STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 follow-up and annual survey on 03/25/21 through 03/26/21 and 03/29/21 with an exit via telephone on 03/29/21.	D 000		
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: TYPE A2 VIOLATION Based on observations, record reviews and interviews, the facility failed to refer a resident to a mental health provider (MHP) and follow up with the primary care provider (PCP) for 1 of 5 sampled residents (Resident #3) related to management of psychiatric medications and a prescribed mood stabilizer not being available for administration resulting in increased behaviors. The findings are: Review of Resident #3's current FL2 dated 03/04/21 revealed: -Diagnoses included dementia with behavioral disturbance. -There was an order for Depakote sprinkles 125mg 2 capsules twice daily. Review of Resident #3's PCP Consultation Notes dated 01/07/21 revealed: -Resident #3 had some behavioral disturbance related to her dementia and her behaviors were stable. -Notify the PCP of further decline, decrease in	D 273	As of 3/26/21 residents Will have the option of two mental health providers for services. The ED, RCC and MCC will review all residents For mental health needs by 4/15/21 and then monthly For three months. Any residents Exhibiting mental health Behaviors will immediately Be referred to the mental health provider. Upon admission Residents will be offered The option of mental health Services.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Akwiasdi Reyels Executive Director 05/03/21

Received and Accepted with Addendums p.9 Keisha Banks 05/19/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 273	Continued From page 1 appetite, or new or concerning behaviors. Review of Resident #3's PCP's Consultation Notes dated 01/19/21 revealed: -Resident #3 continued to have issues with agitation. -Resident #3 was followed by an in-house MHP (There was no docuementation in Resident #3's record of an in-house MHP or MHP notes in January 2021.) -Resident #3 was to continue Depakote for behaviors. -The PCP would defer to the in-house MHP's judgement on medication adjustments for behavior medications. -Notify the PCP of decrease in appetite or new onset concerning behaviors. Review of Resident #3's PCP Consultation Notes dated 02/09/21 revealed: -Resident #3 was followed by a psychiatric provider for behaviors. -The PCP would defer to the in-house MHP for changes in behavioral medications. (There was no docuementation in Resident #3's record of an in-house MHP or MHP notes in February 2021.) -Notify the PCP of further decline, new onset concerning behaviors or decrease in appetite or fluid intake. Review of Resident #3's PCP's Consultation Notes dated 02/25/21 revealed: -Resident #3 continued to exhibit exit seeking behaviors and agitation at times. -Resident #3 was being followed by an in-house MHP for behaviors. (There was no docuementation in Resident #3's record of an in-house MHP or MHP notes in February 2021.) -The electronic medication administration record (eMAR) was not provided for the PCP to review	D 273	Pharmacy services Will conduct and additional Review of all residents medication record before 4/30/21 and any recommendations will be followed up on by the RCC and MCC.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 273	Continued From page 2	D 273		

on 02/25/21, but the most recent records indicated Resident #3 was taking Depakote 125mg 2 capsules twice daily scheduled for behaviors.
-Notify the PCP of further decline, decrease in appetite or fluid intake, or new onset concerning behaviors.

Review of Resident #3's eMAR for February 2021 revealed:
-There was an entry for Depakote sprinkles 2 capsules twice daily scheduled for administration at 9:00am and 9:00pm.
-There was documentation Resident #3 was not administered 3 doses of Depakote at 9:00am on 02/26/21, 02/27/21, and 02/28/21 due to "Medication Not Available."
-There was documentation Resident #3 was not administered 3 doses of Depakote at 9:00pm on 02/25/21, 02/26/21, and 02/27/21 due to "Medication Not Available."
-There was documentation Resident #3 was out of the facility from 02/28/21 through 03/01/21.

Telephone interview with a pharmacist with the facility's contracted pharmacy on 03/26/21 at 8:36am revealed:
-There was an order for Depakote sprinkles 125mg 2 capsules twice daily dated 12/04/20.
-A 14-day supply, 56 capsules, were dispensed to the facility on 12/04/20, 12/21/20, 01/08/21, 01/25/21, and 02/09/21.
-The facility had to request a refill of Depakote for the dispense dates from 12/04/20 through 02/09/21.
-On 02/26/21, the facility changed to automatic monthly refills of Depakote and 112 capsules were dispensed to the facility on 02/26/21.

Review of Resident #3's PCP's Follow-up

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 273	Continued From page 3	D 273		

Appointment Notes dated 02/25/21 revealed:
-Resident #3 requested to be seen by the PCP today.
-Resident #3 was followed by an in-house MHP. (There was no docuementation in Resident #3's record of an in-house MHP or MHP notes in February 2021.)
-Staff reported Resident #3 has been trying to leave the facility and had asked other residents to help her open doors and windows.

Review of a Physician Notification Form to Resident #3's PCP dated 02/28/21 at 1:00pm revealed:
-Resident #3 was transferred to the emergency department (ED) due to behavioral issues.
-Resident #3 was being evaluated and tested at the ED for possible illness, such as a urinary tract infection, which may have caused behaviors.

