STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018018	A. BUILDING: _____ B. WING _____	C 06/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE CARE OF CONOVER	3430 LESTER STREET CONOVER, NC 28613

(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 complaint investigation via desk review on 06/03/20-06/11/20.	D 000	Medication Administration policy attached (# A)	Immediate 7/08/2020
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 assure rapid acting insulin was administered within the appropriate time frame prior to meals (Resident #5). The findings are: Review of the facility's medication administration policy revealed: -"Medications should be given within one hour of either side of the specified times." -The policy did not specifically address sliding scale insulin (SSI) administration. Telephone interview with the Executive Director (ED) on 06/11/20 at 4:07pm revealed: -The facility did not have a written policy on SSI administration. -The medication aides (MA) were trained and expected to administer SSI before meals, but no earlier than 30 minutes prior to the meal unless	D 358	Staff training provided immediately by the administrator in training on orders to be followed concerning insulin. Instructed to make sure given no more than 30 minutes prior to meal unless instructed (ordered) by physician. attachment B Diabetic training to be provided for med techs by, RN, who is (employed by Home Health) on 7-8-2020 at 2:00pm Additional training to be provided through our Pharmacy. Attachment C	7-08-2020 7-8-2020 7-08-2020 7-08-2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bobbie Williams, Administrator — TITLE — (X6) DATE: 07-01-2020

Reviewed and accepted by CD on 07/21/20

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D 358	Continued From page 1 the physician's order specified a different time frame. -Meals were served at 8:00am, 12:00pm, and 5:00pm. Review of Resident #5's current FL-2 dated 06/04/20 revealed: -Diagnoses included uncontrolled diabetes with hyperlipidemia, dementia, depression, cerebrovascular accident, and peripheral neuropathy. -There was an order to check finger stick blood sugar (FSBS) before meals and at night and cover with SSI. Review of Resident #5's signed physician's orders dated 12/01/19 revealed there was an order for Humalog Kwikpen 100 units/milliliter (ml) insulin-use sliding scale for FSBS as follows: 0-200=0 units, 201-250= 2 units, 251-300= 4 units, 301-350=6 units, 351-400= 8 units, and 401-450=10 units. (Humalog insulin is a rapid acting insulin which, according to the manufacturer of Humalog, has an onset of action in 0 to 15 minutes with the peak concentration in 30 to 90 minutes). Review of Resident #5's signed physician's orders dated 06/02/20 revealed: -There was an order for Humalog insulin at breakfast, lunch, and dinner-use sliding scale for FSBS as follows: 80-150=0 units, 151-200=2 units, 201-250=3 units, 251-300=5 units, 301-350=7 units, 351-400=9 units, 401-450=11 units, 451-500=13 units, 501 and over=13 units and call the physician. -There was an order for Humalog insulin at bedtime-use sliding scale for FSBS as follows: 301-350=2 units, 351-400=3 units, 401-450=3 units.	D 358	New orders will be reviewed by either administrator in training (now approved) and Resident Care Coordinator to ensure on MAR. 07-08-2020 Administrator in training or Resident Care Coordinator will monitor (new) orders as they are received, daily. 7/08/2020	

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D 358	Continued From page 2 -There was an order to inject Humalog insulin 0-15 minutes before meals. Review of Resident #5's May 2020 electronic medication administration record (eMAR) from 05/10/20-05/30/20 revealed: -There was an entry to check FSBS at 7:30am, 11:30am, 4:30pm, and 8:00pm and administer Humalog Kwikpen 100 units/milliliter (ml) insulin-use sliding scale for FSBS as follows: 0-200=0 units, 201-250= 2 units, 251-300= 4 units, 301-350=6 units, 351-400= 8 units, and 401-450=10 units. -Resident #5's FSBS ranged from 75-450. Review of Resident #5's Orders Administered Report dated 05/10/20-05/30/20 revealed: -Resident #5's Humalog SSI was documented as administered more than 30 minutes prior to meals for 10 of 27 opportunities, ranging from 32 minutes to 1 hour 14 minutes prior to the scheduled meal time. -Resident #5's Humalog SSI was documented as administered after the meal for 6 of 27 opportunities, ranging from 4 minutes to 26 minutes after the scheduled meal time. Review of Resident #5's June 2020 eMAR from 06/01/20-06/08/20 revealed: -There was an entry to check FSBS at 7:30am, 11:30am, 4:30pm, and 8:00pm and administer Humalog Kwikpen 100 units/milliliter (ml) insulin-use sliding scale for FSBS as follows: 0-200=0 units, 201-250= 2 units, 251-300= 4 units, 301-350=6 units, 351-400= 8 units, and 401-450=10 units with a discontinue date of 06/02/20. -There was an entry to check FSBS at 7:45am, 11:45am, and 4:45pm and administer Humalog Kwikpen 100 units/ml insulin- use sliding scale for	D 358		

