STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL084007	A. BUILDING: _____ B. WING _____	R 01/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMEPLACE REST & RETIREMENT	42912 VICKERS STORE ROAD ALBEMARLE, NC 28001

(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 and follow-up survey January 21, 2020.	C 000	C 254: Going forward the administrator and/or SIC will be checking behind the RN doing LHPS reviews to assure they are completed on time. We have scheduled out for the next year every LHPS that is due, insuring that they are reviewed Quarterly. The LHPS Reviews that were not completed on time have since been reviewed on 01/24/2020. The Dates for future LHPS quarterly reviews for 2020 are as follows: 04/28/2020, 07/28/2020, 10/27/2020, and 01/26/2021 The Administrator will be monitoring this situation to prevent this error from happening again.	01/24/2020
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to assure a quarterly Licensed Health Professional Support (LHPS) evaluations had been completed by a licensed health professional for 1 of 3 sampled residents, (Resident #2), with a LHPS task of fingerstick blood sugar (FSBS) checks.	C 254		

Reviewed and acknowledged. SYR 02/27/2020

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C 254	Continued From page 1 The findings are: Review of Resident #2's current FL2 dated 12/20/19 revealed diagnoses included diabetes mellitus, lumbar spinal stenosis, and hypertension. Review of a physician's order for Resident #2 dated 09/05/19 revealed there was an order for FSBS checks the first Wednesday of every month. Review of Resident #2's record revealed: -There was an LHPS evaluation completed on 08/23/19. -There was no other LHPS evaluation completed since 08/23/19. Interview with Resident #2 on 01/21/20 at 10:15am revealed: -Staff took his blood sugar at times. -He could not remember how often his blood sugar was taken. Interview with the Registered Nurse (RN), contracted by the facility to complete LHPS evaluations, on 01/21/20 at 1:58pm revealed: -He was responsible for completing the LHPS evaluations for the facility. -He was in the building in November 2019 and forgot to complete the LHPS evaluation. -He was not notified until today (1/21/20) that the evaluation was missed. Interview with the Administrator on 01/21/20 at 1:13pm revealed: -She was responsible for making sure residents with LHPS tasks were evaluated by the contracted Registered Nurse (RN).	C 254		

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C 254	Continued From page 2 -She knew Resident #2 received FSBS checks monthly. -She expected the contracted RN to complete evaluations quarterly. -The RN was in the facility in November 2019, and she thought that the LHPS evaluation was completed. -She had not realized the LHPS evaluation was not completed in November 2019.	C 254	C375: Going forward the administrator and/or SIC will be checking behind the RN doing drug reviews to assure they are completed on time. We have scheduled out for the next year every quarter for drug reviews to be done, The Drug Reviews that were not completed on time have since been reviewed/completed on 01/24/2020. The Dates for future quarterly drug reviews for 2020 are as follows: 04/28/2020, 07/28/2020, 10/27/2020, and 01/26/2021	01/24/2020
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least 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,	C 375	The Administrator will be monitoring this situation to prevent this error from happening again.	

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C 375	Continued From page 3 (B) making recommendations for change, if 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 pharmaceutical reviews were completed at least quarterly to ensure medication administration records were current with medication orders for 2 of 3 sampled residents (Residents #1 and #2). The findings are: 1. Review of Resident #1's current FL2 dated 09/18/19 revealed: -Diagnoses included chronic constipation, surgery to repair broken leg, anemia, and atrial fibrillation. -There was an order for acetaminophen liquid 160mg/5mL (used to treat pain) daily 30mL at bedtime. -There was an order for aspirin low 81mg (used to prevent blood clots) one tablet daily. -There was an order for vitamin D3 2000 units (used to treat vitamin D deficiency) one capsule daily. -There was an order for Eliquis 2.5mg (used to prevent blood clots) one tablet twice daily. -There was an order for furosemide 40mg (used to treat fluid retention) one tablet daily. -There was an order for levothyroxine 25mg (used to treat underactive thyroid) one tablet daily. -There was an order for loratadine 10mg (used to treat allergy symptoms) one tablet daily. -There was an order for omeprazole 20mg (used	C 375		

