease. -"But when he doesn't get it on time you can tell." -"He's real stiff and real antsy." -"It's a lot harder to get him up or get him to the bathroom." Telephone interview with Resident #4's Neurology office Nurse on 4/11/18 at 4:10pm revealed: -Resident #4 was seen by a Nurse Practitioner in the office about every six months for his Parkinson's disease treatments. -The carbidopa/levodopa medication was "important to give regularly."	D 364		

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D 364	Continued From page 8 -The non-extended release carbidopa/levodopa administration times "did not have to be exact, but as close to his scheduled administration times as possible or his symptoms will be worse." -The extended release carbidopa/levodopa administration time was best to be given "as close to bedtime as possible" for the scheduled bedtime dose. Refer to interview with a medication aide on 4/10/18 at 10:15am Refer to interview with the Administrator in Training on 4/10/18 at 2:45pm. Refer to interview with the Corporate Software Technician on 4/11/18 at 10:40am. Refer to the telephone interview with facility primary care physician on 4/11/18 at 2:30pm. Refer to interview with the Administrator on 4/11/18 at 2:30pm revealed: 2. Review of Resident #2's current FL2 dated 3/9/18 revealed: -Diagnoses included Chronic Obstructive Pulmonary Disease, asthma, generalized anxiety disorder, hypokalemia, hyperlipidemia, and hypertension. -An order for naproxen sodium (used to reduce pain) 220mg 1 tablet twice daily at 8:00am and 8:00pm. -An order for lovastatin (used to treat high cholesterol) 20mg 1 tablet once daily at bedtime at 8:00pm -An order for vitamin D3 (used to supplement vitamin D levels) 1, 000 units 1 tablet twice daily at 8:00am and 8:00pm. -An order for potassium chloride (used to	D 364		

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D 364	Continued From page 9 supplement potassium levels) ER 20mEq 1 tablet daily at 8:00am. -An order for quetiapine (used to treat depression) 50mg 1 tablet daily at 8:00pm. -An order for fenofibrate (used to treat high cholesterol) 145mg 1 tablet daily at 8:00am. -An order for clonazepam (used to reduce anxiety) 1mg 1 tablet every morning at 8:00am. -An order for clonazepam 1mg 2 tablets every day at 2:00pm. Review of Resident #2's record revealed the following medication orders from a signed physician order sheet dated 6/19/17: -An order for naproxen sodium 220mg 1 tablet twice daily at 8:00am and 8:00pm. -An order for lovastatin 20mg 1 tablet once daily at bedtime at 8:00pm -An order for vitamin D3 1, 000 units 1 tablet twice daily at 8:00am and 8:00pm. -An order for potassium chloride ER 20mEq 1 tablet daily at 8:00am. -An order for quetiapine 50mg 1 tablet daily at 8:00pm. -An order for fenofibrate 145mg 1 tablet daily at 8:00am. -An order for clonazepam 1mg 1 tablet every morning at 8:00am. -An order for clonazepam 1mg 2 tablets every day at 2:00pm. Review of Resident #2's record revealed a physician order dated 1/12/18: -An order for clonazepam 1mg 1 tablet every morning at 8:00am. -An order for clonazepam 1mg 2 tablets every day at 2:00pm. Review of Resident #2's February 2018 electronic Medication Administration Record (EMAR)	D 364		

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D 364	Continued From page 10 revealed: -The naproxen sodium 220mg 1 tablet twice daily at 8:00am and 8:00pm was documented as administered late on 19 out of 52 opportunities. -The naproxen sodium 220mg 1 tablet at 8:00pm was documented not administered on 2/16/18 and 2/19/18 at 8:00am due to being "on hold." -The naproxen sodium 220mg 1 tablet at 8:00pm was documented as not administered on 2/9/18 and on 2/10/18 at 8:00am due to "resident unavailable." -The lovastatin 20mg 1 tablet once daily at bedtime at 8:00pm was documented as not administered on 2/9/18 due to "resident unavailable." -The vitamin D3 1,000 units 1 tablet twice daily at 8:00am and 8:00pm was documented as administered late on 19 out of 52 opportunities. -The vitamin D3 1,000 units 1 tablet twice daily at 8:00am and 8:00pm was documented as not administered on 2/9/18 at 8:00pm, 2/10/18 at 8:00am due to "resident unavailable." -The vitamin D3 1,000 units 1 tablet twice daily at 8:00am and 8:00pm was documented as not administered on 2/16/18 at 8:00am and 2/19/18 at 8:00am due to being "on hold." -The potassium chloride ER 20mEq 1 tablet daily at 8:00am was documented as administered late on 21 out of 27 opportunities. -The potassium chloride ER 20mEq 1 tablet daily at 8:00am was documented as not administered on 2/10/18 due to "resident unavailable." -The quetiapine 50mg 1 tablet daily at 8:00pm was documented as not administered on 2/9/18 at 8:00pm due to "resident unavailable." -The fenofibrate 145mg 1 tablet daily at 8:00am was documented as administered late on 21 out of 27 opportunities. -The fenofibrate 145mg 1 tablet daily at 8:00am was documented as not administered on 2/10/18	D 364		