Review of Resident #3's PCP's Follow-up Appointment Notes dated 03/02/21 revealed:
-Resident #3 was followed by the in-house MHP, however the staff reported they had been unable to reach the in-house MHP regarding behavioral concerns. (There was no docuementation in Resident #3's record of an in-house MHP or MHP notes in February 2021.)
-A referral was placed for Resident #3 to be evaluated by the PCP group's MHP and Resident #3 was scheduled to be seen on 03/10/21.
-Resident #3 was sent out to the ED over the weekend (02/28/21) due to agitation.
-Per notes, facility staff were requesting that the ED prescribe as needed medication for agitation.
-Resident #3 was involuntarily committed to the hospital for 24 hours for observation.
-Continue Depakote 125mg twice daily for behaviors until the psychiatric provider sees Resident #3 on 03/10/21.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 273	Continued From page 4	D 273		

-The PCP would defer to the psychiatric provider's recommendations regarding changes to behavioral medications.
-Notify the PCP if Resident #3 had further decline, decrease in appetite or fluid intake, or new onset concerning behaviors from baseline.

Telephone interview with a customer service advocate with the in-house MHP's office on 03/26/21 at 10:59am revealed:
-On 10/12/20, the facility faxed a cover sheet to the in-house MHP's office to request mental health services.
-The ini-house MHP's office requested Resident #3's insurance information and a face sheet, but the information was never received.
-There were no chart notes or visits documented for Resident #3.
-The referral for mental health services was closed on 10/28/20.

Review of Resident #3's hospital discharge summary dated 02/28/21 revealed:
-Resident #3 presented to the ED via emergency medical services (EMS) for agitation.
-Per facility staff, Resident #3 had an episode where she tried to leave out of the window.
-Per facility staff, Resident #3 became agitated when she could not call her family member and started to scratch staff.
-Per facility staff, EMS was called "to get her something to calm her down."
-Per facility staff, the facility just needed Resident #3 to be prescribed an as needed medication for agitation because she frequently became agitated due to dementia.
-Resident #3 was placed in the psychiatric observation unit due to the need for a safe environment while obtaining the psychiatric consultation and evaluation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 273	Continued From page 5	D 273		

-Psychiatry was consulted as the facility requested as needed medications.
-Resident #3 was not observed to be agitated and was easily redirectable upon her psychiatric evaluation.
-The consulting hospital psychiatrist deferred management of Resident #3's psychiatric medication to her established MHP.
-Resident #3 was discharged back to the care of the facility on 03/01/21 and should follow-up with the facility MHP.

Resident #3's facility progress notes were requested on 03/26/21 and 03/29/21, but were not provided by the exit date of 03/29/21.

Telephone interview with the Special Care Unit Coordinator (SCUC) on 03/25/21 at 3:23pm revealed:
-Resident #3 had anxiety often and she told the PCP, in passing, when she visited the facility.
-Resident #3 had been seen by a MHP, but she did not know when.
-She thought Resident #3 was being seen by the in-house MHP for the facility, but she found out on 03/23/21 after calling the in-house MHP's office that Resident #3 had not been seen by the in-house MHP.

Interview with Resident #3's MHP on 03/26/21 at 9:26am revealed:
-She was seeing Resident #3 for the first time on 03/26/21.
-Resident #3 was seen, as a new patient, by a different provider with her group on 03/10/21.
-If Resident #3 was not administered Depakote as ordered, it could have caused her increased agitation.

Telephone interview with the SCUC on 03/29/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 273	Continued From page 6	D 273		

at 11:20am revealed:
-She did not know Resident #3 was not administered 6 doses of Depakote in February 2021 due to staff documenting "Medication Not Available."
-MAs were responsible for reordering medication if it was not available on the medication cart.
-Resident #3 was sent out to the hospital due to having increased agitation and trying to get out of her bedroom window.
-Resident #3 had periods of anxiety and agitation, but she did not have a mental health provider prior to being seen on 03/10/21 and she was not aware mental health services were not being provided for Resident #3 until 03/23/21.
-She was responsible for making referrals for residents to be seen by a MHP.

Telephone interview with at MA on 03/29/21 at 4:39pm revealed:
-Resident #3 had periods of increased anxiety and agitation.
-Resident #3 was very agitated on 02/28/21 when she was sent out to the local ED.
-On 02/28/21, Resident #3 was trying to get out of the window in her room (The window barely lifts open.) and was combative with staff and other residents.
-She did not remember whether Resident #3 had Depakote available for administration prior to her hospitalization.
-Resident #3 did not have a MHP for medication and behavior management prior to going to the hospital on 02/28/21.
-She did not know if Resident #3's PCP was contacted regarding Resident #3's behaviors or missed doses of Depakote prior to being sent out to the hospital on 02/28/21.

Telephone interview with Resident #3's family

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 273	Continued From page 7	D 273		

member on 03/29/21 at 2:34pm revealed:
-He knew Resident #3 had been very agitated and always wanted to leave the facility.
-Staff informed him Resident #3 experienced increased agitation at times after he spoke with her on the phone.
-Staff also informed him Resident #3 was "riling up" other residents.
-He was under the impression Resident #3 was now being seen a MHP, but he was not aware of Resident #3 being seen by a MHP prior to her hospitalization on 02/28/21.

Telephone interview with a clinical assistant at Resident #3's PCP's office on 03/29/21 at 1:36pm revealed:
-Resident #3 was admitted for services with the PCP on 01/07/21.
-The facility never called to report Resident #3 was having behavior issues or that she had not received 6 doses of Depakote.
-Resident #3 was seen by the PCP on 03/02/21 and an order was written for a referral for Resident #3 to be seen by a psychiatric provider per her family member's request due to Resident #3 being agitated and exit seeking.

