Received Email 7-10-19
Received Addendum via email 8-9-19

PRINTED: 06/21/2019
FORM APPROVED

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
	HAL080027	A. BUILDING: _____ B. WING _____	06/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD PLANTATION	2809 OLD CONCORD ROAD SALISBURY, NC 28146

(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 Adudt Care Licensure Section completed an annual survey on June 13, 2019 and June 14, 2019.	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 record reviews and interviews, the facility failed to assure 1 of 3 staff (Staff B) sampled had been tested for tuberculosis disease upon hire. The findings are: Review of Staff B's, medication aide personnel record revealed: -Staff B was hired on 09/03/16. -There was documentation of a TBskin test placed on 06/21/1[illegible] and read as 0mm on 06/24/19. -There was documentation of a TB skin test placed on 07/13/15 and read as 0mm on 07/15/19. -There was no additional documentation of a TB skin test in Staff B's personnel record.	D 131		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Erica Smith (mgm)

TITLE: mgm.

(X6) DATE: 7/9/19

STATE FORM 6899 GKO211 If continuation sheet 1 of 10

Reviewed and Accepted & Addendums sent 8-1-2019

HAP 8-1-19

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D 358	Continued From page 2	D 358		

reviews, the facility failed to assure medications were administered as ordered for 2 of 6 residents (#4 and #5) observed during the 8:00am medication pass on 06/14/19 regarding medication to treat memory loss and aspirin (#4) and blood pressure medication (#5).

The findings are:

The medication error rate was 10% as evidenced by the observation of 3 errors out of 29 opportunities during the 8:00am medication pass on 06/14/19.

1. Review of Resident #4's current FL2 dated 04/04/19 revealed diagnosis included dementia.

a. Review of Resident #4's current FL2 dated 04/04/19 revealed there was an order for donepezil 10 mg (used to treat memory loss) take one-half tablet (5 mg) once daily.

Observation of the 8:00 am medication pass on 06/14/19 revealed:
-At 7:12 am, the morning medication aide (MA) prepared 4 medications for administration to Resident #4.
-The MA removed one donepezil 5 mg tablet from the resident's bottle dispensed by a third party pharmacy; wiped a pill splitter located on the medication cart with an alcohol swab; and split the tablet into 2 equal pieces.
-The MA administered the 4 whole tablets and one of half a tablet (donepezil 2.5mg) to Resident #4.

Review of Resident #4's June 2019 electronic medication administration record (eMAR) revealed:
-There was an entry for donepezil 10 mg one

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D 358	Continued From page 4 11:15 am revealed: -She did not know the local veterans pharmacy changed Resident #4's donepezil from 10 mg tablet one-half tablet to donepezil 5 mg tablets one tablet daily when the resident received his medication on 06/04/19. -MAs were supposed to read the information on the resident eMAR and compare the medication name, strength, and directions from the medication container for each medication prior to administering the medication. -The MA should clarify any discrepancies prior to administering medications. -She was responsible to receive all medications mailed to the facility from third party (non-contract) pharmacies or medications brought in by family members prior to placing the medications on the medication carts for MAs to administer. -She overlooked the change in the strength of donepezil sent by Resident #4's pharmacy. -She would contact the contract pharmacy to correct Resident #4's eMAR to reflect the new strength and alert MAs to give one tablet of donepezil 5 mg as ordered. Interview with the Executive Director on 06/14/19 at 11:40 am revealed the Supervisor was responsible for reviewing medication on hand, checking medication orders, and auditing medication carts for correct medications to assure residents received medications as ordered. b. Review of Resident #4's current FL2 dated 04/04/19 revealed there was an order for aspirin 81 mg enteric coated (EC) one tablet daily. (Aspirin is used to thin the blood. Enteric coated tablets are designed to dissolve in the small intestine instead of the stomach to decrease the	D 358		

