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
	FCL-092268	A. BUILDING: _____ B. WING _____	01/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESERVE AT MILLS FARM VILLA #1	2000 MILLS CHASE LOOP APEX, NC 27523

(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 initial survey with onsite visits on January 21, 2021 and January 25, 2021 and a desk review survey on January 22, 2021 and January 26, 2021 with a telephone exit on January 27, 2021.	C 000		
C 191	10A NCAC 13G .0601(d) Management and Other Staff 10A NCAC 13G .0601 Management and Other Staff (d) Additional staff shall be employed as needed for housekeeping and the supervision and care of the residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews, and interviews, the facility failed to ensure sufficient staff were on duty at all times to meet the supervision needs of 1 of 3 sampled residents (#3) with a diagnosis of gait instability and a history of falls. The findings are: Review of the facility's Falls Management policy updated on 08/27/20 revealed: -The document included the purpose, definition of a fall, and risk factors for falls. -The documents provided a section for each document that should be completed for residents. -The documents included: a fall assessment tool (completed every 6 months), a post fall investigation, and a fall intervention checklist/plan. -The document indicated an incident/accident report was to be completed after each fall and the	C 191	Please see attached Weekly Thera-Care meeting were implemented on 1/29/21 Other required training was completed by 2/8/21	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATE FORM 6899 7MF811 If continuation sheet 1 of 33

Lynda G. Duncan 3.1.21
RN, AES

3/1/21
VINSON BANKHEAD

Reviewed and accepted-SS
3/9/21

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C 191	Continued From page 20 Based on observations, record reviews, and interviews, it was determined Resident #3 was not interviewable. _____ The facility failed to have sufficient staff on duty to meet the supervision needs of Resident #3 who was frail and with worsening dementia causing her to have difficulty sensing the location of chairs when sitting down and who had recurrent falls over a three month period for a total of 6 unwitnessed falls. This failure was detrimental to the health, safety and welfare to the resident and constitutes a Type B Violation. _____ The facility provide a plan of protection in accordance with G.S. 131D-34 on 02/12/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 13, 2021.	C 191		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family 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, record reviews, and interviews, the facility failed to administer	C 330	Please see attached. Chart audit completed by 2/19/21 Retraining of staff was completed by 3/8/21	

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C 330	Continued From page 26 01/27/21 at 3:15pm revealed: -He did not know Resident #1 missed 20 doses of Synthroid. -The Associate ED thought maybe the doses were documented on paper MARs. -He expected MAs to administer medications as ordered by the PCP and held them responsible.	C 330		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the medication administration records were accurate	C 342	Please see attached Chart audits were completed by 2/19/21 Retraining of associates were completed by 3/8/21	

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C 342	Continued From page 31 on 01/26/21 at revealed: -She did not know why there was a duplicate entry on Resident #3's November 2020 eMAR for cephalexin. -She did not know why staff documented on both entries for Resident #3's cephalexin. -The MAs received some training about the eMAR system but she was still learning how to do specific tasks within the system. Telephone interview with the Resident Care Coordinator (RCC) on 01/27/21 at revealed: -She did not know there were two entries for cephalexin on Resident #3's November 2020 eMAR. -She expected staff to discontinue one of the entries to prevent duplication of documentation. -She knew that duplications were caused when staff entered the order into the eMAR system and then the pharmacy entered the same order into the eMAR system. -She was responsible for ensuring the eMARs were accurate. Refer to telephone interview with the Administrator on 01/27/21 at 3:17pm. Telephone interview with the Administrator on 01/27/21 at 3:17pm revealed: -He expected staff to send orders to the pharmacy so that the orders would appear on the eMAR and verify the eMAR entry using the physician orders effectively. -He held the MAs and the RCC responsible for ensuring the residents eMARs were accurate.	C 342		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights	C 912	Please see attached Re-education on Res. Rights was completed by 3/8/21	

The following is a summary of the Plan of Correction for The Reserve at Mills Farm Villa 1. This Plan of Correction is in regards to the Corrective Action Report dated February 15, 2021. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

10A NCAC 13G .0601 (d) Management and Other Staff

- Each resident residing in Villa 1(A) was reassessed using Navion's Resident Assessment Tool by the Associate Executive Director (AED)/Director of Clinical Services (DCS)/ Resident Care Coordinator (RCC)/Designee no later than 2/18/21. Completed by 2/18/21 LD
- A Fall Risk Review was completed for each resident residing in Villa 1(A) by the AED/DCS/RCC/Designee no later than 2/18/21. Fall Risk reviews Completed by 2/18/21 LD
- Each Care Plan for residents residing in Villa 1(A) was reviewed and updated, as indicated, with above findings by the AED/DCS/RCC/Designee no later than 2/18/21. Completed by 2/18/21
- When any resident residing in Villa 1(A) has a fall, that resident's monitoring will be increased to assist with the resident's care needs.
- The increased supervision will be reassessed by the AED/DCS/Designee to determine the need for additional interventions.
- Associates assigned to Villa 1(A) will be re-educated on Fall Prevention program utilizing Slip, Trip and Fall Prevention training by the AED/DCS/Designee
- A "weekly" Thera Care/Comprehensive Resident Review (CRR) meeting was implemented on 1/29/21, and will be led by the AED/DCS/Designee. Implemented on 1/29/21 LD
- Residents residing in Villa 1(A) with any falls since the last meeting will be reviewed to include the effectiveness of interventions discussed.
- Notes from that meeting will be maintained by the AED/Designee for review and follow up.

10A NCAC 13G .1004 (a) (1) (2) Medication Administration (missed med adm_

- A resident chart audit comparing written orders with orders entered on the eMAR residing in Villa 1(A) was completed by the AED/DCS/RCC/Designee no later than 2/19/21. Completed by 2/19/21 LD
- Appropriate follow up was completed with the residents Healthcare Provider of any issues that were discovered at that time.
- Associates who are assigned to Villa 1(A) will be retrained regarding the need to review each residents eMAR for completion of administration of scheduled medications by the AED/DCS/RCC no later than 3/8/21. Retraining was Provided by 3/8/21 LD
- A Medication Admin Audit Report will be completed reviewing missed medications daily for the next 30 days, then at least weekly there after, by the AED/DCS/RCC when in the community.
- Any discrepancies will be followed up on at that time.

10A NCAC 13G .1004 (j) (1) (2) (3) (4) (5) (6) (7) (8) Medication Administration

- A resident chart audit on all residents residing in Villa 1(A) comparing written orders with orders entered on the eMAR was completed by the AED/DCS/RCC/Designee no later than 2/19/21. Completed by 2/19/21 LD
- Appropriate follow up was completed with the residents Healthcare Provider of any issues that were discovered at that time.
- Associates who are assigned to Villa 1(A) will be reeducated on the use of the New Order Tracking form and it's usage for all orders and appropriate follow up no later than 3/8/21 by the AED/DCS/RCC/Designee. Completed by 3/8/21 LD
- Associates who are assigned to Villa 1(A) will be reeducated on appropriate documentation regarding new orders no later than 3/8/21 by the AED/DCS/RCC/Designee.

- The New Order Tracking Forms will be reviewed by the AED/DCS/RCC/Designee daily when in the community for accurateness of eMAR

131D-21 (2) Declaration of Resident Rights

- Associates who are assigned to Villa 1(A) will be re-educated regarding Resident Rights no later than 3/8/21 by the AED/DCS/RCC/Designee. Re-education was Provided by 3/8/21 LD

Linda G Duncan, RN. AED
3/1/21