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D 364	Continued From page 11 due to "resident unavailable." -The clonazepam 1mg 1 tablet every morning at 8:00am was documented as administered late on 19 out of 25 opportunities. -The clonazepam 1 mg 1 tablet every morning at 8:00am was documented as not administered on 2/10/18 due to "resident unavailable." -The clonazepam 1mg 1 tablet every morning at 8:00am was documented as not administered on 2/16/18 and 2/19/18 due to being "on hold." -The clonazepam 1mg 2 tablets every day at 2:00pm was documented administered late on 3 out of 28 opportunities. Review of Resident #2's March 2018 EMAR revealed: -The naproxen sodium 220mg 1 tablet twice daily at 8:00am and 8:00pm was documented as administered late on 31 out of 62 opportunities. -The lovastatin 20mg 1 tablet once daily at bedtime at 8:00pm was documented as administered late on 1 out of 31 opportunities. -The vitamin D3 1,000 units 1 tablet twice daily at 8:00am and 8:00pm was documented as administered late on 28 out of 62 opportunities. -The potassium chloride ER 20mEq 1 tablet daily at 8:00am was documented as administered late on 27 out of 31 opportunities. -The fenofibrate 145mg 1 tablet daily at 8:00am was documented as administered late on 27 out of 31 opportunities. -The clonazepam 1mg 1 tablet every morning at 8:00am was documented as administered late on 27 out of 31 opportunities. -The clonazepam 1mg 2 tablets every day at 2:00pm was documented administered late on 1 out of 31 opportunities. Review of Resident #2's April 2018 EMAR from 4/1/18 to 4/11/18 revealed:	D 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023045	A. BUILDING: _____ B. WING _____	04/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 364	Continued From page 12 -The naproxen sodium 220mg 1 tablet twice daily at 8:00am and 8:00pm was documented as administered late on 11 out of 22 opportunities. -The lovastatin 20mg 1 tablet once daily at bedtime at 8:00pm was documented as administered late on 2 out of 22 opportunities. -The vitamin D3 1,000 units 1 tablet twice daily at 8:00am and 8:00pm was documented as administered late on 10 out of 21 opportunities. -The vitamin D3 1,000 units 1 tablet twice daily at 8:00am on 4/3/18 was documented as not administered due to "resident unavailable." -The potassium chloride ER 20mEq 1 tablet daily at 8:00am was documented as administered late on 9 out of 10 opportunities. -The potassium chloride ER 20mEq 1 tablet daily at 8:00am was documented as not administered 4/3/18 due to "resident unavailable." -The fenofibrate 145mg 1 tablet daily at 8:00am was documented as not administered on 4/3/18 due to "resident unavailable." -The clonazepam 1mg 1 tablet every morning at 8:00am was documented as administered late on 9 out of 10 opportunities. -The clonazepam 1mg 1 tablet every morning at 8:00am was documented as not administered on 4/3/18 due to "resident unavailable." -The clonazepam 1mg 2 tablets every day at 2:00pm was documented administered late on 1 out of 11 opportunities. Refer to interview with a medication aide on 4/10/18 at 10:15am Refer to interview with the Administrator in Training on 4/10/18 at 2:45pm. Refer to interview with the Corporate Software Technician on 4/11/18 at 10:40am.	D 364		

