STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056001	A. BUILDING: _____ B. WING _____	C 08/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW MANOR CARE CENTER	150 CRISP STREET FRANKLIN, NC 28734

(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 Macon County Department of Social Services conducted an annual survey on August 7-8, 2018.	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 observation, interview, and record review, the facility failed to assure 1 of 12 residents (Resident #7) observed during medication passes received metoprolol ER as ordered. The findings are: Review of Resident #7's current FL2 dated 01/26/18 revealed: -Diagnoses included congestive heart failure, chronic kidney disease, hypertension, and atrial fibrillation. -An order for metoprolol ER (an extended release medication used to help control blood pressure for up to 24 hours) 100mg once daily. Review of subsequent orders for Resident #7 revealed an order dated 04/10/18 to decrease the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056001	A. BUILDING: _____ B. WING _____	C 08/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW MANOR CARE CENTER	150 CRISP STREET FRANKLIN, NC 28734

(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	D 358		

metoprolol ER to 50mg daily.

Observation of the morning medication pass on 08/08/18 at 7:47am revealed:
-A medication aide prepared seven oral medications for administration to Resident #7 by crushing the medications and mixing them with applesauce.
-One of the seven oral medications was metoprolol ER 50mg 1 tablet.

Interview with the medication aide on 08/08/18 at 7:50am revealed:
-Resident #7's medications were crushed and put into applesauce.
-She had begun crushing Resident #7's medications when a family member had told her Resident #7 was having trouble swallowing her medications and would spit up medications she was unable to swallow.
-She was not aware metoprolol ER should not be crushed.
-The electronic Medication Administration Record (eMAR) had a notation not to crush the metoprolol ER.

Review of Resident #7's June through August 2018 eMAR revealed entries on each for metoprolol ER 50mg take 1 tablet daily for heart/blood pressure "DO NOT CRUSH" scheduled at 8:00am.

Observation of the medication aide on 08/08/18 at 7:52am revealed:
-She disposed of the medication cup with Resident #7's crushed meds in applesauce in the trash.
-She prepared the resident's oral medications again.
-She left all the oral medications in whole tablet

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056001	A. BUILDING: _____ B. WING _____	C 08/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW MANOR CARE CENTER	150 CRISP STREET FRANKLIN, NC 28734

(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	D 358		

and capsule form in the plastic medication cup.
-She took a small amount of applesauce in a separate cup with a spoon with her to the room to administer the medications to Resident #7.

Observation of the medication aide on 08/08/18 at 7:56am revealed:
-She administered seven oral medications in whole form to Resident #7.
-She gave the resident small bites of applesauce to help the resident to swallow the oral medications.
-The resident had no problems swallowing the medications.

Interview with a second medication aide on 08/08/18 at 9:21am revealed:
-She administered morning medications to Resident #7.
-"I don't crush all her medicines up."
-"I put it in applesauce and give her water with it."
-"I crush her vitamin C tablet, but the rest are small."

Interview with Resident #7 on 08/08/18 at 9:30am revealed:
-"Sometimes I'm okay and sometimes I'm not" with swallowing her medications.
-"I have trouble getting them down."
-"They crush them and stir them up in applesauce. It's bitter. Makes the applesauce bitter."

Telephone interview with a third medication aide on 08/08/18 at 9:50am revealed:
-Resident #7 "requested to have her medications in applesauce."
-"Applesauce just helps it go down."
-The resident had no trouble swallowing her oral medications whole.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056001	A. BUILDING: _____ B. WING _____	C 08/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW MANOR CARE CENTER	150 CRISP STREET FRANKLIN, NC 28734

(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 Interview with the Medication Aide Supervisor on 08/08/18 at 10:05am revealed: -She had trained all the medication aides not to crush extended release medications. -Resident #7 "has no trouble swallowing at all." -Staff had relayed to her the family's concerns that Resident #7 on occasion would spit out her medications. -She had instructed staff to give Resident #7 her medications whole in applesauce with a full glass of water after to make sure the resident swallowed them. -She had trained the staff to have the residents open their mouths and make sure they had swallowed their medications. -It was the facility's policy to notify the physician if the resident was having trouble swallowing their medications. -"I had no complaints after we started putting the medications in applesauce and following with a full glass of water." -Resident #7 went to her primary care provider every two weeks. -Resident #7 saw her Cardiologist once every three months for a pacemaker check. Interview with a pharmacist from the facility pharmacy on 08/08/18 at 10:10am revealed: -Metoprolol ER was not recommended to be crushed. -Crushing the medication "might have an effect on blood pressure coverage." -There could not be "enough coverage" to control the residents blood pressure over an "extended period" when crushed. Telephone interview with Resident #7's primary care provider's nurse on 08/08/18 at 10:21am revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056001	A. BUILDING: _____ B. WING _____	C 08/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW MANOR CARE CENTER	150 CRISP STREET FRANKLIN, NC 28734

(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 -Resident #7's blood pressure and heart rate had looked "good" on her last two visits. -"Blood pressure and heart rate have been well controlled."	D 358		