NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

Certified Mail and Electronic Mail
7018-1830-0002-2908-3547

November 7, 2019

John Miller, Executive Officer
Mill Creek Manor, LLC, Licensee
Mill Creek Manor
138 Bay Hill Drive
Advance, NC 27006

email addresses: millerj@aol.com, d.matthews@millcreekmanorllc.com

Re: Initial Survey completed October 17, 2019 (ASPEN Event ID 5QZV11)
Type B Violation

Facility: **Mill Creek Manor**
Licensure Number: **HAL-049-033**
County: **Iredell**

Dear Mr Miller:

A survey was completed on October 17, 2019 by staff with the Adult Care Licensure Section.

Enclosed you will find all violations/deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with the state regulations. You must provide an acceptable Plan of Correction for each violation/deficiency cited in the left column. In the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you will correct each violation/deficiency identified and return it to our office within 15 working days of receipt of this letter. Below you will find what to include in the Plan of Correction for all deficiencies; and, if violations were identified, details of the type of violation and the time frame for compliance are also provided below.

Type B Violation(s)

- Type B rule violation is cited for **10A NCAC 13F.0902(b) Health Care** and **G.S. § 131D-21 Resident Rights.**
- Type B Violation must be corrected within 45 days from the exit date of the survey, which is December 13, 2019.

As set forth in G.S. § 131D-34 where a facility has failed to correct a Type B Violation, the Department shall assess the facility a civil penalty in the amount of up to $400.00 for each day that the violation continues beyond the time specified for correction.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedures, staff training, changes in staffing patterns, etc.)
- Indicate what measures will be put in place to prevent the problem from occurring again
- Indicate who will monitor the situation to ensure it will not occur again
- Indicate how often the monitoring will take place
- Completion dates by which the plan of correction will be completed. The completion dates must be acceptable to the State.
- Sign and date the bottom of the first page of the State Form.

Return the signed and dated Statement of Deficiencies form within 15 working days from the date of receipt of this letter. We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted. A response to the plan of correction will be sent ONLY if the plan of correction is not accepted. Please retain a copy for your files.

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by **December 3, 2019**. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by **December 3, 2019**. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: IDR Coordinator, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

If you have questions about the enclosed Statement of Deficiencies or the violations, please contact me at **(919) 630-8036**. A follow up survey will be conducted to determine compliance in all areas cited. If this agency can be of any assistance in providing consultation relative to licensure rules, please let us know.

Sincerely,

Mary E. Agena

Mary E. Agena BSN, RN, Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosures: Statement of Deficiencies

cc: Ms. Jimmianne Johnson, Supervisor, Iredell County DSS
Ms. Heather Bingham, Team Supervisor, West 2 Region, Adult Care Licensure Section
Facility File

Dian Matthews, Administrator w/enclosures
Facility File

Please note information regarding Customer Service Survey below.

In an ongoing effort to improve the inspection process with the providers we serve, we would like you to complete a Customer Service Survey. The Survey can be accessed at the web site below. Your opinion is important to us, and will assist us in developing new and better ways to do our job.

Please note: Because the survey is confidential, your identity will not be known to the Division of Health Service Regulation or the North Carolina Department of Health and Human Services.

Thank you for participating in this confidential survey as we strive to improve the services we provide to licensed health care providers across the state of North Carolina. Should you wish to have a confidential discussion regarding this survey or your interaction with the Division of Health Service Regulation, please feel free to contact Mark Payne, Director, Division of Health Service Regulation, at 919-855-3750.

Customer Service Survey web site: **http://www2.ncdhhs.gov/dhsr/customerservice.html**
(Survey Max does not work well with all browsers, please access survey with Internet Explorer)

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
	HAL049033	A. BUILDING: _____ B. WING _____	10/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILL CREEK MANOR	1902 ORA DRIVE STATESVILLE, NC 28625

(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 initial survey on October 15-17, 2019.	D 000	See page 2	
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 5 sampled residents (#1 & #2) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services. The findings are: 1. Review of Resident #1's current FL2 dated 07/09/19 revealed diagnoses included hypertension and neurocognitive disorder. Review of the Resident Register for Resident #1 revealed an admission date of 06/28/19. Review of Resident #1's immunization records	D 234		

Mary E Agena

Reviewed and accepted by Mary Agena/ma on 12/20/19

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D 234	Continued From page 1 revealed there was documentation of a negative tuberculosis (TB) skin testing dated 01/15/19. Interview with Resident #1 on 10/16/19 at 2:45pm revealed she had not received a second TB skin testing after she was admitted to the facility. Interview with the Administrator on 10/17/19 at 3:45pm revealed: -She knew Resident #1 required a second TB skin test upon admission. -She "dropped the ball" on ensuring Resident #1 had her second TB skin test upon admission. 2. Review of Resident #2's current FL2 dated 02/21/19 revealed diagnoses included dementia, abnormal gait, vitamin D deficiency, anxiety, and insomnia. Review of Resident #2's immunization record revealed there was documentation of a record of TB screening dated 05/23/18. Attempted telephone interview with Resident #2's responsible party on 10/16/19 at 10:00am was unsuccessful. Interview with the Administrator on 10/17/19 at 3:45pm revealed: -She did not know Resident #2 did not have record of TB testing upon admission. -When she audited Resident #2's record she briefly scanned the record. -The TB screening had been mistaken for record of a TB testing.	D 234	All resident charts have been reviewed for compliance of admission TB and adherence of 10A NCA 41A Resident in the facility will be safe from commutable disease as deemed by Resident Rights 10/24/2019 and ongoing for new admissions	
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care	D 273		

