STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045125	A. BUILDING: _____ B. WING _____	C 12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RESERVE OF HENDERSONVILLE	1820 PISGAH DRIVE HENDERSONVILLE, NC 28739

(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 on 12/12/18 to 12/14/18.	D 000		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure 2 of 6 sampled staff (Staff A and C) were tested for tuberculosis (TB) disease upon hire. The findings are: 1. Review of Staff A's, personal care aide, personnel record revealed: -Staff A was hired on 05/07/18. -Staff A had negative tuberculosis (TB) skin tests dated 10/30/15 and 01/17/16. -There was no documentation of a TB skin test for Staff A upon hire. Observation of Staff A during the initial tour of the Special Care Unit on 12/12/18 from 8:45am to 9:22am revealed Staff A was providing personal care assistance to residents.	D 131		

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D 131	Continued From page 1 Refer to the interview with the Business Office Manager (BOM) on 12/13/18 at 9:35am. Refer to the interview with the Director of Clinical Services on 12/14/18 at 10:05am. Refer to the interview with the Administrator on 12/14/18 at 10:40am. 2. Review of Staff C's, medication aide, personnel record revealed: -Staff C was hired on 09/21/18. -Staff C had negative TB skin tests dated 10/28/14 and 11/26/14. -There was no documentation of a TB skin test for Staff C upon hire. Refer to the interview with the BOM on 12/13/18 at 9:35am. Refer to the interview with the Director of Clinical Services on 12/14/18 at 10:05am. Refer to the interview with the Administrator on 12/14/18 at 10:40am. _____ Interview with the BOM on 12/13/18 at 9:35am revealed: -She had worked at the facility for seven months as the BOM. -She was responsible for maintaining the personnel records. -She had performed an audit of all the personnel records in September 2018 and had discovered missing staff requirements for some of the staff. -"If I went through the files and found they didn't have one, I did it then." Interview with the Director of Clinical Services on	D 131		

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D 131	Continued From page 2 12/14/18 at 10:05am revealed: -New employees were sent to a local health care facility to obtain the first step TB test. -It was the new employee's responsibility to bring the test results paperwork to the facility. -She would then administer the second TB test at the facility. -The BOM was responsible to assure staff had received a two step TB test. Interview with the Administrator on 12/14/18 at 10:40am revealed: -The BOM was responsible for assuring all new hires had the required paperwork including the TB skin tests. -All new hires were sent to a local urgent care for initial TB testing. -The BOM had performed an audit of all the personnel files in September 2018. -She had just implemented a process to ensure follow through with obtaining staff second step TB tests. -The Director of Clinical Services would receive a list once a week of employees who needed a second step TB test. -The Director of Clinical Services would then be responsible for placing and reading the second step TB tests to ensure they were completed.	D 131		
D 352	10A NCAC 13F .1003(a) Medication Labels 10A NCAC 13F .1003 Medication Labels (a) Prescription legend medications shall have a legible label with the following information: (1) the name of the resident for whom the medication is prescribed; (2) the most recent date of issuance; (3) the name of the prescriber; (4) the name and concentration of the	D 352		

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D 352	Continued From page 3	D 352		

medication, quantity dispensed, and prescription serial number;
(5) directions for use stated and not abbreviated;
(6) a statement of generic equivalency shall be indicated if a brand other than the brand prescribed is dispensed;
(7) the expiration date, unless dispensed in a single unit or unit dose package that already has an expiration date;
(8) auxiliary statements as required of the medication;
(9) the name, address, telephone number of the dispensing pharmacy; and
(10) the name or initials of the dispensing pharmacist.

This Rule is not met as evidenced by:
TYPE B VIOLATION

Based on observations, interviews, and record reviews, the facility failed to ensure hydromorphone was properly labeled for 1 of 5 sampled residents (Resident #3).

The findings are:

Review of Resident #3's current FL2 dated 09/27/18 revealed diagnoses included cerebrovascular accident, dysphagia, and type 2 diabetes.

Review of Resident #3's Resident Register revealed an admission date of 09/28/18.

Review of Resident #3's physician's order dated 11/30/18 revealed:
-Hydromorphone (used to control severe pain) every two hours as needed for pain and shortness of breath give; also prior to dressing changes.