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D 358	Continued From page 6 -The Supervisor routinely received residents' medications that were sent to the facility by mail. -The Supervisor did not inform her Resident #4's aspirin 81 mg was chewable instead of enteric coated. Interview with the Supervisor on 06/14/19 at 11:15 am revealed: -She did not know the local veterans' pharmacy changed Resident #4's aspirin 81 mg from EC to chewable. -MAs were supposed to read the information on the resident eMAR and compare the medication name, strength, and directions from the medication container for each medication prior to administering the medication. -The MA should inform the Supervisor of any discrepancies prior to administering medications so she could get the orders corrected. -She was responsible to receive all medications mailed to the facility from third party (non-contract) pharmacies or medications brought in by family members prior to placing the medications on the medication carts for MAs to administer. -She overlooked the change in the aspirin for Resident #4. Interview with the Executive Director on 06/14/19 at 11:40 am revealed the Supervisor was responsible for reviewing medication on hand, checking medication orders, and auditing medication carts for correct medications to assure residents received medications as ordered. 2. Review of Resident #5's current FL2 dated revealed: -Diagnoses included schizophrenia and heart problems.	D 358		

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D 358	Continued From page 8 -Carvedilol 3.125 mg was documented as administered twice daily at 8:00 am and 6:00 pm from 06/01/19 to 06/13/19. Carvedilol was documented as administered at 8:00 am on 06/14/19. Observation of medication on hand for administration to Resident #5 on 06/14/19 at 11:00 am revealed: -There was a bingo card of carvedilol 3.125 mg labeled one tablet twice a day after meals. -There were 14 tablets remaining of 25 tablets dispensed on 05/28/19. Interview with the morning MA on 06/14/19 at 10:50 am revealed: -She was responsible for administering medications from 2 separate medication carts which included medications for 26 residents during the 8:00 am medication pass. -Medications appeared on the eMAR system one hour before and continued to appear for one hour after the scheduled time of administration. -She focused on administering the medications within the 2 hours allotted time frame. -She was supposed to compare the directions on the eMAR to the directions on the medication label and administer medications according to the directions. -She knew medications ordered after meals should be administered after a resident had eaten. -She overlooked Resident #5's carvedilol 3.125 mg labeled for administration after meals. Interview with the Supervisor on 06/14/19 at 11:30 am revealed: -MAs were responsible to administer medications according to the direction listed on the eMAR. -Resident #5's carvedilol should be administered	D 358		

Alpha Concord Plantation

2809 Old Concord Rd

Salisbury NC 28146

P (704)637-5465 F (704)637-5422

Rule 10 A NCAC 13 f. 0406(a)

Correction Action: Test for Tuberculosis

Corrective Action Date: 6/13/2019

Reka Smith-Director

Kim Cline -Director Assistant

Review of Staff B's, medication aide personnel record revealed:

-Staff B was hired 09/03/2016

-there was documentation of a TB skin test placed on 06/21/13 and read as 0 mm on 6/24/19.

-There was documentation of a tb skin test placed on 07/13/15 and read as 00mm on 07/15/19

-There was no additional documentation of a TB skin test in Staff B's personnel record.

Plan of Correction: Will monitor each staff File every 3 months to assure that all staff has there 2 step TB Test and assure that they are within a year updated TB Results were placed in chart.

(Director)

(Director Assistant)

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Rule 10 A NCAC 13 f. 0406(a)

Correction Action: Test for Tuberculosis

Corrective Action Date: 6/13/2019

Reka Smith-Director

Kim Cline -Director Assistant

Review of Staff B's, medication aide personnel record revealed:

-Staff B was hired 09/03/2016 Staff B received step 1 TB on 7/1/19 and received step 2 7/15/19

-there was documentation of a TB skin test placed on 06/21/13 and read as 0 mm on 6/24/19.

-There was documentation of a tb skin test placed on 07/13/15 and read as 00mm on 07/15/19

-There was no additional documentation of a TB skin test in Staff B's personnel record.

Date of Correction is 7/15/19 Director will be responsible for assuring compliance.

Plan of Correction: Will monitor each staff File every 3 months to assure that all staff has there 2 step TB Test and assure that they are within a year updated TB Results were placed in chart.