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D 364	Continued From page 13 Refer to the telephone interview with facility primary care physician on 4/11/18 at 2:30pm. Refer to interview with the Administrator on 4/11/18 at 2:30pm revealed: 3. Review of Resident #1's current FL2 dated 11/27/17 and subsequent Physician's Orders dated 3/9/18 revealed: -Diagnoses that included a fracture of the sternum, hyperlipidemia, CAD, hypertension, muscle weakness and difficulty walking. -An order for aspirin 81mg, one tablet every day. -An order for atorvastatin 20mg, one tablet at bedtime (used to treat high cholesterol). -An order for latanoprost 0.005% eye drops, instill one drop in each eye at bedtime (used to treat high pressure inside the eye due to glaucoma). -An order for lisinopril 5mg, one tab every day (used to treat high blood pressure). -An order for ocular eye lubricant, instill one drop each eye, three times per day (used to treat dry eyes). -An order for omeprazole 20mg, one tablet twice per day before meals (used to treat gastroesophageal reflux disease). Review of Resident #1's record revealed the following subsequent medication order dated 3/29/18 for Refresh liquid tears, instill one drop in each eye four times per day (used to treat dry eyes). Review of Resident #1's February 2018 EMAR revealed: -The aspirin was scheduled to be administered at 8:00am and was documented as administered late on 21 out of 28 opportunities. -The aspirin was documented as not being	D 364		

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D 364	Continued From page 14 administered on 2/6/18. -The atorvastatin was scheduled to be administered at 8:00pm and was documented as administered late on 3 out of 28 opportunities. -The latanoprost was scheduled to be administered at 8:00pm and was documented as administered late on 3 out of 28 opportunities. -The lisinopril was scheduled to be administered at 8:00am and was documented as administered late on 22 out of 28 opportunities. -The lisinopril was documented as not being administered on 2/6/18. -The ocular eye lubricant was scheduled to be administered at 8:00am, 2:00pm and 8:00pm and was documented as administered late on 25 out of 84 opportunities. -The ocular eye lubricant was documented as not being administered on 2/6/18 at 8:00am and 2:00pm. Review of Resident #1's March 2018 EMAR revealed: -The aspirin was documented as administered late on 23 out of 31 opportunities. -The atorvastatin was documented as administered late on 8 out of 31 opportunities. -The latanoprost was documented as administered late on 8 out of 31 opportunities. -The lisinopril was documented as administered late on 23 out of 31 opportunities. -The ocular eye lubricant was documented as administered late on 36 out of 93 opportunities. -The omeprazole was documented as not being administered on 3/26/18 at 5:00pm. Review of Resident #1's April 2018 EMAR from 4/1-10/18 revealed: -The aspirin was documented as administered late on 10 out of 10 opportunities. -The atorvastatin was documented as	D 364		

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D 364	Continued From page 15 administered late on 4 out of 9 opportunities. -The latanoprost was documented as administered late on 6 out of 9 opportunities. -The lisinopril was documented as administered late on 10 out of 10 opportunities. -The ocular eye lubricant was documented as administered late on 15 out of 28 opportunities. -The omeprazole was documented as not being administered on 4/9/18 at 6:00am. -The Refresh Tears was scheduled to be administered at 8:00am, 12:00pm, 4:00pm and 8:00pm and was documented as administered late on 17 out of 37 opportunities. Interview with Resident #1 on 4/11/18 at 2:20pm revealed: -The facility administered her medications. -She was not aware of medications being administered late. -She had no concerns with the administration of her medications. Refer to interview with a medication aide on 4/10/18 at 10:15am Refer to interview with the Administrator in Training on 4/10/18 at 2:45pm. Refer to interview with the Corporate Software Technician on 4/11/18 at 10:40am. Refer to the telephone interview with facility primary care physician on 4/11/18 at 2:30pm. Refer to interview with the Administrator on 4/11/18 at 2:30pm revealed: 4. Review of Resident #3's current FL2 dated 3/6/18 revealed: -Diagnoses included: Parkinson's disease,	D 364		