Telphone interview with the Executive Director (ED) on 03/29/21 at 3:44pm revealed:
-She did not know Resident #3 missed 6 doses of Depakote prior to being hospitalized.
-Resident #3 had anxiety prior to her hospitalization and was hospitalized due to increased anxiety.
-It was her understanding that a MHP was following Resident #3 prior to her hospitalization.
-She thought the MHP did not provide services to Resident #3 prior to her hospitalization because her insurance was not approved.
-The SCUC was responsible for following up

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 273	Continued From page 8 regarding referrals for mental health services for residents on the SCU. The facility failed to ensure referral to a mental health provider and follow up with the primary care provider for 1 of 5 sampled residents regarding management of psychiatric medications, increased agitation and behaviors, and a mood stabilizer not being available for administration which resulted in Resident #3 being hospitalized through an involuntary commitment. The facility's failure resulted in substantial risk of physical harm and neglect which constitutes a Type A2 Violation. The facility provided a Plan of Protection in accordance with G.S. 131D-34 on March 26, 2021. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED APRIL 28, 2021.	D 273	05/01/21 A sample of 6 resident records will be audited by the ED, RCC, and MCC beginning in May 2021 and then monthly for 90 days. Auditing of resident records will continue quarterly. Addendum Keisha Banks 5/19/21	
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.	D 276	A review of MAR's will be completed By the RCC, MCC and/or ED by 5/1/21 and then monthly for two months To ensure compliance with Physicians orders. Pharmacy will conduct and audit Of all MAR's to help ensure accuracy of Documentation by 5/1/21.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 276	Continued From page 9	D 276		

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to implement physician's orders for 1 of 5 sampled residents (#5) regarding an order for weights and reporting weight gain of more than 3 pounds in 24 hours to the primary care provider (PCP).

The findings are:

Review of Resident #5's current FL2 dated 10/22/20 revealed:
-Diagnoses included severe aortic stenosis, atrial fibrillation, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD) and chronic heart failure.
-There was an order for furosemide 40mg (used to treat fluid retention and swelling) once daily.
-There was an order for spironolactone 25mg (used to treat fluid retention and swelling) once daily.

Review of Resident #5's PCP visit notes revealed:
-On 01/07/21, the PCP documented Resident #5 had stable weights with no edema noted on exam on electronically signed encounter notes. "Notify provider of weight gain greater than 3 pounds in 24 hours"
-On 02/04/21, there was a note in the "Notify provider of weight gain greater than 3 pounds in 24 hours" and notify the provider of new edema of shortness of breath with or without exertion on the electronically signed note.

Review of Resident #5's electronic Medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 276	Continued From page 10	D 276		

Administration Records (eMARs) and electronic Treatment Administration Records (eTARs) for January 2021, and February 2021 revealed there was no entry for obtaining Resident #5's weight and notifying the PCP for weight gain of more than 3 pounds in 24 hours.

Review of Resident #5's eMARs and eTARs for March 2021 revealed:
-There was no entry for obtaining Resident #5's weight and notifying the PCP for weight gain of more than 3 pounds in 24 hours.
-There was an entry for check weight on the 4th day of each month.
-There was no documentation weights for Resident #5 were obtained from 03/01/21 to 03/31/21 on the eMAR or eTAR.

Review of the facility's vital signs, weight log and physician's encounter sheets for Resident #5 revealed:
-On 01/22/21, the resident had a documented weight of 120 pounds (lbs).
-On 02/20/21, the resident had a documented weight of 120 lbs.
-On 02/23/21, the resident had a documented weight of 121 lbs.
-On March 2021 (no day of month indicated), the resident had a documented weight of 121.8 lbs.

Interview with the Resident Care Coordinator (RCC) on 03/26/21 at 4:00pm revealed:
-She was responsible for reviewing residents' encounter or consultation notes.
-She read the PCP's encounter notes after the PCP visited the facility.
-Routinely the PCP wrote a separate order for any treatment or vital sign monitoring for her to send to the pharmacy for entering on the eMAR.
-There was no separate order for monitoring

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 276	Continued From page 11	D 276		

weight daily and notifying the PCP for a gain of 3 pounds in 24 hours for Resident #5, as far as she knew.
-The pharmacy did not accept the consultation notes as orders although the notes were electronically signed.
-She was able to add medications or treatments to the eMAR and have the order reviewed by the Special Care Unit Coordinator (SCUC).
-She did not contact the PCP to clarify the order to weigh the resident daily and report weight gain of more than 3 pounds to the PCP because she expected the PCP to write a separate order if she was ordering daily weights for Resident #5..

Telephone interview with a clinical assistant at Resident #5's primary care provider's (PCP) office on 03/29/21 at 3:00pm revealed:
-Resident #5 took medications to prevent excess fluid gain.
-The request for the facility to notify the PCP for weight gains of more than 3 pounds in 24 hours was considered an order by the PCP and the facility should be weighing the resident daily.
-The facility should have started weighing Resident #5 as requested on the consultation notes.
-The facility was responsible to contact the PCP with any questions for orders or clarification of orders.
-The PCP expected the facility to provide and information requested, including weights, in order to monitor medication therapy and measure fluid build-up.

