

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	RECEIVED OCT 22 2019 (X3) DATE SURVEY COMPLETED 10/09/2019
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NAME OF PROVIDER OR SUPPLIER FAIRVIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 114 FAIRVIEW ROAD MARION, NC 28752	ADULT CARE LICENSURE SECTION RALEIGH
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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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on October 9, 2019.	C 000		
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; (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, record reviews, and interviews, the facility failed to assure the accuracy of the Medication Administration Records (MAR) for 1 of 3 sampled residents (#1) related to the documentation of the administration of a long acting and a short acting insulin. The findings are:	C 342		

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

TITLE

(X9) DATE

Diane Cowell

RCC

10-15-19

STATE FORM

6899

MIK311

If continuation sheet 1 of 4

Reviewed and Acknowledged by Joseph Cline, RN 10/23/19

Joseph Cline

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

FAIRVIEW ASSISTED LIVING **114 FAIRVIEW ROAD**
MARION, NC 28752

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C 342

10/15/19

Review of Resident #1's current FL2 dated 07/11/19 revealed:
-The diagnoses included type 2 diabetes Mellitus, sleep apnea and hypothyroidism.

-There was a physician's order for Lantus Solostar 64 units daily at bedtime (Lantus is a long acting insulin that lowers blood sugars) and Novolog flex pen inject 10 units three times daily before meals (Novolog is a rapid acting insulin used to lower blood sugars).

Observation of Resident #1's blood sugar range for September 2019 was 73 -160.

a. Review of Resident #1's September 2019 MAR revealed:

-There was an entry for Lantus Solostar 64 units one time daily at bedtime.

-There was documentation the Lantus Solostar 64 units was administered at 7:00pm from 09/01/19 through 09/18/19.

-There was no documentation that the Lantus Solostar 64 had been administered from 09/19/19 through 09/30/19.

Interview with Resident #1 on 10/09/19 at 2:45pm revealed:

-She had always received her Lantus insulin at bedtime.

-Her blood sugars had been in the 400 and higher range when she was at home.

-Since she had been at the facility her blood sugars had been "mostly" below 150.

Refer to interview with the Supervisor in Charge on 10/09/19 at 3:10pm.

Refer to interview with the Resident Care Director on 10/09/19 at 4:10pm.

Spoke to staff re: the importance of completing the MARS daily. Also marking if not given and the reason why.
Be sure back of MAR is signed + document reason medicine not given.

RCC will monitor MARS on a weekly basis.

In service training on documentation has been scheduled for 10/31/19 @ 1:30

Proof of completion will be on file and readily available upon surveyor's request.

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FAIRVIEW ASSISTED LIVING

**114 FAIRVIEW ROAD
MARION, NC 28752**

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C 342	Continued From page 2 Interview with the Administrator on 10/09/19 at 4:10pm. b. Further review of Resident #1's September 2019 MAR revealed: -There was an entry for a Novolog Flex Pen inject 10 units three times daily before meals. -There was documentation the Novolog Flex Pen had been administered at 7:00am from 09/01/19 through 09/17/19. -There was no documentation the Novolog Flex Pen had been administered at 7:00am from 09/18/19 through 09/30/19. -There was documentation the Novolog Flex Pen had been administered at 11:00am from 09/01/19 through 09/17/19 and from 09/24/19 though 09/29/19. -There was no documentation the Novolog Flex Pen had been administered at 11:00am from 09/18/19 through 09/23/19 and on 09/30/19. -There was documentation the Novolog Flex Pen had been administered at 5:00pm on 09/01/19, 09/02/19, 09/10/19, 09/11/19, 09/17/19 and 09/23/19 though 09/29/19. -There was no documentation the Novolog Flex Pen had been administered at 5:00pm from 09/03/19 though 09/09/19 and 09/12/19 though 09/16/19 and 09/18/19 through 09/22/19 and 09/30/19. Interview with Resident #1 on 10/09/19 at 2:45pm revealed: -She had received her 10 units of Novolog insulin before each meal. -Her blood sugars had been in the 400 and higher range when she was at home. -Since she had been at the facility her blood sugars had been "mostly" below 150. Refer to interview the Supervisor in Charge on	C 342		

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C 342	Continued From page 3 10/09/19 at 3:10pm. Refer to interview with the Resident Care Director on 10/09/19 at 4:10pm. Interview with the Administrator on 10/09/19 at 4:10pm. Interview with the Supervisor in Charge on 10/09/19 at 3:10pm revealed: -She had given the insulins, but had just missed signing the MAR. -She had signed all the other medications on the MARs. Interview with the Resident Care Director (RCD) on 10/09/19 at 4:10pm revealed: -She had left it up to the staff to make sure the MARs were completed. -She was going to have to start checking to make sure all MARs were complete. -Since Resident #1 had been at the facility her blood sugars had been good. Interview with the Administrator on 10/09/19 at 4:10pm revealed it was her expectation that the RCD should be checking to make sure the staff were documenting on the MARs for each resident.	C 342			

