STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	hal026065	A. BUILDING: _____ B. WING _____	C 06/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT HOPE MILLS	7051 ROCKFISH ROAD FAYETTEVILLE, NC 28306

(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 a desk review complaint investigation 06/03/20 through 06/05/20, 06/08/20 through 06/12/20 and 06/15/20 through 06/16/20.	D 000	Health Care Director/LPN supervisors will complete an audit of the sample residents 1-5 Physician Orders, MARS, and FL-2's to ensure accuracy no missed orders or patterns of refused medications.	07/17/20
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (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: Based on interviews, and record reviews, the facility failed to ensure physician notification for 1 of 5 sampled residents (Resident #5), related to refusals of an eyedrop used to treat high pressure in the eyes. The findings are: Review of Resident #5's FL2 dated 01/15/20 revealed: -Diagnoses included hypertensive heart disease, mixed hyperlipidemia, Vitamin D deficiency, and Vitamin B12 deficiency. -There was a physician's order for Xalatan (latanoprost) .005% eyedrops 1 drop in both eyes at bedtime. -Resident #5's recommended level of care was Special Care Unit (SCU). Review of a physician's order dated 02/17/20 revealed a physician's order for latanoprost eyedrops 1 drop in each eye at bedtime. Review of the facility's missed or refused medications policy revealed: -Missed/refused medications were to be	D 273	Health Care Director/LPN supervisors will complete an audit of all residents Physician Orders, MARS, and FL-2's to ensure accuracy, no missed orders or patterns of refused medication. Med-techs will be in-service on the new order procedure and notification of orders. Med-techs will be in-service on the Harmony's Missed of refused Medication Policy All Physician orders will be reviewed by 07/21/20. Then ongoing quarterly. All MARS will be reviewed monthly by LPN supervisors and quarterly by the pharmacy to ensure no orders are missed and to make sure we are in compliance. Ongoing the Executive Director or designee/Health Care Director or designee will perform monthly chart audits of a random percentage of residents to ensure compliance in the area of Health Care follow up and referral. All areas of this corrective action will be complete by 07/17/20	07/13/20 07/15/20 07/21/20 07/17/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 7/13/20

Reviewed and accepted 07/14/20 KHH

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D 273	Continued From page 1 documented on the resident's electronic medication Administration Record (eMAR). -The prescribing physician was to be notified in a timely manner after one missed dose and of the resident's refusal and why. -The Health Care Director (HCD) or Licensed Practical Nurse (LPN) was to discuss the missed dose/refusal with the resident and was to contact the physician and responsible party if the resident continued to refuse medication(s). Review of the pharmacy medication quarterly review dated 02/16/20 revealed an entry documenting Resident #5 refused Xalatan (latanoprost) 5 times. Review of Resident #5's progress notes revealed there was no documentation Resident #5 refused latanoprost or staff contacted with Resident #5's physician. Review of Resident #5's electronic Medication Administration Record eMAR for March 2020 revealed: -There was an entry for latanoprost 0.005% eyedrops 1 drop in each eye at bedtime and scheduled for administration at 8:00pm. -There was documentation Resident #5 refused latanoprost 2 times between 03/01/31 and 03/31/20 on 03/13/20 and 03/31/20. Review of Resident #5's eMAR for April 2020 revealed: -There was an entry for latanoprost 0.005% eyedrops 1 drop in each eye at bedtime and scheduled for administration at 8:00pm. -There was documentation Resident #5 refused latanoprost 10 times on 04/01/20, 04/08/20, 04/09/20, 04/14/20, 04/15/20, 04/17/20, 04/20/20, 04/21/20, 04/27/20, and 04/28/20.	D 273		

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D 273	Continued From page 2 Review of Resident #5's eMAR for May 2020 revealed: -There was an entry for latanoprost 0.005% eyedrops 1 drop in each eye at bedtime and scheduled for administration at 8:00pm. -There was documentation Resident #5 refused latanoprost 8 times on 05/12/20, 05/13/20, 05/18/20, 05/19/20, 05/20/20, 05/21/20, 05/26/20, and 05/28/20. Review of Resident #5's eMAR for June 2020 revealed: -There was an entry for latanoprost 0.005% eyedrops 1 drop in each eye at bedtime and scheduled for administration at 8:00pm. -There was documentation Resident #5 refused latanoprost 3 times on 06/02/20, 06/03/20, and 06/04/20. Interview with a representative from the facility's contracted pharmacy on 06/12/20 at 9:22am revealed: -Resident #5 had an active order for latanoprost 0.005% 1 drop in each eye at bedtime for glaucoma. -The pharmacy dispensed latanoprost to the facility on 10/16/20, 11/14/20, 01/02/20, 02/05/20, 03/26/20, and 05/15/20. Interview with a Medication Aide (MA) on 06/12/20 at 10:29am revealed: -She tried to administer medication to residents 3 times before documenting a resident refused. -After 3 attempts to administer medication, she documented the attempt, wasted the medication if necessary. -Resident #5 would not allow her to administer latanoprost eyedrops to her as scheduled. -She had not notified Resident #5's physician, but	D 273		

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D 273	Continued From page 3	D 273		

she did let the SCU supervisor know Resident #5 refused her eyedrops.
-The Special Care Unit (SCU) Supervisor and the HCD were responsible for contacting the physician if residents refused medication.
-She did not know if Resident #5's PCP had been contacted and she did not know if Resident #5 had an ophthalmologist.
-The SCU Supervisor and the HCD were responsible for reviewing the eMARs for refusals.

