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
	FCL011380	A. BUILDING _____ B. WING _____	R 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VIEW ASSISTED LIVING # 1	230 COUNTRY TIME CIRCLE LEICESTER, NC 28748

(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 and the Buncombe County Department of Social Services conducted an annual and follow-up survey on 04/07/2021.	C 000	C350 Discussed concerns with Resident #1 on 4/7/21 regarding how she managed her self-administered meds. Resident #1 agreed it was best for the facility to manage her medications. Also, resident agreed to use visiting physician services to ensure timely response to residents needs and documentation requests. Resident #1 scheduled with visiting physician for, 4/19/21. All medications are now delivered from facility contracted pharmacy and on hand	5/28/21
C 350	10A NCAC 13G .1005 (a) Self-Administration Of Medications 10A NCAC 13G .1005 Self-Administration Of Medications (a) The facility shall permit residents who are competent and physically able to self-administer to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label. (b) When there is a change in the resident's mental or physical ability to self-administer or resident non-compliance with the physician's orders or the facility's medication policies and procedures, the facility shall notify the physician. A resident's right to refuse medications does not imply the inability of the resident to self-administer medications. This Rule is not met as evidenced by: Based on interview, observation and record review the facility failed to notify the physician for 1 of 1 resident (Resident #1) with self-administration orders related to re-ordering of	C 350		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Administrator 4/13/21

Reviewed & Accepted MJ 4/23/21

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C 350	Continued From page 1 medication. The findings are: Review of the current FL2 dated 2/15/21 for Resident #1 revealed: -Diagnoses included hypertension, arthritis of back, pre-diabetes, unstable gait, sciatic nerve pain and fall risk. -Medications included Meloxicam 7.5 mg tablets 1 tablet by mouth twice daily for arthritis of back, may self-administer, and One a Day Women's Multivitamin (MVI) 1 tablet daily, may self-administer. Review of physician orders dated 04/05/21 for Resident #1 revealed: -There was an order for Meloxicam 7.5 mg tablet 1 tablet twice daily for arthritis of back, may self-administer. -There was an order for One a Day Women's MVI 1 tablet by mouth every day, may self-administer. Review of the Medication Administration Records (MAR) for Resident #1 for February 2021 revealed: -An entry for Meloxicam 7.5 mg tablets 1 tablet by mouth twice daily for arthritis of back- may self-administer. -An entry for MVI 1 tablet by mouth every day, may self-administer. Review of the MAR for Resident #1 for March 2021 revealed: -Entry for Meloxicam 7.5 mg tablets 1 tablet by mouth twice daily for arthritis of back- may self-administer. -An entry for MVI 1 tablet by mouth every day, may self-administer.	C 350	Self Administered medication monitoring task added to facility MAR and will be used for all self administration @ bedside orders to ensure compliance with regulations. Self administered medication monitoring will occur every 3 weeks to ensure all medication is on hand and re-ordered timely. Administrator or designee will be responsible for monitoring of self administered medications.	

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C 350	Continued From page 2 Review of the MAR for Resident #1 for April 2021 revealed: -Entry for Meloxicam 7.5 mg tablets 1 tablet by mouth twice daily for arthritis of back, may self-administer. -An entry for MVI 1 tablet by mouth every day, may self-administer. Observation of medications for Resident #1 on 04/07/21 at 1:30 pm revealed: -An empty over the counter bottle of MVI. -No Meloxicam was available. Interview with Resident #1 on 04/07/21 at 1:28 pm revealed: -The physician had stopped her medication on November 10th during a telehealth visit. -She had no medication available because it was not a current order. -She didn't like to take the MVI because they were large and difficult to swallow. -She had not had any pain related to not taking the Meloxicam. -She did not think that she needed the Meloxicam Interview with the Relief Supervisor in Charge at 1:40 pm on 04/07/21 revealed: -Resident #1 has a "bedside self-administration" order for her medications. -A "bedside self-administer" order meant the resident took responsibility for ordering, securing and taking the medication. -The physician office was slow to respond to questions from the facility regarding clarification of medications. -There had been multiple attempts on 09/29/20; 10/01/20 and 10/06/20 to clarify the order for the Meloxicam. -The facility did not have any notes from the	C 350	monitoring will continue until substantial compliance is reached.	

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C 350	Continued From page 3 telehealth visit from 11/10/20 on Resident #1. -Resident #1 had recently moved from another building and so the notation to remind her to fill medications was not yet on the calendar. -Resident #1 sees the physician every 4-5 months. Interview with the Administrator at 1:24 pm on 04/07/21 revealed: -Resident #1 currently had a bedside order for self-administration, meaning that she managed her medications "on her own." -Staff should check the medication supply every 2-3 weeks to see if the medication supply is running low. -Resident had recently moved from another building and this may have impacted the staff checking on the medication as it was not transferred onto a new calendar. A telephone interview with the pharmacy at 3:52 pm on 04/07/21 revealed: -Meloxicam for Resident #1 was last filled on 10/06/20 and was also filled on 09/02/20 and on 07/31/20. -There was no order for the MVI as this would have been over the counter. -"Usually" if there is a discontinuation of a medication, the physician will call the pharmacy. -There was no documentation that the physician contacted the pharmacy to discontinue the medication. Attempted telephone interview on 04/08/21 at 1:09 PM to the physician office for resident #1 was unsuccessful.	C 350		