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D 364	Continued From page 16 chronic pain, hypertension and anemia. -An order for carbidopa/levodopa (a medication used to treat the symptoms of Parkinson's disease) 25mg-100mg take 0.5 tablet three times daily 9:00am, 3:00pm and 9:00pm. -An order for Amitiza (a medication used to treat constipation in women) 8 mg take 1 capsule twice per day. -An order for aspirin 81mg take one tablet every day. -An order for Daily-Vite (an over the counter multivitamin) take one tablet every day. -An order for diclofenac sodium (a medication used to treat pain) 75mg take one tablet every day. -An order for furosemide (a diuretic used to treat swelling and excess fluids) 40mg take one tablet every day. -An order for losartan (a medication used to treat hypertension) 50mg take one tablet every day. Review of Resident #3's Resident Register revealed an admission date of 3/21/18. Review of Resident #3's March 2018 electronic Medication Administration Record (eMAR) revealed: -The carbidopa/levodopa 25mg-100mg 0.5 tablet three times a day 9:00am, 3:00pm and 9:00pm was documented administered late on 8 out of 30 opportunities. -The Amitiza 8mg one capsule twice per day 8:00am and 8:00pm was documented administered late on 12 out of 20 opportunities. -The aspirin 81mg take one tablet daily was administered late on 3 out of 10 opportunities. -The order for Daily-Vite take one tablet every day was administered late on 3 out of 10 opportunities. -The order for diclofenac sodium 75mg take one	D 364		

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D 364	Continued From page 17 tablet every day was administered late on 6 out of 10 opportunities. -The order for furosemide 40mg take one tablet every day was administered late on 3 out of 10 opportunities. -The order for losartan 50mg take one tablet every day was administered late on 3 out of 10 opportunities. Review of Resident #3's April 2018 eMAR revealed: -The carbidopa/levodopa 25mg-100mg 0.5 tablet three times a day 9:00am, 3:00pm and 9:00pm was documented administered late on 6 out of 28 opportunities. -The Amitiza 8mg one capsule twice per day 8:00am and 8:00pm was documented administered late on 7 out of 19 opportunities. -The aspirin 81mg take one tablet daily was administered late on 3 out of 10 opportunities. -The order for Daily-Vite take one tablet every day was administered late on 3 out of 10 opportunities. -The order for diclofenac sodium 75mg take one tablet every day was administered late on 3 out of 10 opportunities. -The order for furosemide 40mg take one tablet every day was administered late on 3 out of 10 opportunities. -The order for losartan 50mg take one tablet every day was administered late on 2 out of 10 opportunities. Interview with Resident #3 on 4/10/18 at 9:50am revealed: -Sometimes the medications were given late. -The times varies between 30 minutes to 2 hours. -The medications were given late because the computer system was down.	D 364		

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D 364	Continued From page 18 Interview with Resident #3's family member on 4/10/18 at 12:45pm revealed: -"[Resident #3 name] seems to be doing much better here." -"[Resident #3 name] has not mentioned to her about a problem with her medications." -She did not have any concerns about Resident #4's care at the facility. Refer to interview with a medication aide on 4/10/18 at 10:15am Refer to interview with the Administrator in Training on 4/10/18 at 2:45pm. Refer to interview with the Corporate Software Technician on 4/11/18 at 10:40am. Refer to the telephone interview with facility primary care physician on 4/11/18 at 2:30pm. Refer to interview with the Administrator on 4/11/18 at 2:30pm revealed: 5. Review of Resident #5's current FL2 dated 3/9/18 revealed: -Diagnoses included: diabetes, hypertension, restless leg syndrome and chronic pain. -An order for amlodipine tablet (a medication used to treat hypertension) 10mg take 1 tablet every day. -An order for carbidopa/levodopa 25mg-100mg take 2 tablets at 4pm and 8pm. -An order for dicyclomine (a medication used to treat irritable bowel syndrome) 10mg take 1 capsule three times daily 8:00am, 2:00pm and 8:00pm. -An order for furosemide (a diuretic used to treat excess fluid) 40mg take one tablet every day.	D 364		

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D 364	Continued From page 19 Review of Resident #5's March 2018 electronic Medication Administration Record (eMAR) revealed: -The order for furosemide 40mg take one tablet every day was administered late on 3 out of 31 opportunities. -The order for carbidopa/levodopa 25mg-100mg take 2 tablets at 4pm and 8pm was administered late on 4 out of 62 opportunities. -The order for amlodipine tablet 10mg take 1 tablet every day was administered late on 14 out of 31 opportunities -The order for dicyclomine 10mg take 1 capsule three times daily 8:00am, 2:00pm and 8:00pm was administered late on 18 out of 93 opportunities. Review of Resident #5's April 2018 electronic Medication Administration Record (eMAR) revealed: -The order for carbidopa/levodopa 25mg-100mg take 2 tablets at 4pm and 8pm was administered late on 4 out of 21 opportunities. -The order for amlodipine tablet 10mg take 1 tablet every day was administered late on 8 out of 11 opportunities. -The order for dicyclomine 10mg take 1 capsule three times daily 8:00am, 2:00pm and 8:00pm was administered late on 12 out of 32 opportunities. -The order for furosemide 40mg take one tablet every day was administered late on 2 out of 11 opportunities. Refer to interview with a medication aide on 4/10/18 at 10:15am Refer to interview with the Administrator in Training on 4/10/18 at 2:45pm.	D 364		