Dawn Matthews ED
11/25/2019

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D 273	Continued From page 2 (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure physician notification for 1 of 5 sampled residents (Residents #3) related to a failure to coordinate care for a sleep study and BiPAP machine, failure to notify of refusals of levothyroxine and Tums, and the failure of a physical therapy referral. The findings are: 1. Review of Resident #3's current FL2 dated 10/09/19 revealed diagnoses included type two diabetes, severe major depression, anxiety, bipolar disorder, adjustment disorder, hypothyroidism, irritable bowel disorder with diarrhea and dementia. a. Review of Resident #3's hospital admission records revealed: -Resident #3 was admitted to the hospital on 09/05/19 for vomiting and diarrhea. -On arrival to the hospital Resident #3 was "hypoxic" with an oxygen saturation in the "80's". -Resident #3 was admitted due to her "profound acute hypoxia" (Hypoxia is a serious condition in	D 273	Refusal of medication is a resident's right.	

Diane Matthews ED
11/25/2019

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D 273	Continued From page 3 which there is not enough oxygen in the blood for normal body functions. Normal range is between 95-100%). Review of Resident #3's hospital Pulmonology report dated 09/06/19 revealed: -Diagnoses included "acute on chronic hypercapnic failure" (too much carbon dioxide and not enough oxygen) "with respiratory acidosis" (is a condition that occurs when the lungs can't remove enough of the carbon dioxide (CO2) produced by the body), and "hyperventilation syndrome and probable sleep apnea". -The recommendations were as follows; Resident #3 would benefit from BiPAP (stands for Bilevel Positive Airway Pressure. A BiPAP machine is a non-invasive form of therapy for patients suffering from sleep apnea). Resident #3 would be placed on BiPAP nightly and as needed during the day for increased work of breathing. Review of Resident #3's hospital pulmonology physician's order's dated 09/09/19 revealed: -Diagnoses included obesity and hypoventalation syndrome. -There was an order for BiPAP with BiPAP settings for the BiPAP machine. Review of the hospital discharge summary for Resident #3 dated 09/09/19 revealed Resident #3 improved with nightly use of the BiPAP and was discharged home with BiPAP. Review of Resident #3's primary care provider's (PCP) order dated 09/25/19 revealed orders for a referral for a sleep study to assess the need for BIPAP machine due to a diagnosis of respiratory failure.	D 273		

Diane Matthews RD
11/25/19

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D 273	Continued From page 4 Telephone interview with Resident #3's PCP on 10/16/19 at 4:14pm revealed she re-ordered the BiPAP and a sleep study on 09/25/19 because she was not aware of the hospital order dated 09/09/19 until 09/25/19 and the BiPAP order should have been followed up before 09/25/19. Review of Resident #3's Neurology visit note dated 10/01/19 revealed: -Resident #3 was seen for recommended sleep study due to chronic respiratory failure as well as low oxygen during the night. -A sleep study was scheduled for 10/28/19 as an in-home study. Review of Resident #3's Nurses/Clinical notes revealed: -There were no entries related to the BiPAP order from the hospital discharge. -There were no entries related to the notification to Resident #3's PCP or a Neurologist about the hospital discharge order dated 09/09/19 for BiPAP. Interview with the Resident Care Coordinator (RCC) on 10/15/19 at 9:06am revealed: -Resident #3 was discharged from the hospital on 09/09/19 with a diagnosis of hypoxia and an order for a BiPAP with settings attached to the order. -She contacted the Home Health provider on 09/10/19 about the BiPAP order and was told that a sleep study must be ordered and completed in order to get the BiPAP machine. -On 10/01/19, Resident #3 went to the Neurologist and was evaluated and a sleep study was set up for Resident #3 on 10/28/19 at the facility. -She gave Resident #3's PCP the hospital order for the BiPAP dated 09/09/19 to the PCP during the PCP's weekly visit to the facility on 09/25/19.	D 273	Facility has developed a order validation process: 1. Oder is generated and reviewed by SIC or RCC for correctness 2. Faxed to pharmacy and/or to specific entity, receive confirmation. RCC will contact entity for order receipt and understanding. Document completed. File in chart. All medication carts are to be audited by MA 3 times weekly. - Matching medication with Quickmar order - -assure correct medication on cart - Check expiration date compliance - Reorder medication if LESS 7 day supply, Medication expired, or dosage change, or route change - Return expired medication to pharmacy 10/31/19 and ongoing	

Dian Matthews ES
11/25/19

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D 273	Continued From page 5	D 273		

Telephone interview with the facility's contracted Home Health provider on 10/16/19 at 8:47am revealed:
-They were notified about the order for a BiPAP machine for Resident #3 on 09/10/19.
-The representative informed the facility that a sleep study would need to be performed in order to get the BiPAP machine because insurance will not pay or release the BiPAP machine.