Interview with the SCU Supervisor on 06/12/20 at 12:05pm revealed:
-If residents refused medication more than 3 times, the MA should have notified her or the physician.
-Staff should have also tried several attempts to administer the medication before notifying he physician.
-No staff checked the eMARs for refusals, but she did review a missed medication order report each morning.
-She did not know Resident #5 had been refusing her latanoprost eyedrops.
-She had never notified Resident #5's PCP she had refused latanoprost.
-Resident #5 was admitted to the facilty on 10/02/19 with orders for latanoprost.
-Resident #5 had not seen an ophthalmologist since she was admitted to the facility.
-She contacted Resident #5's family member to ask if Resident #5 had an ophthalmologist, but she did not remember when.
-She had not seen any paperwork which documented Resident #5 had an ophthalmologist.
-Residents in the facility usually had yearly eye exams, but she had not been at the facility a year yet.

Interview with the HCD on 06/12/20 at 1:40pm

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D 273	Continued From page 4 revealed: -If a resident refused medication, the MA should have tried different approaches to administer the medication. -If the resident continued to refuse the medication, the SCU Supervisor reached out to the physician to inform of the refusals and for further guidance. -She did not know Resident #5 had refused latanoprost 2 times in March 2020, 10 times in April 2020, 8 times in May 2020, and 3 refusals so far in June 2020. -She did not know if staff had contacted Resident #5's physician regarding Resident #5 refusing latanoprost. -Resident #5's physician should have been notified Resident #5 had been refusing her eyedrops. -Resident #5 did not have an ophthalmologist. -Resident #5 had orrders for latanoprost eyedrops prior to being admitted to the facility. Interview with the Administrator on 06/15/20 at 10:42am revealed: -If a resident refused a medication, the MA should attempt 2 to 3 more times to get the resident to take the medication. -If the resident continued to refuse, supervisors and physicians should be made aware. -After a resident refused medication 3 or 4 days, staff should contact the physician. -He did not know Resident #5 had refused latanoprost 2 times in March 2020, 10 times in April 2020, 8 times in May 2020, and 3 times so far in June 2020. -He did not know there was no documentation the physician was notified of Resident #5's refusals, but the physician should have been notified. Interview with Resident #5's Primary Care	D 273		

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D 273	Continued From page 5 Provider (PCP) on 06/11/20 at 12:05pm revealed: -Resident #5 was admitted to the facility with an order for latanoprost eyedrops. -Resident #5 did not have a diagnosis for Glaucoma, but she was administered latanoprost eyedrops due to high pressure in her eyes. -Resident #5 needed latanoprost eyedrops to prevent additional pressure build up in her eyes. -The facility had not notified her Resident #5 had been refusing latanoprost eyedrops. -She did not know if Resident #5 was seen by an ophthalmologist, but she should have an ophthalmologist in place to manage her pressure in her eyes and the latanoprost eyedrops. -She expected the facility to notify her, the ophthalmologist, or family to inform Resident #5 had been refusing her eyedrops. Attempted telephone contacts with Resident #5's responsible party on 06/11/20 at 12:03pm and on 06/12/20 at 9:43am were unsuccessful.	D 273	All med techs identified will be retrained by 07/15/20 on reading parameters on the MAR, utilizing proper insulin procedures. Med Techs involved in this was tested and observed utilizing proper procedures by HCC, utilizing the Harmony "Med pass observation Worksheet" A medication cart audit will be conducted to verify all resident orders written are available per MD orders by 07/1/20 – completed on 07/15/20. Thereafter monthly All Med Techs staff have attended an in-service on 07/02/20 conducted by the healthcare coordinator reviewing: • Parameters • Proper techniques for monitoring FSBS checks • Insulin administration per order correlating with meal times • Verifying MD order on EMAR and physical medication on hand • All new hire Med Techs to be observed during their 3-day probation period with LPN/RN oversight during resident medication pass periods • HCC will test and observe new Med Tech utilization the Harmony "medication pass observation worksheet" prior to working as Med Tech independently • HCC or designee will conduct random monthly medication pass observation	07/15/20
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 interviews and record reviews, the facility failed to administer medications as ordered to 1 of 5 sampled residents (Resident	D 358		