Interview with Resident #5 on 03/26/21 at 4:35pm revealed:
-She had cardiac surgery a few years ago and knew her weight should stay about the same because of fluid gain.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 276	Continued From page 12 -She did not remember her PCP talking to her about gaining weight or checking on weight gain. -She had weighed close to the same amount every time she was weighed for years. -She had not had any new swelling. Telephone interview with the Executive Director (ED) on 03/29/21 at 4:45pm revealed the RCC or the SCUC were responsible to ensure documents were reviewed and all orders were complete, clear, and started as ordered.	D 276		
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: TYPE A2 VIOLATION Based on observations, record reviews and interviews, the facility failed to ensure medication were administered as ordered by a licensed practicing practitioner for 6 of 7 sampled residents (Residents #2, #3, #4, #5, #6 and #7) with orders for a mood stabilzer (#3), a rapid acting insulin (#4), an anti-anxiety medication (#2), a topical pain medication (#6 and #7), and a blood thinner (#5).	D 358	The RCC and MCC will Review all medication Records and orders To ensure residents are Receiving proper medication And medication is available By 4/28/21. MAR's will be Reviewed biweekly for 6 weeks and them monthly For two months by ED, RCC, or MCC to begin 5/1/21.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 13 The findings are: 1. Review of Resident #3's current FL2 dated 03/04/21 revealed: -Diagnoses included dementia with behavioral disturbance. -There was an order for Depakote sprinkles 125 mg 2 capsules twice daily. a. Review of Resident #3's electronic Medication Administration Record (eMAR) for February 2021 revealed: -There was an entry for Depakote sprinkles 2 capsules twice daily scheduled for administration at 9:00am and 9:00pm. -There was documentation Resident #3 was not administered 3 doses of Depakote at 9:00am on 02/26/21, 02/27/21, and 02/28/21 due to "Medication Not Available." -There was documentation Resident #3 was not administered 3 doses of Depakote at 9:00pm on 02/25/21, 02/26/21, and 02/27/21 due to "Medication Not Available." -There was documentation Resident #3 was out of the facility from 02/28/21 through 03/01/21. Review of a Physician Notification Form to Resident #3's PCP dated 02/28/21 at 1:00pm revealed: -Resident #3 was transferred to the emergency department (ED) due to behavioral issues. -Resident #3 was being evaluated and tested at the ER for possible illness which may have caused behaviors such as a urinary tract infection. Review of Resident #3's hospital discharge summary dated 02/28/21 revealed: -Resident #3 presented to the ED via emergency medical services (EMS) for agitation.	D 358	The "medication unavailable Report" will be run weekly For nine weeks By the RCC and MCC To begin 5/1/2020 After the pharmacy review. Cart audits will be conducted By the ED, RCC and/or MCC Monthly for three months To begin 4/20/21. The pharmacy will complete A medication by 5/1/21 and the ED, RCC and/or MCC will follow Up on all recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 14 -Per facility staff, Resident #3 had an episode where she tried to leave out of the window. -Per facility staff, Resident #3 became agitated when she could not call her family member and started to scratch staff. -Per facility staff, EMS was called "to get her something to calm her down." -Per facility staff, the facility just needed Resident #3 to be prescribed an as needed medication for agitation because she frequently became agitated due to dementia. -Resident #3 was placed in psychiatric observation due to the need for a safe environment while obtaining the psychiatric consultation and evaluation. -Resident #3 was under full involuntary commitment. -Psychiatry was consulted as the facility requested as needed medications. -Resident #3 was not observed to be agitated wand was easily redirectable upon her psychiatric evaluation. -The local hospital psychiatrist deferred management of Resident #3's psychiatric medication to her established psychiatric provider. -Resident #3 was discharged back to the care of the facility on 03/01/21 And should follow-up with the facility psychiatric provider. Interview with a medication aide (MA) on 03/25/21 at 3:11pm revealed: -She was told by another MA that she was not allowed to reorder medication for residents. -If a resident was out of medication, she documented on the eMAR "Medication Not Available" and did not tell anyone. -She did not know who was responsible for	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 15 reordering medication or contacting the pharmacy if a medication was not available on the medication cart. Interview with a pharmacist with the facility's contracted pharmacy on 03/26/21 at 8:36am revealed: -There was an order for Depakote sprinkles 125mg 2 capsules twice daily dated 12/04/20. -A 14-day supply, 56 capsules, were dispensed to the facility on 12/04/20, 12/21/20, 01/08/21, 01/25/21, and 02/09/21. -The facility had to request a refill of Depakote for the dispense dates from 12/04/20 through 02/09/21. -On 02/26/21, the facility started to cycle fill Depakote and 112 capsules were dispensed to the facility on 02/26/21. Interview with Resident #3's mental health provider (MHP) on 03/26/21 at 9:26am revealed: -She was seeing Resident #3 for the first time on 03/26/21. -Resident #3 was seen, as a new patient, by a different mental health provider with her group on 03/10/21. -If Resident #3 was not administered Depakote as ordered, it could have caused increased agitation. Interview with a MA on 03/26/21 at 9:04am revealed: -All medications were now cycle-filled by the pharmacy, but MAs were once responsible for reordering medication. -If a medication was not in the medication cart during the scheduled administration time, she would document on the eMAR "Medication Not Available." -The pharmacy could see everything in the eMAR	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 16 system and should have known the facility was out of the medication. -The Special Care Unit Coordinator (SCUC) should have checked the eMARs to see that the medication was not available in the facility. -She has not contacted the pharmacy due to a medication not being available on the medication cart because she did not think the pharmacy would refill the medication without there being a cost. -She would let the SCUC know the medication was not available. -She had not put any medication in the medication cart after it was delivered from the pharmacy and she thought 3rd shift put the medications on the cart. Interview with the SCUC on 03/29/21 at 11:20am revealed: -She did not know Resident #3 was not administered 6 doses of Depakote in February 2021 due to staff documenting "Medication Not Available." -MAs were responsible for reordering medication if it was not available on the medication cart. -Resident #3 was sent out to the hospital due to having increased agitation and trying to get out of her bedroom window. Telephone interview with Resident #3's family member on 03/29/21 at 2:34pm revealed: -He knew Resident #3 had been very agitated and always wanted to leave the facility. -Staff informed him Resident #3 experienced increased agitation at times after he spoke with her on the phone. -Staff informed him Resident #3 was being sent to the local hospital on 02/28/21, but he did not know Resident #3 had not been administered Depakote prior to being sent out to the hospital.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 17 Telephone interview with at MA on 03/29/21 at 4:39pm revealed: -Resident #3 had periods of increased anxiety and agitation. -Resident #3 was very agitated on 02/28/21 when she was sent out to the local ED. -On 02/28/21, Resident #3 was trying to get out the window in her room and was combative with staff and other residents. -She did not remember whether Resident #3 had Depakote available for administration prior to her hospitalization. -She did not contact Resident #3's PCP and did not know if Resident #3's PCP was contacted regarding Resident #3's behaviors or missed doses of Depakote prior to being sent out to the hospital on 02/28/21. Telephone interview with a clinical assistant at Resident #3's PCP's office on 03/29/21 at 1:36pm revealed: -Resident #3 was admitted for services with the PCP on 01/07/21. -The facility never called to report Resident #3 was having behavior issues or that she had not received 6 doses of Depakote. Interview with the Executive Director (ED) on 03/29/21 at 3:44pm revealed: -She did not know Resident #3 missed 6 doses of Depakote prior to being hospitalized on 02/28/21. -Resident #3 had anxiety prior to her hospitalization and was hospitalized due to increased anxiety. -Medications, except for controlled substances, were now cycle-filled by the pharmacy, but previously she expected MAs or Supervisors to reorder medications within 7 days of running out. -If a MA or Supervisor had trouble refilling a	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 18	D 358		