Telephone interview with a representative from Resident #3's Neurology office on 10/15/19 at 3:06pm revealed:
-The facility did not schedule the Neurology appointment as follow up from the hospital's order from the pulmonologist dated 09/09/19.
-An appointment was made by the hospital on 09/24/19, after the Home Health provider contacted them about the sleep study, for an evaluation for a BiPAP machine.
-Resident #3 was seen on 10/01/19 and a sleep study was scheduled on 10/28/19 to be performed at the facility.

Interview with the Administrator on 10/16/19 at 12:00pm revealed:
-She was told by Resident #3 that she refused the sleep study three times while in the hospital.
-Resident #3 was non-compliant with all care and medications.
-The RCC was responsible for all orders received for the residents.
-The last she heard was the Home Health was taking care of the BiPAP machine order.
-Her expectation was the RCC should have followed up on the sleep study to obtain the BiPAP order.

Telephone interview with a representative from

Weekly SIC or RCC will audit all medication Carts in the department area for compliance Using above completed form for validation Of correctness. If need, use as a teaching tool for specific MA on specific medication cart.

Residents have a right to receive medications as ordered and MUST have in facility for administration. Residents have a right to have supportive services available as ordered in a timely manner when ordered. Medications should bin building within 12 hours or sooner. Supportive services within 24-48 hours Depending on day ordered.

All medication aides have attended an in-service Regarding medication administration and administering Life threatening medications and refusals.
-Thyroid meds
-cardiac meds
-high blood pressure meds
-seizure meds
-psychotic meds
-antibiotics
-diabetic meds

Draw Matthews RS
11/25/19

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D 273	Continued From page 6 the Durable Medical Equipment (DME) provider on 10/16/19 at 12:30pm revealed: -He was contacted by the RCC on 09/10/19 with the order for Resident #3's BiPAP. -He called the hospital on 09/10/19 to check to see if a sleep study was performed in the hospital and was informed that one was not completed. -He informed the RCC that a sleep study was not performed at the hospital so one needed to be performed in order to get the BiPAP. -He was informed by the RCC that an appointment was made to a Neurologist office for a sleep study. Telephone interview with Resident #3's PCP on 10/16/19 at 2:55pm revealed: -Resident #3 was discharged from the hospital on 09/10/19 with a diagnosis of acute on chronic hypercapnic failure which means Resident #3 had "too much carbon dioxide and not enough oxygen" which is dangerous to the body because it could lead to death if not treated. -She saw Resident #3 on 09/10/19 after a hospital admission for acute on chronic hypercapnic failure with respiratory acidosis. -She received the hospital records to review, from the RCC during her visit on 09/10/19 but did not review an order for the BiPAP. -She was not aware of the BiPAP order from the hospital after Resident #3 was discharged on 09/10/19. -She was first made aware of the need for a sleep study in order to get a BiPAP on 09/25/19 when she made her weekly visit to the facility. -She wrote an order on 09/25/19 for a sleep study to assess the need for a BiPAP machine. -A BiPAP machine is a treatment for hypercapnic failure (too much carbon dioxide in the body and not enough oxygen). -It was her expectation that the facility notify her	D 273	Weekly, daily weight, daily to weekly finger sticks, blood pressure daily to weekly Documentation a MUST HAVE: Explanation of NOW notification of medication refusal of the above medications as life threatening meds. MUST report to SIC, RCC, Administrator for notification to MD.	10/31/19 and ongoing

Dian Matthews RD
11/25/19

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D 273	Continued From page 7 about the BiPAP order on 09/10/19 so she could have made the referral for the sleep study sooner due to Resident #3's hospital diagnoses. b. Review of Residents #3's physician's order dated 08/13/19 revealed there was an order for a physical therapy (PT) evaluation for a diagnosis of weakness. Interview with Resident #3's physical therapy assistant on 10/15/19 at 3:06pm revealed: -There was not an order received from the facility or Resident #3's physician for a PT evaluation dated 08/13/19 in Resident #3's records. -When an order was received by the physician or the facility, the evaluation would have taken place with in 48 hours per their policy. Telephone interview with the Nurse Manager for the facility's contracted Home Health agency on 10/15/19 at 4:07pm revealed: -Resident #3 received PT until 08/01/19 and was discharged for meeting the goals. -There was nothing in the system related to Resident #3 and a PT evaluation dated 08/13/19. -If the physician ordered the PT evaluation for Resident #3, the order could be emailed and there was no order in the email for 08/13/19. -All orders would be received by Home Health would go in the intake bin and there was no order dated 08/13/19 for Resident #3 to have a PT evaluation. -After an order was received in the intake bin the scheduler would schedule that appointment. The appointment was not in the computer for a PT evaluation for Resident #3. Interview with the Administrator on 10/16/19 at 12:00pm revealed: -She did not know the PT order was not	D 273		

