Division of Health Service Regulation

RECEIVED AUG 2 2018 BY: Spear

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL084007	A. BUILDING: _____ B. WING _____	06/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMEPLACE REST & RETIREMENT	42912 VICKERS STORE ROAD ALBEMARLE, NC 28001

(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
C 000	Initial Comments The Adult Care Licensure Section conducted an initial survey on 06/26/2018 and 06/27/2018.	C 000	All forms and checklist will be mailed on or before August 20, 2018.	
C 231	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801 Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to complete an annual assessment of 1 of 3 sampled residents (#3) to determine the level of psychosocial, cognitive and physical functioning and any assistance and or referrals needed. The findings are:	C 231	The following update and changes made in order to comply with dhsr rules and regulations. 8-20-18 1. Staff have been made aware of the weakness in this area. Administrator and Co-Administrator will work together in this area. Upon Admission: (A) TB Test (1st Step) 2wks 2nd step. (B) FL2 (C) Flu and Pneumonia Vacc. Date (D) Shingles Vacc. Date. (2) 2 weeks; or less 2nd step TB test (3) 72 hrs: Care Plan, Standing orders, Self Adl., Dr. Appt. as needed. (4) 30 days: Dr. Appt. to have Physician Orders signed. FL2 is only good for 30 days from Admission. PO is good for 1 year unless changes take place.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debra P. Dennis — TITLE: Administrator — (X6) DATE: 7-27-18

STATE FORM 6899 W6OZ11 If continuation sheet 1 of 11

Reviewed and accepted with addendums. 08/07/2018

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C 231	Continued From page 1 Review of Resident #3's current FL-2 dated 12/17/17 revealed: -Diagnoses included cerebral vascular accident, right sided paralysis, atrial fibrillation, abdominal aortic aneurysm, coronary artery disease, hyperlipidemia and hypothyroidism. -There was no information on Resident #3's cognitive or ambulatory status. -Resident #3 was continent of his bladder and bowel, and required limited assistance with bathing and dressing. Review of Resident #3's Resident Register revealed Resident #3 was admitted to the facility on 07/14/15. Review of Resident #3 facility record revealed there was no current or past assessment and care plan completed for Resident #3. Interview with the Administrator on 06/27/18 at 10:52am revealed she could not find a resident assessment and care plan for Resident #3. Interview with Resident #3 on 06/27/18 at 12:45pm revealed: -He was independent in getting up, using his wheeled walker, going to bathroom, getting bathed and dressing. -If he ever needed help, the staff would assist him. -He wore a brace on his right wrist that he put on every day or every other day sometimes to keep his hand from curling up. -He took a blood thinner (Coumadin) so a nurse would come out every four to five weeks and check his blood, ask if he had any bleeding or bruising and ask about falls. (Coumadin is used to prevent blood clots.)	C 231	FL2 1xyrly or sooner if needed Form will be finished and implemented by All files must be accessed each month to assure that all orders are current and signed by PCP This particular situation has been reviewed and a form is being tested to be sure all info needed is in resident file. We will (Administrator + AIT) contact VA Pharmacy (Silver Team) for any concerns. On this form it is the RN who will take care of this order for PT/INR's.	August 20, 2018 August 20, 2018 August 20, 2018

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C 231	Continued From page 2 -He had not had any falls in quite a while, since before coming to the facility. -The nurse would leave a card on the bulletin board in his room that had his level and how much Coumadin to take each day. Interview with the Administrator on 06/27/18 at 12:14pm revealed: -She and the Administrator-in-training were responsible for completing resident assessments. -Resident assessments were done with the FL-2 every year and six months after the annual FL-2. -Resident #3 did not need help with toileting, bathing, dressing, transfers or ambulation; Resident #3 was "pretty self-sufficient even with just his one arm." -She did not know what happened and why Resident #3 had not had assessment done. Attempted interview with Resident #3's Primary Care Provider on 06/27/18 at 12:30pm was unsuccessful.	C 231	Check after each visit that form is completly filled out. The forms are being updated to better serve our residents. Front of File will be a list of latest orders, are documented. Also, there will be a space for documenting next ~~Visit~~ Visit, etc. Forms completed	August 20, 2018 Aug. 20, 2018
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;	C 342	The task will be implemented immediately. Work sheets will be finalized.	Aug. 20 2018