prescription, they were to let the SCUC know.
-When medications were delivered from the pharmacy, second shift started putting the medications on the medication cart and third shift finished putting up any remaining medications.
-She expected medications to be administered as ordered by the physician.

2. Review of Resident #4's current FL2 dated 09/24/20 revealed:
-There were no diagnoses documented.
-An attached medication list dated 09/24/20 documented an order for insulin lispro (Humalog) 100 unit/ML inject 8 units into the skin 3 times daily with meals plus additional units per sliding scale. If fingerstick blood sugar (FSBS) was 180-200: 1 unit; 201-250: 3 units; 251-300: 5 units; 301-350: 6 units; 351-400: 8 units; greater than 400: Call Provider.

Review of Resident #4's previous FL2 dated 08/20/20 revealed diagnoses included diabetes type II controlled, hypertension, hyperlipidemia, chronic kidney disease stage 3 and cognitive impairment.

Review of Resident #4's physician's order dated 12/03/20 revealed an order for Humalog 100 unit/mL inject 3 times daily with meals. Check FSBS prior to meals and administering insulin. Give insulin dose based on FSBS. If FSBS 180-200: 1unit; 201-250: 2 units; 251-300: 3 units; 301-350: 4 units; 351-400: 5 units; FSBS greater than 400: Call Provider.