Dian Matthews RD
11/25/19

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D 273	Continued From page 8 completed as ordered. -The last she knew was Resident #3 was receiving PT. -The Resident Care Coordinator (RCC) was responsible for handling all orders from the physicians and contacting the contracted Home Health and setting up the referral. -Her expectation was the RCC followed up on the PT order. Interview with the Resident Care Coordinator on 10/17/19 at 9:47am revealed: -Resident #3 received PT until sometime in August, 2019. -She did not know about the order for the PT evaluation dated 08/13/19. -She reviewed the physician's orders when they come in by fax and just "missed" that one. Telephone interview with Resident #3's primary care provider on 10/16/19 at 4:14pm revealed: -She wrote the order for the PT evaluation on 08/13/19 because Resident #3 was discharged from PT at the beginning of August, 2019 but continued to become weaker. -She emailed the order to the facility attached to her visit notes after her visit to the facility. -She sometimes emailed or faxed the orders directly to the Home Health agency but could not recall if that was also done with this order. -She thought Resident #3 was still receiving PT. -She did not know the PT evaluation did not occur or that Resident #3 was not receiving PT. -Resident #3 had declined in her health and had become very weak. c. Review of Resident #3's current FL2 dated 10/09/19 revealed there was an order for levothyroxine 175mcg every day.	D 273	See page 5,6,7,8	

Dian Matthews ED
11/25/19

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D 273	Continued From page 9 Review of Resident #3's previous FL2 dated 08/01/19 revealed there was an order for levothyroxine 175mcg every day. Review of Resident #3's August 2019 electronic Medication Administration Record (eMAR) revealed there was an entry for levothyroxine 175mcg every day documented as not administered (refused) at 6:30am for 14 out of 31 opportunities (8/01/19, 8/02/19, 8/07/19-8/11/19, 8/13/19-8/18/19, and 8/22/19). Review of Resident #3's September 2019 eMAR revealed there was an entry for levothyroxine 175mcg every day documented as not administered (refused) at 6:30am for 7 out of 30 opportunities (9/02/19, 9/04/19-9/06/19, 9/23/19, 9/26/19, and 9/29/19). Review of Resident #3's October 2019 eMAR revealed there was an entry for levothyroxine 175mcg every day documented as not administered (refused) at 6:30am for 8 out of 15 opportunities (10/01/19, 10/04/19-10/06/19, and 10/08/19-10/11/19). Interview with the Administrator on 10/16/19 at 12:00pm revealed: -Resident #3 was non-compliant with everything. -She did not know Resident #3 was refusing the levothyroxine. -She did not know if the PCP was notified about the medication refusals because the Resident Care Coordinator (RCC) was responsible for notifying the physician with all medication refusals. Telephone interview with Resident #3's primary care provider (PCP) on 10/16/19 at 4:14pm revealed:	D 273	See pages 5, 6, 7	

Diane Matthews RD
11/25/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049033	A. BUILDING: _____ B. WING _____	10/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILL CREEK MANOR	1902 ORA DRIVE STATESVILLE, NC 28625

(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 273	Continued From page 10 -Resident #3 was taking the levothyroxine for hypothyroidism. -She was not aware Resident #3 was refusing the levothyroxine. -Resident #3's last Thyroid Stimulation Hormone (TSH) level was drawn on 08/30/19 with a result of 5.53 (normal 0.45-5.33). -If Resident #3 did not receive the levothyroxine as ordered and left untreated, combined with her high blood pressure it could lead to more heart problems. -She expected the facility to notify her with all medication refusal of three doses in a row. Interview with a medication aide (MA) on 10/17/19 at 9:47am revealed: -She did not ever administer Resident #3's levothyroxine because the third shift MA administered it at 6:30am. -When Resident #3 refused a medication she informed the RCC and documented the refusal on the back of the eMAR and did not notify the PCP. Interview with a second MA on 10/17/19 at 10:45am revealed Resident #3 refused her levothyroxine often and she would document that on the eMAR. Review of the facility's Medication Policy revealed the MA was to notify the RCC and the physician after three refusals. Refer to the interview with a medication aide (MA) on 10/17/19 at 9:47am Refer to the interview with the RCC on 10/17/19 at 10:00am. Refer to the interview with a second MA on	D 273	see page 5, 6, 7	

Dian Matthews RN
11/25/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 273	Continued From page 11 10/17/19 at 10:45am d. Review of Resident #3's current FL2 dated 10/09/19 revealed there was an order for antacid chew 500mg 2 tablets three times a day. Review of Resident #3's previous FL2 dated 08/01/19 revealed there was an order for antacid chew 500mg 2 tablets three times a day. Review of Resident #3's August 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for antacid chew 500mg 2 tablets three times a day documented as not administered (refused) at 8:00am for 4 out of 31 doses 08/06/19, 8/16/19, 8/20/19 and 8/30/19). -The antacid was documented as not administered (refused) at 2:00pm for 13 out of 31 doses (8/06/19-8/12/19, 8/16/19, 8/19/19, 8/22/19-8/23/19, 8/26/19 and 8/30/19). -The antacid was documented as not administered (refused) at 8:00pm for 6 out of 31 doses (8/8/19, 8/20/19-8/21/19 and 8/29/19-8/31/19). Review of Resident #3's September 2019 eMAR revealed: -There was an entry for antacid chew 500mg 2 tablets three times a day documented as not administered (refused) at 8:00am for 8 out of 30 doses (9/2/19-9/6/19, 9/16/19-9/17/19, and 9/21/19). -The antacid was documented as not administered (refused) at 2:00pm for 10 out of 30 doses (9/01/19-9/6/19, 9/15/19, 9/20/19-9/21/19 and 9/28/19). -The antacid was documented as not administered (refused) at 8:00pm for 5 out of 30 doses (9/03/19-9/05/19, 9/10/19 and 9/19/19).	D 273		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049033	A. BUILDING: _____ B. WING _____	10/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILL CREEK MANOR	1902 ORA DRIVE STATESVILLE, NC 28625