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C 342	Continued From page 3 (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure medications such as Coumadin and Synthroid were documented accurately on the medication administration record with the current dose and frequency for 1 of 3 sampled residents (#3). The findings are: a. Review of Resident #3's current FL-2 dated 12/17/17 revealed: -Diagnoses included cerebral vascular accident, right sided paralysis, atrial fibrillation, abdominal aortic aneurysm, coronary artery disease, hyperlipidemia and hypothyroidism. -There was an order for Coumadin 2mg - see order on MAR (medication administration record). (Coumadin is used to prevent blood clots.) Review of a Physician's Orders/Current Orders review form dated 12/14/17 revealed: -There was an order for Coumadin 2mg every Monday, Wednesday, Friday, Saturday and Sunday at bedtime. -There was an order for Coumadin 2mg one and one half tablets every Tuesday and Thursday at bedtime. Interview with Resident #3 on 06/27/18 at	C 342	All meds coming into this facility, whether mailed or delivered, a med. Tech will review all meds w/ current orders, Making sure all meds are correct. This is implemented now. Charts/Forms → Aug. 20 2018 All orders must be correct or corrected before the end of the business day of Admission. This is implemented now. charts/Forms → Aug 20 2018	

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C 342	Continued From page 4 12:45pm revealed: -He took a blood thinner (Coumadin) so a nurse would come out every four to five weeks and check his blood, ask if he had any bleeding or bruising and ask about falls. -On Mondays, Wednesdays and Fridays he took one and one half tablets of Coumadin which equaled 3mg; every other day he took one 2mg tablet of Coumadin. -The Coumadin was "working pretty good" because his levels (INR or international normalized ratio used to measure clotting factors in blood) had been 2.6 to 2.7 and his dosage had not changed since January 2017. -The nurse would leave a card on the bulletin board in his room that had his level and how much Coumadin to take each day. (According to the National Institute of Health, the therapeutic range for an INR is 2.0 - 3.0 for the prevention of clots due to atrial fibrillation.) Review of Resident #3's "Anticoagulation Clinic" card dated 01/16/18 revealed: -Resident #3 was to take one 2mg tablet of Coumadin every Sunday, Tuesday, Thursday and Saturday. -Resident #3 was to take one and one half 2mg tablets of Coumadin every Monday, Wednesday and Friday. Review of a home health nurses (HHN) visit tracking form for Resident #3 revealed: -On 06/19/18, Resident #3 was seen for an INR check and the result was 2.6. -The Coumadin dose for Resident #3 was 3mg on every Monday, Wednesday and Friday; and 2mg all other days. -The nurse indicated Resident #3's pharmacist was notified and signed the entry.	C 342	Administrator has made a form to have the homecare nurse to fill out completly w/orders for Coumadin. This implemented now. New checklist and form will be ready by Aug. 20, 2018	

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C 342	Continued From page 5 Review of Resident #3's April, May and June 2018 electronic MARs revealed: -There was an entry for Coumadin 2mg every Monday, Wednesday, Friday, Saturday and Sunday at bedtime which staff documented administered 04/01/18 through 06/27/18. -There was an entry for Coumadin 2mg one and one half tablets every Tuesday and Thursday at bedtime which staff documented administered 04/01/18 through 06/27/18. Observation of medications on hand for Resident #3 on 06/27/18 at 12:05pm revealed: -There was a prescription bottle with a pharmacy label which had Resident #3's name and instructions for Coumadin 2mg one tablet every day except take one and one half tablets on Monday, Wednesday and Friday. -The pharmacy label indicated 37 tablets were dispensed on 02/22/18. Telephone interview with a home health Nurse Manager on 06/27/18 at 12:20pm revealed: -The HHN would check the resident's INR monthly and contact the pharmacist at Resident #3's anticoagulation clinic. -The HNN would discuss any changes with the staff at the facility and fax any new orders to the facility. -She was not sure if the HHN communicated any order changes to the facility's contracted pharmacy. -Resident #3 had not had any Coumadin order changes since January 2018. Telephone interview with the facility's contracted pharmacy on 06/27/18 at 11:33am revealed: -The current order for Coumadin for Resident #3 was for 2mg every Monday, Wednesday, Friday,	C 342	Order documentation will include the following information. ① Orders change or same. ② Pharmacist name ③ Nurse signature ④ upon call from Silver Team at VA, RN will make changes and signs and Dates along with next Nurse visit in 30 days Follow through will be the responsibility of Administrator or Adm. in training. These orders will be faxed to Pharmacy to be correct on MAR's This will be fully implemented w/ Forms Aug. 30 2018	