Review of Resident #4's physician's order dated 03/11/21 revealed an order for Humalog 100 unit/mL 3 times daily with meals. Check FSBS prior to meals and administering insulin. Give insulin dose based on FSBS. If FSBS 180-200:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 19 1unit; 201-250: 2 units; 251-300: 3 units; 301-350: 4 units; 351-400: 5 units; 401-500: 6 units; FSBS greater than 500: Call Provider. Review of Resident #4's electronic Medication Administration Record (eMAR) for January 2021 revealed: -There was an entry for FSBS 3 times daily scheduled at 7:30am, 11:30am, and 5:30pm, from 01/01/21 through 01/04/2; scheduled at 7:30am, 11:30am and 4:30pm on 01/05/21; and scheduled at 6:30am, 11:30am, and 4:30pm from 01/06/21 through 01/31/21. -There was an entry Humalog 100 units check FSBS with meals and inject per SSI. If FBS 180-200: 1 unit; 201-250: 2 units; 251-300: 3 units; 301-350: 4 units; 351-400: 5 units; FSBS greater than 400: Call Provider and scheduled for administration at 7:30am, 11:30am, and 4:30pm from 01/01/21 through 01/07/21; and scheduled for administration at 6:30am, 11:30am, and 4:30pm from 01/08/21 through 01/31/21. -There was no documentation of the amount of Humalog administered for 6 of 31 opportunities at 6:30am and 7:30am. -There was no documentation of the amount of Humalog administered for 20 of 31 opportunities at 11:30am. -There was no documentation of the amount of Humalog administered for 23 of 31 opportunities at 4:30pm -FSBSs were greater than 400 on 5 times and ranged from 413 to 464 with one entry documented as "Hi." -On 01/02/21 at 11:30am, Resident #4's FSBS was 457 and staff should have contacted the provider. There was documentation 6 units of Humalog were administered, but there was no documentation the provider was contacted.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 20 Review of Resident #4's eMAR for February 2021 revealed: -There was an entry for FSBS 3 times daily scheduled at 6:30am, 11:30am, and 4:30pm. -There was an entry Humalog 100 units check FSBS with meals and inject per SSI. If FBS 180-200: 1 unit; 201-250: 2 units; 251-300: 3 units; 301-350: 4 units; 351-400: 5 units; FSBS greater than 400: Call Provider and scheduled for administration at 6:30am, 11:30am, and 4:30pm. -On 02/03/21 at 6:30am, Resident #4's FSBS was 300 and 3 units of Humalog should have been administered, but 4 units were administered. -On 02/14/21 at 11:30am, Resident #4's FSBS was 290 and 3 units of Humalog should have been administered, but 4 units were administered. -On 02/16/21 at 4:30pm, Resident #4's FSBS was 525 and staff should have contacted the provider. There was documentation 5 units of Humalog were administered, but there was no documentation the provider was contacted. -On 02/21/21 at 6:30am, Resident #4's FSBS was 399 and 5 units of Humalog should have been administered, but 6 units were administered. -On 02/24/21 at 11:30pm, Resident #4's FSBS was 408 and staff should have contacted the provider. There was documentation 5 units of Humalog were administered, but there was no documentation the provider was contacted. -On 02/26/21 at 4:30pm, there was no documentation Resident #4's FSBS was checked and no documentation Humalog was administered. -On 02/27/21 at 4:30pm, Resident #4's FSBS was 508 and staff should have contacted the provider. There was documentation 5 units of Humalog were administered, but there was no	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 21 documentation the provider was contacted. -On 02/28/21 at 4:30pm, Resident #4's FSBS was 438 and staff should have contacted the provider. There was documentation 3 units of Humalog were administered, but there was no documentation the provider was contacted. -Resident #4's FSBS ranged from 68 to 525. Review of Resident #4's eMAR for March 2021 revealed: -There was an entry for FSBS 3 times daily scheduled at 6:30am, 11:30am, and 4:30pm. -There was an entry Humalog 100 units check FSBS with meals and inject per SSI. If FSBS 180-200: 1 unit; 201-250: 2 units; 251-300: 3 units; 301-350: 4 units; 351-400: 5 units; FSBS greater than 400: Call Provider and scheduled for administration at 7:30am, 11:30am, and 4:30pm from 03/01/21 through 03/11/21. -There was an entry Humalog 100 units check FSBS with meals and inject per SSI. If FBS 180-200: 1 unit; 201-250: 2 units; 251-300: 3 units; 301-350: 4 units; 351-400: 5 units; 401-500L 6 units; FSBS greater than 500: Call Provider and scheduled for administration at 6:30am, 11:30am, and 4:30pm on 03/12/21; scheduled for administration at 7:00am, 11:00am and 4:30pm from 03/12/21 through 03/22/21; and scheduled from administration at 6:30am, 11:30am, and 4:00 pm from 03/23/21 through 03/25/21. -On 03/02/21 at 4:30pm, Resident #4's FSBS was 402 and staff should have contacted the provider. There was documentation 10 units of Humalog were administered, but there was no documentation the provider was contacted. -On 03/12/21 at 11:30am, Resident #4's FSBS was 385 and 5 units of Humalog should have been administered. There was no documentation Humalog was administered.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 22 -On 03/15/21 at 7:00am, Resident #4's FSBS was 516 and staff should have contacted the provider. There was documentation 6 units of Humalog were administered, but there was no documentation the provider was contacted. -On 03/25/21 at 6:30am, Resident #4's FSBS was 211 and 2 units of Humalog should have been administered. There was documentation 0 units were administered. -Resident #4's FSBS ranged from 63 to 591. Observation of medication available for administration to Resident #5 on 03/26/21 at 2:27pm revealed there was 1 pen of Humalog insulin 100 unit dispensed to the facility on 03/08/21 and opened on 03/11/21. Telephone interview with a representative at the contracted pharmacy on 03/29/21at 11:20am revealed: -Resident #4 had an active order dated 03/11/21 for Humalog 100 unit/mL 3 times daily with meals. Check FSBS prior to meals and administering insulin. Give insulin dose based on FSBS. If FSBS 180-200: 1unit; 201-250: 2 units; 251-300: 3 units; 301-350: 4 units; 351-400: 5 units; 401-500: 6 units; FSBS greater than 500: Call Provider. -There were previous orders dated 12/03/21 for Humalog 100 unit/mL inject 3 times daily with meals. Check FSBS prior to meals and administering insulin. Give insulin dose based on FSBS. If FSBS 180-200: 1unit; 201-250: 2 units; 251-300: 3 units; 301-350: 4 units; 351-400: 5 units; FSBS greater than 400: Call Provider. -Humalog 100 unit/mL was dispensed to the facility on 12/03/21 and 01/06/21. -There was a scheduled Humalog 100 unit/ML pen dispensed to the facility on 03/08/21 and the facility was probably using this pen for the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 23	D 358		

administration of sliding scale Humalog.
-The facility should reorder the sliding scale Humalog pen when needed, but it was the same as the same as the scheduled Humalog pen.