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D 358	Continued From page 3 FSBS as follows: 80-150=0 units, 151-200=2 units, 201-250=3 units, 251-300=5 units, 301-350=7 units, 351-400=9 units, 401-450=11 units, 451-500=13 units, 501 and over=13 units and call the physician with a start date of 06/02/20. -There was an entry to check FSBS at bedtime-use sliding scale for FSBS as follows: 0-200=0 units, 201-250= 2 units, 251-300= 4 units, 301-350=6 units, 351-400= 8 units, and 401-450=10 units with a start date of 06/02/20. -Resident #5's FSBS ranged from 122-423. Review of Resident #5's Orders Administered Report dated 06/01/20 revealed Resident #5's Humalog SSI was documented as administered more than 30 minutes prior to the meal for 1 of 1 opportunity. Review of Resident #5's Orders Administered Reported dated 06/02/20-06/08/20 revealed Resident #5's Humalog SSI was documented as administered more than 15 minutes prior to meals for 4 of 4 opportunities, ranging from 46 minutes to 1 hour 11 minutes before the scheduled meal time. Telephone interview with Resident #5's Power of Attorney (POA) on 06/09/20 at 12:13pm revealed: -Resident #5 had problems with her blood sugar (BS) being too high. -Resident #5 occasionally complained of feeling her BS was too low upon waking in the mornings. -Resident #5 had been skipping her dinner meal to try and prevent her BS from becoming too high. -Resident #5 would refuse to have her FSBS checked at night and SSI administered because she skipped her dinner meal.	D 358		

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D 358	Continued From page 4 Telephone interview with an evening shift MA on 06/09/20 at 2:04pm revealed: -She had worked at the facility for approximately 2 years. -The evening shift MAs administered SSI around 4:00pm. -Dinner was served at 5:00pm. -She had never been told administering SSI 1 hour in advance of a meal was too early. Telephone interview with a second evening shift MA on 06/09/20 at 3:35pm revealed: -She had worked at the facility for 1 year. -The evening shift MAs administered SSI between 4:00pm and 5:00pm with all other evening medications. -She did not know Resident #5 had a physician's order to administer SSI 0-15 minutes prior to meals. Telephone interview with the Resident Care Coordinator (RCC) on 06/10/20 at 10:46am revealed: -She provided oversight to the MAs. -She, the ED, and a night shift MA were responsible for processing new orders when received by the facility. -New orders were verbally communicated to MAs. -She did not verbally communicate Resident #5's order to administer SSI 0-15 minutes prior to meals because "we did that anyway." -The SSI administration would not "pop" on the eMAR for MAs to be able to administer until 1 hour prior to meals. -MAs administered medications, other than insulin, to all residents at the beginning of their medication pass and then would return and begin insulin administration immediately afterwards, making the time of administration closer to scheduled meal times.	D 358		

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D 358	Continued From page 5 Attempted telephone interview with Resident #5's Endocrinologist on 06/11/20 at 9:38am was unsuccessful. Telephone interview with Resident #5's Family Nurse Practitioner (FNP) on 06/11/20 at 3:09pm revealed: -Her expectation was Humalog and other rapid acting insulins should not be administered more than 15-30 minutes prior to meals. -If Resident #5's Endocrinologist ordered to administer her Humalog 0-15 minutes prior to meals, she would expect the MAs to administer the insulin no more than 15 minutes prior to meals. -If rapid acting insulins were administered too far in advance of meals, it could cause the resident's BS to drop too fast, resulting in confusion, lethargy, and the "jitters." Telephone interview with the Administrator on 06/11/20 at 4:16pm revealed: -Her expectation was for MAs to administer SSI within 30 minutes prior to meals. -Resident #5's SSI should have been administered within 30 minutes prior to her meals up until 06/02/20 when the Endocrinologist ordered for the SSI to be administered 0-15 minutes prior to meals, at which time, the MAs should have begun administering insulin within 15 minutes prior to her meals.	D 358		