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C 375	Continued From page 4 to treat gastro esophageal reflux disease) one tablet daily. -There was an order for Senna 8.6mg (used to treat constipation) on tablet twice daily. Review of Resident #1's physician's orders: -There was an order dated 10/24/19 for MiraLAX 17gm (used to treat constipation) in an 8oz. cup of water daily. -There was an order dated 11/14/19 to change MiraLAX 17gm in an 8oz. cup of water as needed to treat constipation. Review of Resident #1's pharmacy review dated 08/23/19 revealed there were no recommendations. Refer to interview with the facility's contracted Registered Nurse (RN) on 01/21/20 at 1:58pm. Refer to interview with the Administrator 01/21/20 at 1:13pm. 2. Review of Resident #2's current FL2 dated 12/20/19 revealed: -Diagnoses included dementia, lumbar spinal stenosis, hypertension, diabetes mellitus and coronary artery disease. -There was an order for acetaminophen 500mg (used to treat pain) two tablets three times daily. -There was an order for furosemide 20mg (used to treat fluid retention) one tablet three times per week. -There was an order for lisinopril 5mg (used to treat high blood pressure) one tablet twice daily. -There was an order for oxybutynin 5mg (used to treat overactive bladder) one tablet daily. -There was an order for polyethylene glycol powder 3350 (used to treat constipation) 17gm in 8oz liquid daily.	C 375		

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C 375	Continued From page 5 -There was an order for tamsulosin 0.4mg (used to treat enlarged prostate) one capsule daily. -There was an order for hydrocortisone cream 1% (used to treat itchy skin) apply as needed to affected areas. Review of Resident #2's physician's order dated 12/27/19 revealed mecobalamin (used to treat vitamin B deficiency) 1000mcg two tablets daily sublingual. Review of Resident #2's pharmacy review dated 08/23/19 revealed there were no recommendations. Refer to interview with the facility's contracted Registered Nurse (RN) on 01/21/20 at 1:58pm. Refer to interview with the Administrator 01/21/20 at 1:13pm. --- Interview with the facility's contracted Registered Nurse (RN) on 01/21/20 at 1:58pm revealed: -He was the contracted RN for the facility. -He was responsible for completing medication reviews for the residents. -He usually came to the facility every three months to complete medication reviews. -He was at the facility in November 2019, however missed completing the medication reviews for Resident #1 and Resident #2. -He did not know until today (01/21/20) that he missed the quarterly review in November 2019. -He forgot to complete the medication reviews in November 2019. Interview with the Administrator on 01/21/20 at 1:13pm revealed: -She was responsible for ensuring that	C 375		

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C 375	Continued From page 6 medication reviews were completed quarterly for all residents. -The facility contracted RN completed the medication reviews for all residents quarterly. -She thought the RN completed medication reviews for all residents in November 2019. -She did not realize until today (01/21/20) that the medication reviews were not up to date. -She did not know why the RN had not completed the November 2019 medication review. -She reviewed the residents records monthly, however had not noticed that the reviews were not completed.	C 375	C 935: We were unable to find proof the Med aide had taken the 15hr class. We had the aide attend the 15hrs class to get him in compliance. The medication aide has now completed the required 15hr training. This was completed on 01/28/2020.	01/28/2020
C935	G.S. § 131D-4.5B (b) ACH Medication Aides;Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.	C935		

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C935	Continued From page 7 (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 3 sampled medication aides (Staff B) completed the 5-, 10-, or 15-hour state approved medication aide training. The findings are: Review of Staff B's medication aide (MA) personnel record revealed: -Staff B was hired 10/26/06. -There was documentation Staff B completed the clinical skills checklist on 10/22/14 and 02/01/19. -There was documentation Staff B passed the written medication examination on 10/28/13. -There was no documentation Staff B completed the 5-,10-, or 15-hour state approved MA training.	C935		

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C935	Continued From page 8 Review of November 2019, December 2019, and January 2020 electronic Medication Administration Records (eMAR) revealed Staff C documented administration of medications between 11/01/19 and 01/21/20. Interview with Staff B on 01/21/20 at 3:52pm revealed: -He remembered completing medication aide training at the local community college in 2004. -He had been passing medications since he completed his medication aide examination. -He did not have a record of the medication aide training completion. -He would attempt to obtain from the local community college. Telephone interview with the Administrator on 01/21/20 at 3:45pm revealed: -Staff B worked as a MA and was responsible for administering medications to residents. -She was responsible for assuring MAs completed the 5, 10, or 15-hour state approved MA training. -The previous Administrator thinned some of the employee records and she could not find the copy of the training certificate. -She had not had the opportunity to review all employee records. -She did not know when Staff B completed the 5-, 10-, or 15-hour state approved MA training.	C935		