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D 358	Continued From page 6 #4). The findings are: Review of Resident #4's current FL2 dated 01/15/20 revealed: -Diagnoses included cognitive disorder, depression, mixed bipolar, delusional disorder, abnormal gait, and diabetes mellitus. -There was a physician's order for Humalog Kwikpen, inject 5 units subcutaneously three times a day immediately before meals and hold for blood sugar less than 100. (Humalog is a type of insulin used to lower glucose levels in the blood.) -She had a Freestyle Libre sensor in her arm and her blood sugar was checked by scanning the sensor. Review of a physician's order for Resident #4 dated 01/13/20 revealed an order to change the parameter on Humalog and to hold if blood sugar was less than 150. Review of the May 2020 electronic medication administration record (eMAR) for Resident #4 revealed: -There was an entry for Humalog Kwikpen, inject 5 units subcutaneously three times a day immediately before meals and hold for blood sugar less than 150. -Humalog was documented as administered on 9 of 80 opportunities when the blood sugar was less than 150. For example, on 05/03/20, the blood sugar was 111 at 12:00pm; on 05/26/20, the blood sugar was 100 at 5:00pm; and on 05/30/20, the blood sugar was 108 at 12:00pm. -Humalog was not documented as administered on 6 of 13 opportunities when the blood sugar was 150 or greater. For example, on 05/06/20,	D 358	LPN will be observing entire med pass 1 per shift daily for 1 week; starting at 07/01/20. Then weekly through Sept. 30, 2020, then quarterly thereafter. Medication cart audit training will be on-going at orientation and annually. Med Cart audit will be done to verify all resident orders to verify physician orders are accurate by HCC or designee completed by 07/15/20. Separate audit Completed by Pharmacy by 07/21/20. On-going audit completed by HCC/designee or Pharmacy monthly and quarterly thereafter. HCC/Designee went through every Med Tech employee file to verify all training – binder to include all credentials in one binder. All areas of this corrective action will be complete by 07/17/20	07/21/20 07/17/20

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D 358	Continued From page 7 the blood sugar was 193; on 05/15/20, the blood sugar was 189 at 12:00pm; and on 05/31/20, the blood sugar was 188 at12:00pm. Review of the 24-hour shift reports for May 2020 revealed no documentation of repeat blood sugar readings for Resident #4. Review of the Narrative Charting and the Activities of Daily Living (ADL) notes for Resident #4 for May 2020 revealed: -There was no documentation for the nine instances the Humalog was administered for blood sugars less than 150 in May 2020. -There was no documentation regarding the six instances the Humalog was not administered for blood sugars 150 and greater in May 2020. Telephone interview with a medication aide (MA) on 06/12/20 at 10:26am revealed: -She administered insulin to Resident #4. -She read the physician orders on the eMAR prior to each administration to know how much insulin to administer to the residents. -She recorded Resident #4's blood sugars in the eMAR when it became active, approximately one hour before the meal. -Resident #4 had a sitter most days and sometimes the sitter gave Resident #4 a snack after recording the blood sugar and before the meal was delivered in case the snack had changed the blood sugar results. -The sitter informed her when she gave Resident #4 a snack. -She rechecked Resident #4's blood sugar immediately before the meal when the sitter gave the resident a snack. -She documented the blood sugar recheck in either the 24-hour report or in Resident #4' s ADL documentation.	D 358		

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D 358	Continued From page 8 Telephone interview with the Health and Wellness Director (HWD) on 06/15/20 at 8:36am revealed: -She reviewed resident records every morning for medication administration errors and omissions. -Any rechecks of blood sugar readings should have been documented on the 24-hour report or the ADL documentation. Telephone interview on 06/15/20 at 10:45am with the Administrator revealed: -He expected medications to be given according to the physician orders. -All blood sugar rechecks should have been charted in the resident's record. -The HWD was responsible for eMAR audits. Telephone interview on 06/10/20 at 3:00pm with Resident #4's primary care provider (PCP) revealed: -Resident #4 had a diagnosis of diabetes and received Humalog three times a day before meals. -She reviewed Resident #4's blood sugar results when she visited the resident. -Resident #4's blood sugar results had been stable. Second telephone interview on 06/15/20 at 2:27pm with Resident #4's PCP revealed: -The Humalog order on the FL2 should have stated to hold the Humalog if the blood sugar was less than 150. -Facility staff usually filled out the information on the annual FL2s and she would review and sign them. -She should have looked more closely at the Humalog parameters on Resident #4's FL2 before signing it. -Resident #4's blood sugars were stable and	D 358		

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D 358	Continued From page 9 there was no negative outcome. Review of the policy titled Medication Management Plan, dated 04/2016, revealed: -Resident MARs shall be accurate and include the reason or justification for the administration of medications and documentation of any omission of medication. -The oversight, management and supervision of the medication program is the responsibility of the Healthcare Coordinator. Review of the undated policy titled Medication/Treatment Errors revealed medication errors included: -Wrong dose was any medication given at a dose not ordered by the physician. -Missed dose was any dose of medication not administered.	D 358		