Telephone interview with a MA on 03/26/21 at 5:08pm revealed:
-She administered Humalog to Resident #4.
-Resident #4 was on scheduled and sliding scale Humalog.
-She followed the sliding scale for when she administered Resident #4's FSBS Humalog and had not made any errors to her knowledge.
-Resident #4's FSBS had not been over 400 or 500 when she checked it.
-If Resident #4's FSBS was over the sliding scale parameter of 500, she would contact Resident #4's physician prior to administering any sliding scale medication.
-The SCUC was responsible for reviewing the eMARs to ensure insulin was being administered as ordered.

Telephone interview with the Special Care Unit Coordinator (SCUC) on 03/29/21 at 11:51am revealed:
-If Resident #3 had FSBS greater than the parameter, MAs should call Resident #3's primary care provider (PCP) first and then contact Resident #3's endocrinologist.
-Humalog should not be administered prior to speaking with Resident #3's physician.
-She did not know if MAs documented when or if they contacted Resident #3's physician regarding FSBS greater than 500.
-She did not know there were errors with administration of Humalog and she did not know there was no documentation of Humalog administration in January 2021.
-She had not conducted an eMAR audit to review

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 24 accuracy of administration of insulin. -She started working as SCUC in February 2021 and has not had time to conduct an eMAR audit. Telephone interview with the Resident Care Coordinator (RCC) on 03/29/21 at 3:17pm revealed: -She filled in for MAs on occasion in the SCU and had administered sliding scale Humalog to Resident #4. -There had been times when Resident #4's FSBS was greater than the sliding scale parameter and she thought she notified Resident #4's PCP. -She did not remember getting instructions regarding the administration of Humalog after calling, but if she administered Humalog when FSBS was greater than the parameter, the PCP would have told her to administer it. -She had not contacted Resident #4's endocrinologist when her FSBS was greater than the sliding scale parameter. Telephone interview with the clinical assistant at Resident #4's primary care provider's (PCP) office on 03/29/21 at 1:36pm revealed: -Resident #4's endocrinologist takes care of all of Resident #4's insulin needs. -Staff should contact the endocrinologist with insulin questions and to report FSBS above the sliding scale parameters and the PCP did not expect to be contacted. Telephone interview with a nurse at Resident #4's endocrinologist's office on 03/26/21 at 3:50pm revealed: -Resident #4 was last seen by the endocrinologist on 03/11/21 and was scheduled to be seen every 3 months. -Staff should have called the endocrinologist's office or the after-hours on call physician to report	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 25	D 358		

any FSBS greater than 500.
-If Humalog was administered to Resident #4 prior to calling the endocrinologist for instructions, it makes the administration of Humalog more difficult because Humalog should not be stacked.
-There should be at least 2 hours between the administration of Humalog doses.
-Too much of the sliding scale Humalog in addition to Resident #4's scheduled Humalog could cause hypoglycemia with side effects of nausea and vomiting.
-She could not tell if the facility had contacted the office regarding any errors in administration of Humalog or regarding FSBS greater than 500.

Telephone interview with the Executive Director (ED) on 03/29/21 at 3:44pm revealed:
-She was not aware of errors with the administration of Resident #3's Humalog or of staff not documenting administration of insulin.
-The SCUC or the RCC were responsible for reviewing the eMARs monthly for accuracy of insulin administration.
-She expected medication to be administered as ordered by the physician.

Based on observation, record reviews and interviews, it was determined Resident #4 was not interviewable.

3. Review of Resident #2's current FL2 dated 03/09/21 revealed:
-Diagnoses included developmental disabilities/autism spectrum, anxiety, depression.
-A physician's order for alprazolam 0.25mg tablet take 1 half tablet (0.125mg) two times a day and Alprazolam 0.25mg 1 tablet at bedtime (used to treat anxiety).