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D 352	Continued From page 4 -The prescription was written for a quantity of 60. -There were no refills. Review of Resident #3's December 2018 eMAR revealed: -There was an entry for hydromorphone 5mg/5ml take 1 ml every two hours as needed for pain or shortness of breath. -There was an entry for hydromorphone 5mg/5ml take 1 ml 30 minutes prior to dressing changes. -There were two documented doses of hydromorphone 1mg from 12/01/18 to 12/14/18. -One dose was documented as administered on 12/04/18 at 10:33am with a note "given by hospice nurse." -A second dose was documented as administered on 12/10/18 at 1:47pm with a note "dressing change." Observation of Resident #3's bottle of liquid hydromorphone available in the medication cart on 12/13/18 at 2:50pm revealed: -There was a 60ml bottle of liquid with 47ml remaining inside. -The bottle had a pharmacy label which identified its contents as hydromorphone 1mg/1ml. -The fill date on the bottle label was 11/30/18. -The expiration date on the bottle label was 11/30/19. -There was no open date documented on the bottle label. Observation of Resident #3's prefilled syringes of liquid hydromorphone available in the medication cart on 12/13/18 at 2:55pm revealed: -There were two clear plastic bags with prefilled syringes for Resident #3. -One bag held six syringes which contained 1 ml each of a clear liquid. -There was one sticky backed note adhering to	D 352		

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D 352	Continued From page 5 the outside of the plastic bag which held the six syringes. -The note had the resident's name, the name and strength of the the medication, and instructions on how much and for what reasons to give the medication handwritten on it. -A second bag held five syringes which contained 1ml each of a clear liquid. -There were sticky notes adhering to the outside of each of the five syringes. -The notes had the resident's name, the name and strength of the the medication, and instructions on how much and for what reasons to give the medication handwritten on them. -The sticky note labels did not document the date of issuance, the name of the prescriber, quantity dispensed, prescription serial number, the expiration date, the name or initials of the dispensing pharmacist, and the name, address, and telephone number of the dispensing pharmacy. Interview with a medication aide on 12/13/18 at 2:57pm revealed: -They were not allowed to fill the syringes with hydromorphone. -A Hospice nurse had filled the 11 syringes for Resident #3 when she had been in the facility to perform a dressing change for the resident. -The medication aides counted the hydromorphone liquid in the bottle and the syringes on hand and at shift changes. -Narcotic documentation sheets were maintained for the hydromorphone in the bottle and for the hydromorphone drawn up in the syringes. Interview with the Director of Clinical Services on 12/13/18 at 3:00pm revealed: -The pharmacy would not send prefilled syringes of hydromorphone.	D 352		

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D 352	Continued From page 6 -The hospice nurse "drew up the doses in these syringes and labeled them." Interview with the Resident Care Coordinator (RCC) on 12/13/18 at 4:00pm revealed: -Resident #3's hydromorphone had arrived "two weeks ago." -When it arrived from the pharmacy a medication aide had shown it to her and "I told her it had to go back to the pharmacy." -She called the pharmacy and asked them why they had not sent the hydromorphone in prefilled syringes. -The pharmacy told her they could not send hydromorphone in prefilled syringes, because it was not "stable." -She had then called Hospice and asked why the resident could not have another pain medication. -Hospice told her the resident had decreased kidney function and there was not another appropriate substitution to meet the resident's needs due to the resident's allergies. -The Hospice nurse prefilled the syringes on the medication cart with the hydromorphone liquid. -Liquid narcotics had to be in prefilled syringes according to facility policy. Interview with the Hospice nurse on 12/13/18 at 5:00pm revealed: -Resident #3 was prescribed hydromorphone due to renal insufficiency and an allergy to Codeine (used to treat pain). -Resident #3 was "opioid naive." -Hydromorphone came in 2mg tablets, but it was difficult to break the tablets accurately due to their size. -Facility staff were not allowed to draw up liquid narcotics, so she drew up some syringes with the hydromorphone so they would have doses to administer.	D 352		

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D 352	Continued From page 7 -Resident #3's pain control was her "main concern." Telephone interview with the contracted facility pharmacy on 12/14/18 at 9:02am revealed: -The pharmacy did not send prefilled syringes with hydromorphone, because there was not enough data to support how long it would be "stable" in a syringe. -"For a short period of time, it's probably okay, but we just don't have enough data to know." Interview with the Administrator on 12/14/18 at 10:40am revealed: -She did not know until 12/13/18 Resident #3's hydromorphone syringes were unlabeled and on the medication cart. -She did not know until 12/13/18 staff had experienced the difficulties in getting prefilled syringes of hydromorphone from the pharmacy. -Hydromorphone was a "compounded drug" and the pharmacy was not 100% sure of its stabilization in a syringe. _____ The failure of the facility to ensure the hydromorphone was labeled appropriately placed Resident #3 not receiving a medication which would work effectively. The failure was detrimental to the health, safety, and welfare of Resident #3 and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/13/18 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 28, 2019.	D 352		

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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 reviews, the facility failed to ensure resident received care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to labeling of medications. The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure hydromorphone was properly labeled for 1 of 5 sampled residents (Resident #3). [Refer to Tag 0352, 10A 13F .1003(a) Medication Labels (Type B Violation).]	D912		