(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 273	Continued From page 12 Review of Resident #3's October 2019 eMAR revealed: -There was an entry for antacid chew 500mg 2 tablets three times a day documented as not administered (refused) at 8:00am for 1 out of 15 doses on 10/09/19. -The antacid was documented as not administered (refused) at 8:00pm for 1 out of 14 doses on 10/02/19. Interview with the Administrator on 10/16/19 at 12:00pm revealed: -Resident #3 was non-compliant with everything. -She did not know Resident #3 was refusing the antacid. -She did not know if the PCP was notified about the medication refusals because the Resident Care Coordinator (RCC) was responsible for notifying the physician with all medication refusals. Telephone interview with Resident #3's primary care provider (PCP) on 10/16/19 at 4:14pm revealed: -Resident #3 was taking the antacid for the Irritable Bowel Syndrome (IBS) to help with diarrhea associated with IBS. -She was not aware Resident #3 was refusing the antacid. -She expected the facility to notify her with all medication refusal of three doses in a row. Review of the facility's Medication Policy revealed the MA was to notify the RCC and the physician after three refusals. Refer to the interview with a MA on 10/17/19 at 9:47am.	D 273	See page 5, 6, 7	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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MILL CREEK MANOR	1902 ORA DRIVE STATESVILLE, NC 28625

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D 273	Continued From page 13 Refer to the interview with the RCC on 10/17/19 at 10:00am. Interview with a medication aide (MA) on 10/17/19 at 9:47am revealed: -When a medication was refused three doses in a row, she was trained to document the refusal on the back of the eMAR, notify the PCP and the RCC. -She documented the refusals on the back of the eMAR and notified the RCC but not the PCP. -The RCC was responsible for all eMAR audits monthly. -The MAs did not do eMAR audits. Interview with a second MA on 10/17/19 at 10:45am revealed: -She notified the RCC know Resident #3 refused a medication more than 3 doses in a row. -The RCC was responsible for notifying the MD. Interview with the RCC on 10/17/19 at 10:00am. -A refusal was a resident right. -Resident #3 was non-compliant with her care. -She was responsible for monthly eMAR audits where she checked for missed medications and medication administered matched the order. -She did not audit the eMARs for refusals. -She was not aware Resident #3 refused her medications. -She expected the MA to notify the physician and document the notification in the residents record, and her after a resident refused a medication three times in a row. -She did not perform audits related to notification to the PCPs concerning refusals. The facility failed to coordinate care for Resident #3 after a hospital discharge with an order for a BiPAP machine, refusals for levothyroxine and an	D 273	see page 5,6,7	

Diana Matthews RD
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049033	A. BUILDING: _____ B. WING _____	10/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILL CREEK MANOR	1902 ORA DRIVE STATESVILLE, NC 28625

(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 273	Continued From page 14 antacid, and failed to coordinate a PT evaluation order. The facility's failure placed Resident #3 at increased risk for low oxygen saturation and respiratory complications which were detrimental to the health and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a Plan of Correction on 10/16/19 in accordance with G. S. 131D-24. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED December 3, 2019.	D 273	-	
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure the administration of medications by staff were in accordance with orders by a licensed prescribing practitioner for 1 of 5 sampled residents (Resident #5) related to the administration of sertraline. The findings are: Review of Resident #5's current FL2 dated	D 358	See page 5,6,7	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 358	Continued From page 15 07/15/19 revealed: -Diagnoses included schizoaffective disorder, depression and anxiety. -There was a physician order for sertraline (used to treat obsessive-compulsive disorder) 100mg, take 2 tablets (200mg) at bedtime. Review of Resident #5's electronic Medication Administration Record (eMAR) for October 2019 revealed: -There was an entry for sertraline 100mg, take 2 tablets (200mg) at bedtime. -Sertraline 100mg 2 tablets at bedtime was documented as not administered from 10/01/19 to 10/14/19, with documentation that the medication was "on order/awaiting delivery" from 10/01/19 to 10/14/19. -There was documentation that the pharmacy had been contacted on 10/11/19 regarding the medication being unavailable. Observation on 10/17/19 at 10:30am of Resident #5's medication on hand revealed: -There was a bubble pack of sertraline 100mg, with a dispensed quantity of 60, that had 56 tablets remaining. -The dispensed-on date was 10/13/19. -The sertraline tablets were yellow oblong tablets. Interview with the medication aide (MA) on 10/17/19 at 10:33am revealed: -Sertraline was to be administered to Resident #5 daily at 9:00pm. -The 2nd shift MAs had a habit of not looking for medications in the overstock area on the cart. -She was not aware that the medication had not been administered for 14 days in October 2019, because it was to be administered at 9pm. -She was responsible for completing medication counts daily, and she was sure the sertraline was	D 358	See page 5, 6, 7	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 358	Continued From page 16 on the cart. -She had not observed any recent changes in behavior for Resident #5. Interview with the Resident Care Coordinator (RCC) on 10/17/19 at 10:35am and 2:00pm revealed: -She was not aware Resident #5 had not received sertraline for 14 consecutive days in October 2019. -The MAs were responsible for notifying the pharmacy and the RCC when medications were unavailable. -The MAs did not notify her that Resident #5's medication was unavailable. -She had not observed any change in behaviors for Resident #5. Telephone interview with the contract pharmacy representative on 10/17/19 at 12:26pm revealed: -The pharmacy was responsible for dispensing Resident #5's medications. -The current prescription for sertraline for Resident #5 was dated 10/22/18. -A thirty-day supply was dispensed to the facility on 09/17/19 and 10/13/19. -They had not received any returned medication for Resident #5. Interview with Resident #5 on 10/17/19 at 1:55pm revealed: -She could not recall her current bedtime medications. -She had not been given her "two yellow pills for a long time" that were supposed to be administered at bedtime. -Her mood had been "worse" since she had not received the sertraline. -She did not ask the MAs why she did not get the sertraline.	D 358	See page 5,6,7	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILL CREEK MANOR	1902 ORA DRIVE STATESVILLE, NC 28625