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C 342	Continued From page 6 Saturday and Sunday; and 3mg every Tuesday and Thursday. -The Coumadin order for Resident #3 was from a six month medication review from December 2017 signed by the physician. Attempted interview with Resident #3's anticoagulation clinic Pharmacist on 06/27/18 at 11:41am was unsuccessful. Telephone interview with Resident #3's primary care provider's (PCP's) nurse on 06/27/18 at 12:51pm revealed Resident #3's last INR result was 2.6 on 06/19/18 and Resident #3's current dose of Coumadin was 3mg every Monday, Wednesday and Friday and 2mg every Tuesday, Thursday, Saturday and Sunday. Interview with the Administrator on 06/27/18 at 10:52am revealed: -Resident #3's current Coumadin order since January 2018, was for one and one half 2mg tablets every Monday, Wednesday and Friday; and one 2mg tablet every day except Monday, Wednesday and Friday. -When she prepared and administered Resident #3's Coumadin, she used the dosage written on the anticoagulation clinic's card. -The HHN came out every month to check Resident #3's INR and talked to the pharmacist in charge of Resident #3's anticoagulation clinic. -The pharmacist at the anticoagulation clinic entered all of Resident #3's Coumadin orders. -The HHN would let the Administrator know if there were any changes in the Coumadin orders for Resident #3. -The facility's contracted pharmacy entered orders on the electronic MAR. -She did not know if the pharmacist from Resident #3's anticoagulation clinic	C 342	all orders and meds are to be taken to all Dr. visits. This is the best way to assure correct orders.	Aug. 20 2018

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C 342	Continued From page 7 communicated order changes to the facility's contracted pharmacy. b. Review of Resident #3's current FL-2 dated 12/17/17 revealed there was an order for Synthroid 75mcg every morning. Review of Resident #3's April, May and June 2018 electronic MARs revealed: -There was an entry for Synthroid 50mcg daily which staff documented administered 04/01/18 through 06/27/18. -On the April and May 2018 electronic MAR there was a strike through over 50mcg and 75mcg was hand written above the 50mcg. Observation of medications on hand for Resident #3 on 06/27/18 at 12:05pm revealed: -There was a prescription bottle with a pharmacy label which had Resident #3's name and instructions for Synthroid 75mcg daily. -The pharmacy label indicated 90 tablets were dispensed on 12/20/17. Telephone interview with the facility's contracted pharmacy on 06/27/18 at 11:33am revealed the Synthroid was ordered for 50mcg daily for Resident #3 which was from a six month medication review from December 2017 signed by the physician. Telephone interview with Resident #3's PCP's nurse on 06/27/18 at 12:51pm revealed Resident #3 was Synthroid order was for 75mcg daily. Telephone interview with Resident #3's PCP's nurse on 06/27/18 at 12:51pm revealed: -New orders were usually communicated on a facility form Resident #3 brought to appointments which the PCP would sign and send back.	C 342	The full accountability lyes w/ the Administrator. Alle med. Tech's will notify Administrator immediately so that these orders may be corrected or confirmed. The Administrator has called and requested alle medical forms from the day of Admission to current. I am using this as a teaching tool for my AIT and Supervisor-in-training. The form for this area is not implemented. All forms will be finished and mailed Aug 20, 2018	Aug 20 2018