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D 364	Continued From page 20 Refer to interview with the Corporate Software Technician on 4/11/18 at 10:40am. Refer to the telephone interview with facility primary care physician on 4/11/18 at 2:30pm. Refer to interview with the Administrator on 4/11/18 at 2:30pm revealed: _____ Interview on 4/10/18 at 10:15am with a medication aide revealed: -There were always two medication aides administering medications during a medication pass. -Even when the system was not down it was hard to administer all the medications within the hour before and hour after timeframe. -Some of the residents took longer to take their medications than others i.e.., coaxing, giving time to swallow one pill at a time, etc. -"We are working with the physician to stagger all residents medications, so we can give them at the scheduled times." -"Sometimes the residents will take their medications better than at other times." -"We let the physician know when the system is down and he tells us that if the medication is a one time per day medication to give when the system comes back up, but if it is a two time or more per day medication to hold and give at next scheduled dose. -Since the new medication system was put in "it seems like it is always down". -The facility's policy was that if the system was down to print off paper MARs and administer according to those, but it would take longer to print them off than the system was generally down for.	D 364		

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D 364	Continued From page 21 -Normally the system was down for less than an hour, but when we get started back, we are behind because of the delay of the system being down. Interview with the Administrator in Training on 4/10/18 at 2:45pm revealed: -She had only worked at the facility since March 14, 2018. -She was training to be the administrator for the facility. -She had been aware that the "New" electronic Medication Administration Record (eMAR) had been down a lot. -She had contacted both the facilities Internet provider as well as the corporate's software technicians on -She thought the new medication system was install on February 1, 2018. Interview with the Corporate Software Technician on 4/11/18 at 10:40am revealed: -The new medication system was a "web based" system rather then a "network" based system. -"Even if the system is down the facility has the ability to still administer medications from their computer system on each medication cart". -He would work with the facility to assure they knew how to use the computer system when the system was down. -He felt like the facility's Internet was going down rather than the software having a problem. Telephone interview with the facility's primary care physician on 4/11/18 at 2:30pm revealed: -He was aware the facility had recently implemented an electronic MAR system. -The facility staff had contacted him to let him know the eMAR was frequently going down and medications as a result medications were being	D 364		

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D 364	Continued From page 22 administered late. -The staff had asked him what he wanted them to do about giving late medications and he had given them parameters for daily and twice a day medications so they would know how to administer the medications when the eMAR was back online. -"If it's a daily medication, I tell them to give it" when the system comes back up. -"If it's a twice a day medication, I tell them to hold the dose and give the next scheduled dose." Interview with the Administrator on 4/11/18 at 2:30pm revealed: -He was aware that their had been an issue with the facility's new electronic Medication Administration Record program. -He was not aware of any of the other corporate facilities who were using the same software having a similar problem. -He was not aware of how many residents medications being as late. -He would assure that the facility policy on what to do when the medication electronic medication record was down would be followed.	D 364		
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 observations, interviews, and record	D912		

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D912	Continued From page 23 reviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to medication administration. The findings are: Based on observations, interviews, and record reviews the facility failed to assure medications were administered to residents within one hour before or one hour after the scheduled times for 5 of 5 sampled residents (Residents #1, #2, #3, #4, #5). [Refer to Tag 0364, 10A NCAC 13F .1004(g)].	D912	It is the policy of the Cleveland House to assure the rights of all residents guaranteed under G.S. 131 D-21 Declaration of Residents Rights are maintained and may be exercised without hindrance. Education to staff regarding Residents Rights will be provided by Mandy Johnson, Ombudsman on May 23, 2018 at 2:30 pm. Executive Director has conducted review of Declaration of Residents Rights training and all staff will resign the Declaration of Resident Rights.	5/23/2018