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D 358	Continued From page 17 Interview with the RCC on 10/17/19 at 2:00pm revealed: -The MAs were responsible to notify her of any needed medications. -The RCC was responsible to perform record and medication cart audits around the middle of each month. -She had not completed the audits for October 2019. Interview with a second MA on 10/17/19 at 2:08pm revealed: -The MAs were responsible for performing cart audits each week on Mondays, Wednesdays, and Fridays. -The cart audit compared the eMARs to the medications on hand. Telephone interview with Resident #5's physician assistant on 10/17/19 at 3:05pm revealed: -Resident #5 was prescribed sertraline for treatment of obsessive-compulsive disorder (OCD). -She had been Resident #5's prescribing practitioner for 6 months. -The current order was for sertraline 100mg, take 2 tablets (200mg) at bedtime. -There had been no order changes for sertraline. -She was not aware that Resident #5 had not received the sertraline from 10/01/19 to 10/14/19. -She was not notified by the facility of the missed doses in October 2019. -The missed doses could have resulted in behavioral changes for Resident #5, but did not. Attempted interview with the second shift medication aide on 10/17/19 at 3:20pm was unsuccessful.	D 358	See page 5, 6, 7	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 358	Continued From page 18 Interview with the Administrator on 10/17/19 at 4:06pm revealed: -She was not aware that Resident #5 had not been administered sertraline from 10/01/19 to 10/14/19. -She expected the MAs to notify her and the RCC immediately when a medication was unavailable. -The MAs had been trained on medications related to behaviors.	D 358		
D 400	10A NCAC 13F .1009(a)(1) Pharmaceutical Care 10A NCAC 13F .1009 Pharmaceutical Care (a) An adult care home shall obtain the services of a licensed pharmacist or a prescribing practitioner for the provision of pharmaceutical care at least quarterly. The Department may require more frequent visits if it documents during monitoring visits or other investigations that there are medication problems in which the safety of residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes the following: (1) an on-site medication review for each resident which includes the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and (B) making recommendations for change, if	D 400	The RCC is being accountable to adhere to Pharmaceutical recommendations of clinical services. RCC is giving PCP recommendations to approve or disapprove recommendations. We have recently changed labs for facility draws of ordered labs. Past labs were not drawn appropriately for pharmacy review or PCP. Labs are appropriately drawn currently. 11/01/2019 and ongoing	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 400	Continued From page 19	D 400		

necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and
(C) documenting the results of the medication review in the resident's record.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to assure pharmacy reviews of medications were completed on site and at least quarterly for 1 of 5 sampled residents (Resident #1).

The findings are:

Review of Resident #1's current FL2 dated 07/09/19 revealed diagnoses included hypertension and neurocognitive disorder.

Review of the Resident Register for Resident #1 revealed an admission date of 06/28/19.

Review of Resident #1's record on 10/15/19 revealed there was no documentation of a quarterly pharmacy review completed since admission on 06/28/19.

Interview with the Resident Care Coordinator (RCC) on 10/16/19 at 8:30am revealed:
-The Pharmacist had visited the facility within the last three months and completed pharmaceutical reviews on all the residents.
-The Pharmacist had sent the pharmacy recommendations by electronic mail to the Administrator.
-The Administrator had not given her a pharmaceutical review to place in Resident #1's

Our pharmacy does provide a pharmacist for Pharmaceutical care every quarter. She has Comes and reviews charts, labs, orders and Recommendations to RCC and MD.