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C 342	Continued From page 8 -The PCP printed a medication reconciliation form at each visit which listed all current medications. -The medication reconciliation form would have been given to Resident #3 after each visit with the PCP. Telephone interview with the facility's contracted pharmacy on 06/27/18 at 11:33am revealed: -The facility faxed any changed or new orders to the pharmacy; the pharmacy entered orders on the electronic MARs. -The pharmacy did not supply medications for Resident #3; they only entered orders on Resident #3's electronic MAR. -The pharmacy did not always get all of the prescription orders for Resident #3. Interview with the Administrator on 06/27/18 at 10:52am revealed: -She and the Administrator-in-training were responsible for medication orders. -The facility had a process to check PCP orders and compare the written orders against the electronic MAR and the pharmacy labels for medications on hand. -She did not specify the facility's process, but that personal circumstances had interrupted some facility processes. -The orders for Resident #3 had slipped through the cracks because all of Resident #3's orders and medications came from [name of health care organization]; the facility's contracted pharmacy only completed the electronic MAR. -She was going to contact Resident #3's anticoagulation clinic's Pharmacist, the HHN and the facility's contracted pharmacy to develop a process to ensure accurate orders on Resident #3's electronic MARs.	C 342	I am creating an additional form to keep all areas of this situation will be in compliance. 8-20-18	

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C 444	Continued From page 9	C 444		
C 444	10A NCAC 13G .1213 Reporting Of Accidents And Incidents 10A NCAC 13G .1213 Reporting of Accidents and Incidents (a) A family care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure an incident and accident form was completed and sent to the Department of Social Services (DSS) within 48 hours for 1 of 1 sampled residents (#1) who experienced a fall with an injury that required emergency medical treatment. The findings are: Review of Resident #1's current FL-2 dated 01/20/18 revealed diagnoses included chronic constipation, right leg swelling and surgical repair of a broken leg. Review of a hospital discharge summary for Resident #1 dated 11/09/17 revealed Resident #1 was admitted to the hospital for a fractured right hip following a fall at the assisted living facility. Interview with Resident #1 on 06/26/18 at 4:40pm revealed: -She was in her room on a Sunday afternoon and	C 444	This will be ~~implemented~~ in place as we speak. This form will help our Med Tech's to remain in compliance with correct Filing practices. The form will be filled out and delivered to our Adult Home Specialist within 24 hrs. of accident / Incedent. 8-20-2018 This additional form will be complete and implemented by August 20, 2018	

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C 444	Continued From page 10 got up to use the bathroom. -She did not know what made her fall, she did not trip or stumble; she "just went down". -She went to the hospital, had surgery and then went to a rehab before returning to the facility. Interview with the Administrator on 06/27/18 at 9:30am revealed: -She had not filled out an incident/accident report for Resident #1 after she fell and went to the hospital in November 2017. -She was not aware she needed to complete an incident/accident report and send the report to the Department of Social Services (DSS) for any resident that had an incident or accident with an injury that required more than first aid. -She would make sure the facility notified DSS within 48 hours of any future incidents and/or accidents with injuries that required emergency department treatment and/or hospitalization for any resident.	C 444	Our staff will be instructed in this area that we all understand ~~the~~ the importance of being in compliance in all areas we ~~Service~~ provide a service.	

The Homeplace POC addendum per telephone discussion with Debbie Dennis on 08/07/18 at 10:17am:

Tag 231:

-Resident assessments and care plans will be done on admission, annually thereafter and whenever there are any changes in a resident's condition.

-Each resident record has a checklist of when each document (FL-2, six month medication reviews and assessments and care plans) is due.

-The Administrator and/or Supervisor in Charge is responsible for reviewing the checklists monthly and assuring all documentation is in the record and current.

Tag 342:

-Each resident record has a checklist of when each document (FL-2, six month medication reviews and assessments and care plans) is due.

-FL-2s will be completed on admission and followed up within 30 days of admission with a signed physician's order sheet.

-The Administrator and/or Supervisor in Charge is responsible for reviewing the checklists monthly and assuring all documentation is in the record and current.

-New orders will be faxed to the pharmacy upon receipt and a copy will be filed in the resident's record.

-The Administrator and/or Supervisor in charge will check each order when the pharmacy enters the order on the eMAR, against the order in the resident's record to assure accuracy.

Tag 444:

-The Administrator and/or Supervisor in Charge will complete incident reports as needed for incidents requiring more than first aide and fax a copy of the incident report to DSS within 48 hours.