

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045123	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/18/2019
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NAME OF PROVIDER OR SUPPLIER HERITAGE HILLS A PACIFICA SENIOR LIVING COMM	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 HERITAGE CIRCLE HENDERSONVILLE, NC 28731
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(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 and follow up survey on 06/18/19.	D 000		
D 235	10A NCAC 13F .0703 (b) Tuberculosis Test, Medical Examination And Im 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination And Immunizations (b) Each resident shall have a medical examination prior to admission to the facility and annually thereafter. (c) The results of the complete examination required in Paragraph (b) of this Rule are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following: This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure 1 of 3 sampled residents (#2) had an updated annual FL-2. The findings are: Review of Resident #2's most recent FL-2 dated 04/06/18 revealed diagnoses including Alzheimer's disease, hypertension, hyperlipidemia and anemia. Review of Resident #2's Resident Register revealed the resident was admitted to the facility on 04/06/17. Review of Resident #2's record revealed: -There was no current FL-2 available for review. -There was a care plan for Resident #2 dated	D 235	See Attached	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Reviewed and accepted 7/22/19 RP

Q7E011

If continuation sheet 1 of 8

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NAME OF PROVIDER OR SUPPLIER HERITAGE HILLS A PACIFICA SENIOR LIVING COMM			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 HERITAGE CIRCLE HENDERSONVILLE, NC 28791		
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D 358	Continued From page 2	D 358			
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to administer medications as ordered by a physician for 1 of 3 sampled residents (Resident #1) related to potassium and vitamin B12 supplements. The findings are: Review of Resident #1's current FL2 dated 04/29/19 revealed diagnoses included unspecified dementia without behavioral disturbance, stage 4 chronic kidney disease, and type 2 diabetes. Review of Resident #1's Resident Register revealed an admission date of 06/05/19. 1. Review of Resident #1's order dated 04/29/19 revealed vitamin B12 500mcg (used to treat vitamin B12 deficiency) 1 tablet every morning. Observation of Resident #1's medications on hand on 06/18/19 at 3:00pm revealed there was no vitamin B12 500mcg available for administration. Review of Resident #1's June 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for vitamin B12 500mcg 1 tablet every morning at 9:00am. -The vitamin B12 was documented as administered for 6 out of 14 opportunities from 06/05/19 to 06/18/19.				

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D 358	Continued From page 4 missed 8 doses of the vitamin B12 supplement, however he wanted the staff to administer the vitamin B12 as it was ordered. Attempted telephone interview with Resident #1's family member on 06/18/19 at 2:45pm was unsuccessful. Based on observations, interviews, and record reviews it was determined Resident #1 was not interviewable. Refer to the interview with the SCC on 06/18/19 at 3:25pm. Refer to the telephone interview with the contracted facility pharmacy on 06/18/19 at 3:45pm. Refer to the interview with the Administrator on 06/18/19 at 4:05pm. Refer to the interview with a medication aide on 06/18/19 at 4:10pm. 2. Review of Resident #1's physician order dated 06/14/19 revealed potassium chloride (used to supplement potassium) 10mEq 1 tablet daily. Review of Resident #1's physician order dated 06/14/19 revealed an order for a blood chemistry test. Review of Resident #1's potassium level result dated 06/14/19 revealed a level of 3.4mEq/L low (reference range 3.5-5.0 mEq/L). Review of Resident #1's June 2019 eMAR revealed: -There was an entry for potassium ER 10mEq 1	D 358			

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	Attempted telephone interview with Resident #1's family member on 06/18/19 at 2:45pm was unsuccessful. Based on observations, interviews, and record reviews it was determined Resident #1 was not interviewable. Refer to the interview with the SCC on 06/18/19 at 3:25pm. Refer to the telephone interview with the contracted facility pharmacy on 06/18/19 at 3:45pm. Refer to the interview with the Administrator on 06/18/19 at 4:05pm. Refer to the interview with a medication aide on 06/18/19 at 4:10pm. Interview with a medication aide on 06/18/19 at 4:10pm revealed: -When the initials beside a medication were circled on the eMAR, it meant the medication had not been administered. -If she discovered a medication was not available, she ordered the medication as soon as possible. -When she "was on the cart" she would check the medications every other day to make sure the medications were available for administration. Interview with the Special Care Coordinator (SCC) on 06/18/19 at 3:25pm revealed: -Resident #1 received his medications from the Veterans Administration (VA). -Resident #1 was a new admission to the facility from out of state.				

Heritage Hills Plan of Correction

(Attached to Statement of Deficiencies dated 6/18/19 and made part hereof.)

D 235

- Deficiency cited for the outdated FL-2 has been addressed by creating a tickler for all time sensitive reports. Completed by RCD on 6/19/19.
- RCD in-serviced on importance of time sensitive reports completed by ED on 6/19/19.
- Going forward, all time sensitive documentation will be reviewed monthly.
- Outdated FL-2 was corrected on 6/18/19 and all other charts were reviewed as well.

D 358

- Deficiency cited for medication administration for not having B12 and Potassium available was corrected on 6/18/19.
- All nurses and medication technicians have been in-serviced on proper ordering procedures for medications. This started on 6/18/19 and was completed on 6/19/19.
- Staff have been instructed that if medication is unavailable through the VA, other pharmacy, or from the resident upon admission we are to get it through our pharmacy until it is available from the resident's preferred source.
- RCD and ED will be reviewing MARs weekly to prevent future occurrences.