11/01/2019 and ongoing

Diana Matthews RD 11/06/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 400	Continued From page 20 record. Interview with the Administrator on 10/16/19 at 9:00am revealed: -Resident #1's pharmaceutical review had not been completed. -She had received the pharmaceutical reviews by electronic mail in the last three months. -She had not received a pharmaceutical review for Resident #1. -She had not set a reminder for herself to remember to get Resident #1's pharmaceutical review. Telephone interview with the facility's contracted pharmacy representative on 10/17/19 at 1:49pm revealed she had not completed a pharmaceutical review for Resident #1.	D 400	Pharmacy reviews were being done but they Were not being given to facility, they now are being sent to RCC and administrator to complete and have PCP sign.	11/01/2019 and on going
D 406	10A NCAC 13F .1009(b) Pharmaceutical Care 10A NCAC 13F .1009 Pharmaceutical Care (b) The facility shall assure action is taken as needed in response to the medication review and documented, including that the physician or appropriate health professional has been informed of the findings when necessary. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to follow-up on medication review recommendations for 3 of 5 sampled residents (#3, #4, and #5) including medications and labs for hypothyroidism and acid reflux (#3), multiple psychotropic medications (#4), medications for constipation (#5).	D 406		

Dion Matthews ED
11/25/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 406	Continued From page 21 The findings are: 1. Review of Resident #3's current FL2 dated 10/09/19 revealed diagnoses included type two diabetes, severe major depression, anxiety, Bipolar disorder, adjustment disorder, hypothyroidism, irritable bowel disorder with diarrhea and dementia. Review of Resident #3's previous FL2 dated 08/01/19 revealed there was an order for levothyroxine 175mcg every day. Review of Resident #4's medication review dated 09/18/19 revealed: -The pharmacist recommended to notify primary care physician (PCP) about the following medications (levothyroxine and an antacid) had been refused a number of times over the past 30 days. -The section for the physician's response and signature was blank. a. Review of Resident #3's August 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for levothyroxine 175mcg every day documented as not administered (refused) at 6:30am for 14out of 31 doses (8/01/19, 8/02/19, 8/07/19-8/11/19, 8/13/19-8/18/19, and 8/22/19). Review of Resident #3's September 2019 eMAR revealed: -There was an entry for levothyroxine 175mcg every day documented as not administered (refused) at 6:30am for 7 out of 30 doses (9/02/19, 9/04/19-9/06/19, 9/23/19, 9/26/19, and 9/29/19).	D 406	See page 19, 20, 21,	

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D 406	Continued From page 22 Review of Resident #3's October 2019 eMAR revealed: -There was an entry for levothyroxine 175mcg every day documented as not administered (refused) at 6:30am for 8out of 15 doses (10/01/19, 10/04/19-10/06/19, and 10/08/19-10/11/19). Refer to the telephone interview with the facility's PCP on 10/16/19 at 2:55pm. Refer to the interview with the RCC on 10/17/19 at 10:00am. Refer to the telephone interview with the facility's contracted pharmacy representative on 10/17/19 at 1:49pm. b. Review of Resident #3's current FL2 dated 10/09/19 revealed there was an order for antacid chew 500mg 2 tablets three times a day. Review of Resident #3's previous FL2 dated 08/01/19 revealed there was an order for antacid chew 500mg 2 tablets three times a day. Review of Resident #3's August 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for antacid chew 500mg 2 tablets three times a day documented as not administered (refused) at 8:00am for 4 out of 31 doses 08/06/19, 8/16/19, 8/20/19 and 8/30/19). -The antacid was documented as not administered (refused) at 2:00pm for 13 out of 31 doses (8/06/19-8/12/19, 8/16/19, 8/19/19, 8/22/19-8/23/19, 8/26/19 and 8/30/19). -The antacid was documented as not administered (refused) at 8:00pm for 6 out of 31	D 406	See page 6,	

Dian Matthews CS
11/25/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049033	A. BUILDING: _____ B. WING _____	10/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILL CREEK MANOR	1902 ORA DRIVE STATESVILLE, NC 28625

(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 406	Continued From page 23 doses (8/8/19, 8/20/19-8/21/19 and 8/29/19-8/31/19). Review of Resident #3's September 2019 eMAR revealed: -There was an entry for antacid chew 500mg 2 tablets three times a day documented as not administered (refused) at 8:00am for 8 out of 30 doses (9/2/19-9/6/19, 9/16/19-9/17/19, and 9/21/19). -The antacid was documented as not administered (refused) at 2:00pm for 10 out of 30 doses (9/01/19-9/6/19, 9/15/19, 9/20/19-9/21/19 and 9/28/19). -The antacid was documented as not administered (refused) at 8:00pm for 5 out of 30 doses (9/03/19-9/05/19, 9/10/19 and 9/19/19). Review of Resident #3's October 2019 eMAR revealed: -There was an entry for antacid chew 500mg 2 tablets three times a day documented as not administered (refused) at 8:00am for 1 out of 15 doses on 10/09/19. -The antacid was documented as not administered (refused) at 8:00pm for 1 out of 14 doses on 10/02/19. Refer to the telephone interview with the facility's PCP on 10/16/19 at 2:55pm. Refer to the interview with the RCC on 10/1719 at 10:00am. Refer to the telephone interview with the facility's contracted pharmacy representative on 10/17/19 at 1:49pm. 2. Review of Resident #4's current FL2 dated 10/09/19 revealed: -Diagnoses included schizophrenia, insomnia,	D 406	See page 26	