(Director)

(Director Assistant)

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Rule 10A NCAC 13f.1004

Corrective Action: Medication Administration

Corrective Action Date: 6/13/2019

Reka Smith- Director
Kim Cline- Director Assistant

Plan of Correction:

Medication aides will attend a medication administration class that will be given by [redacted] pharmacy all areas of medication administration will be discussed in this medication administration class, this class will be held on July 2nd 2019. Certificates will be attached to show completion.

All medication aides attended a mandatory meeting held by the RCC ON 6/26/2019 from 1:45 TO 2:30PM to discuss the medication errors that occurred and what was expected from all medication aides when administering medications we discussed the importance of reading and comparing the medications to the MAR and if at any time they have questions or concerns to contact the RCC or the Facility doctor for clarification. a sign in sheet for the meeting will be attached to show competition.

Facility RCC placed call to pharmacy on the day of survey corrections were made to match exactly to the EMAR and the medication on hand in the cart for resident #4 facility physician was contacted to make order changes to resident #4 aspirin as far as coating to ensure the medication on hand matches the EMAR.

In regards to resident #5 medication administration times were adjusted to avoid further medication errors for resident #5's after meal medication to allow adequate time for meals and to ensure medication is administered as ordered. With the time change this will help prevent a medication error EMAR will not allow for the medication to be given until 9am when highlighted on the EMAR.

Supervisor will monitor medications from outside pharmacy ([redacted]) to ensure that medications match what is on the EMAR if any changes need to be made or discrepancies are found they will be corrected on the day of findings. All issues identified on the day of the survey were corrected by phone to the facility physician. And medication replaced as advised on the day of survey.

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Rule 10A NCAC 13f.1004

Corrective Action: Medication Administration

Corrective Action Date: 6/13/2019

Reka Smith- Director
Kim Cline- Director Assistant

Plan of Correction:

Medication aides will attend a medication administration class that will be given by [redacted] pharmacy all areas of medication administration will be discussed in this medication administration class, this class will be held on July 2nd 2019. Certificates will be attached to show competition.

All medication aides attended a mandatory meeting held by the RCC ON 6/26/2019 from 1:45 TO 2:30PM to discuss the medication errors that occurred and what was expected from all medication aides when administering medications we discussed the importance of reading and comparing the medications to the MAR and if at any time they have questions or concerns to contact the RCC or the Facility doctor for clarification. a sign in sheet for the meeting will be attached to show competition.

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Supervisor will monitor medications from outside pharmacy ([redacted] to ensure that medications match what is on the EMAR if any changes need to be made or discrepancies are found they will be corrected on the day of findings. All issues identified on the day of the survey were corrected by phone to the facility physician. And medication replaced as advised on the day of survey. Facility RDC will be responsible for assuring Compliance. Date of Correction will be Aug 2nd 2019.

/ HMP

Peedin, Ray

From: Reka Smith <reka@alphahealthservices.com>
Sent: Wednesday, July 10, 2019 10:44 AM
To: Peedin, Ray; Juliet Okwoshah; Kimberly Cline; Lisa .
Subject: [External] DEFICIENCIES FROM SURVEY VISIT ON JUNE 14TH 2019
Attachments: RAY STATE.pdf

Greetings, Mr. Ray Attached is the Correction of Deficiencies and plans that we have put in place.

Respectfully,
Reka Smith
Director of Services
Heritage Plantation
2809 Old Concord Rd
Salisbury NC 28146
Phone: (704)637-5465
Fax:(704)637-5422
Email: reka@alphaservices.com

Corrected/write for Addendums. 7.29.19 HNP

Peedin, Ray

From: Reka Smith <reka@alphahealthservices.com>
Sent: Thursday, August 01, 2019 9:54 AM
To: Peedin, Ray
Subject: [External] CORRECTIONS
Attachments: RAY 22.pdf

Respectfully,
Reka Smith
Director of Services
Heritage Plantation
2809 Old Concord Rd
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Phone: (704)637-5465
Fax:(704)637-5422
Email: reka@alphaservices.com