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D 406	Continued From page 24 depression, and tremors. -There was an order for duloxetine 30mg daily (used to treat musculoskeletal pain), fluphenazine decanoate 125mg/5ml, give 2ml (50mg) intramuscular (IM) every 3 weeks (used to treat psychosis), and quetiapine 50mg twice daily, and quetiapine 300mg at bedtime (used to treat schizophrenia). Review of Resident #4's medication review dated 09/18/19 revealed: -The pharmacist recommended to evaluate the use of multiple psychoactive medications, which included the current orders for duloxetine, fluphenazine decanoate, and quetiapine. -The section for the physician's response and signature was blank. Review of Resident #4's September 2019 and October 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for duloxetine 30mg daily. -There was an entry for fluphenazine decanoate 125mg/5ml, give 2ml (50mg) IM every 3 weeks. -There was an entry for quetiapine 50mg twice daily. -There was an entry for quetiapine 300mg at bedtime. -The medication orders had not been discontinued or changed. Review of Resident #4's physician's orders revealed there was no documentation the pharmacist's recommendations had been forwarded to the physician. Refer to the telephone interview with the facility's contracted primary care provider on 12/16/19 at 2:55pm.	D 406	See page 19, 20, 21, The residents care will no longer in jeopardy due to inability to have labs, medications available or following PCP/MD orders. All pharmacy recommend ations will be handled in a timely manner to adhere resident health care compliant. See page 27	

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D 406	Continued From page 25 Refer to the interview with the RCC on 10/1719 at 10:00am. Refer to the telephone interview with the facility's contracted pharmacy representative on 10/17/19 at 1:49pm. 3. Review of Resident #5's current FL2 dated 07/15/19 revealed: -There was an order for gavilax (used to treat and prevent constipation) 17gm daily at 9:00am. -There was an order for gavilax 17gm daily as needed (PRN) for constipation. Review of Resident #5's medication review dated 09/18/19 revealed: -The pharmacist recommended to discontinue gavilax 17gm daily PRN for constipation due to non-use in the past 30 days. -The section for the physician's response and signature was blank. Review of Resident 5's electronic Medication Administration Record (eMAR) for September 2019 and October 2019 revealed: -There was an entry for gavilax 17gm daily. -There was an entry for gavilax 17gm daily as needed for constipation. -The medication orders had not been discontinued or changed. Review of Resident #5's physician's orders revealed there was no documentation the pharmacist's recommendations had been forwarded to the physician. Refer to the telephone interview with the facility's contracted primary care provider on 10/16/19 at 2:55pm.	D 406	See page 27	

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D 406	Continued From page 26 Refer to the interview with the RCC on 10/1719 at 10:00am. Refer to the telephone interview with the facility's contracted pharmacy representative on 10/17/19 at 1:49pm. Telephone interview with the facility's contracted primary care provider on 10/16/19 at 2:55pm revealed: -She had not received any pharmaceutical reviews in September or October 2019. -If the facility received pharmaceutical reviews, she addressed them during her weekly visits to the facility. Interview with the RCC on 10/1719 at 10:00am revealed: -She had not received the pharmacy reviews since she came to the facility in May 2019. -She told the Administrator several times each month about not receiving the reviews. -The Administrator told her that she could not retrieve the reviews from her computer email. -She reported the issue to the pharmacy representative. -The pharmacy representative informed her the Administrator requested that all pharmacy reviews were sent to the Administrator. -The pharmacy representative told her the Administrator would not give permission to release the reviews to the RCC's email. Interview with the Administrator on 10/16/19 at 9:00am revealed: -She had received the pharmaceutical reviews by electronic mail in the last three months. -She had not printed them because she had a problem with her printer. -She did not know if any of the pharmaceutical	D 406	see pages 4, 6, 7	

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D 406	Continued From page 27 reviews had recommendations. -She did not know if the residents' PCP had reviewed the recommendations and addressed them. -She had not set a reminder to remember to follow up on the pharmaceutical reviews. Telephone interview with the facility's contracted pharmacy representative on 10/17/19 at 1:49pm revealed: -She completed 15 residents pharmaceutical reviews on 09/18/19. -She emailed all pharmaceutical reviews to the Administrator after every visit. -After she completed an initial pharmaceutical review, she revisited the facility every 3 months to complete quarterly pharmaceutical reviews. -During the follow up visit if the recommendations were not addressed by the physician, she would contact the physician and follow up herself. -It was her expectation the facility forward all pharmaceutical recommendations to the residents' primary care physicians.	D 406	The RCC is being accountable to adhere to Pharmaceutical recommendations of clinical services. RCC is giving PCP recommendations to approve or disapprove recommendations. 11/01/2019 and ongoing The residents care will no longer in jeopardy due to inability to have labs, medications available or following PCP/MD orders. All pharmacy recommend ations will be handled in a timely manner to adhere resident health care compliant. 11/01/2019 and on going	
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:	D912		

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D912	Continued From page 28 Based on observations, record reviews, and interviews, the facility failed to assure residents received care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to health care. The findings are: 1. Based on observations, interviews, and record reviews, the facility failed to assure physician notification for 1 of 5 sampled residents (Residents #3) related to a failure to coordinate care for a sleep study and BiPAP machine, failure to notify of refusals of levothyroxine and Tums, and the failure of a physical therapy referral. [Refer to Tag 273 10A NCAC 13F .0902(b) Health Care (Type B Violation)].	D912	See pages 6,7 See pages 6,7	

Dian Matthews, Administrator 11/25/2019
DIAN MATTHEWS, ADMINISTRATOR 11/25/2019
MILL CREEK MANOR HAL-049-033
Statesville, NC 28625 Iredell County