Review of Resident #2's physician's order dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 26 12/19/20 revealed: -An order for alprazolam 0.25mg 1 half tablet twice a day for 60 tablets. -An order for alprazolam 0.25mg 1 tablet at bedtime for 30 tablets. Review of Resident #2's February 2021 electronic medication administration record revealed: -There was an entry for alprazolam 0.25mg 1 half tablet (0.125mg) scheduled for administration at 8:00am and 2:00pm. -Alprazolam 0.25mg 1 half tablet (0.125mg) was documented as not administered for 19 of 21 opportunities as "Medication Not Available" between the 2:00pm dose on 02/18/21 through the 2:00pm dose on 02/28/21. -There was an entry for alprazolam 0.25mg take one at bedtime at 8:00pm. -Alprazolam 0.25mg take one at bedtime was documented as not given for 3 of 3 opportunities as "Medication Not Available" between 02/17/21-02/19/21 for the 8:00pm dose. Review of Resident #2's March 2021 eMAR revealed: -There was an entry for alprazolam 0.25mg 1 half tablet (0.125mg) scheduled for administration at 8:00am and 2:00pm. -Alprazolam 0.25mg 1 half tablet (0.125mg) was documented as not administered for 21 of 22 opportunities as "Medication Not Available" between the 8:00am dose on 03/01/21 through the 2:00pm dose on 03/11/21. -There was an entry for alprazolam 0.25mg take one at bedtime at 8:00pm. -Alprazolam 0.25mg take one at bedtime was documented as not given for 5 of 5 opportunities as "Medication Not Available" between 03/07/21-03/11/21 and 03/07/21-03/11/21 for the 8:00pm dose.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 27 Observation on 03/25/21 at 2:40pm of Resident #2's medication on hand revealed: -There were 33 of 60 half tablets of alprazolam 0.25mg (0.125mg) dispensed on 03/11/21 and available for administration. -There were 17 of 30 tablets alprazolam 0.25mg tablets dispensed on 03/11/21 and available for administration. Interview with medication aide (MA) on 03/25/21 at 12:40pm revealed: -She usually worked first shift on a different hall and so was unfamiliar with Resident #2's medications and did not remember her being out of alprazolam. -When MAs were low/out of the residents' medications, they requested refills through the eMAR system that went directly to pharmacy. -The Resident Care Coordinator (RCC) reviewed physician's order sheets (POS) and eMARs. Interview with a second MA on 03/26/21 at 2:40pm revealed: -She usually worked first shift on Resident #2's hall and remembered her being out of alprazolam in late February and early March 2021, but she could not remember the dates. -She requested a refill of Resident #2's alprazolam through the eMAR system, but was unsure of the date she first requested a refill. -When the alprazolam was not delivered, she made the RCC aware of Resident #2 not having the medication. -She was not sure of how many shifts passed but she remembered it was "quite a while" before the Alprazolam was received. -She did not notice any increased anxiety in Resident #2 during that time.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 28 Interview with the pharmacist from the contracted pharmacy on 03/25/21 at 2:40pm revealed: -The pharmacy refilled medications on a scheduled cycle fill or when notified through the eMAR system that medication was needed sooner. -A template was sent on 02/18/21 and 02/25/21 to the facility for PCP signature for Resident #2's alprazolam 0.25mg 1 half tablet twice a day and 0.25mg tablet at bedtime because it was a controlled medication, but a signed order was not returned. -An FL2 dated 03/09/21 was received with alprazolam 0.25 1 half tablet (.125mg) twice a day and 0.25mg at bedtime. -An order from the Mental Health Provider (MHP) was received on 03/11/21 for alprazolam 0.25 1 half tablet twice a day and 0.25mg at bedtime and was sent to the facility. -The pharmacy received a signed physician's order sheet (POS) dated 03/18/21 for alprazolam 0.25mg 1 half tablet twice a day and 0.25mg at bedtime. Interview with the RCC on 03/25/21 at 3:10pm revealed: -She was responsible to review the POS and eMAR for residents in the Assisted Living (AL). -MAs told her when they did not have medications from the pharmacy for AL residents. -When MAs let her know that Resident #2's alprazolam had not been delivered she followed up with the PCP and the MHP beginning 02/23/21 requesting a signature on the template pharmacy sent to refill her Alprazolam. -A signed POS was sent to pharmacy on 03/19/21 for Resident #2's alprazolam. -She was unaware that, in some cases, pharmacy could fill an emergency prescription until the physician could sign an order.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 29 Attempted telephone interviews with PCP for the facility on 03/26/21 at 4:15pm and 03/29/21 at 8:54am were unsuccessful. Telephone interview with the Clinical Assistant at Resident #2's PCP's office on 03/29/21 at 1:35pm revealed: -The facility would email concerns and refill requests for residents to the PCP and copy her on the emails. -The PCP prescribed Resident #2's alprazolam 0.25mg 1 tablet twice a day and 0.25mg at bedtime on 02/16/21. -There were no other encounters since 02/16/21 with the PCP to request a signature for the alprazolam nor to report any worsening anxiety in Resident #2. Telephone interview with MHP on 03/26/21 at 4:37pm revealed: -She provided mental health services to Resident #2 and submitted recommendations to the facility provider. -On 03/05/21 she provided recommendations for Resident #2 to continue alprazolam 0.25mg 1 half tablet twice a day and alprazolam 0.25mg at bedtime. -She did not remember or had any communication from the RCC or the facility requesting a signature for pharmacy to fill Resident #2's alprazolam order. -Resident #2 could have increased anxiety if she did not receive the alprazolam as scheduled, but she was on multiple medications for mood and anxiety to help keep her calm. -She did not receive any communication that Resident #2 had any worsening anxiety during the time from of 02/18/21 until 03/11/21 due to not having alprazolam.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 30	D 358		

Interview with the Executive Director (ED) on 03/25/21 at 3:45pm revealed:
-She was aware Resident #2 was out of alprazolam and the RCC was requesting signatures, on Resident #2's alprazolam order, from the PCP and MHP.
-The PCP, MHP and pharmacy for the facility have changed since October 2020.
-The previous PCP did not provide psychiatric services for the residents.
-Recently the new PCP and MHP disagreed as to who would sign for Resident #2's alprazolam to be refilled.
-She and the RCC stressed to both PCP and MHP that residents could not go without their medications waiting on providers to sign orders.
-She was unaware that pharmacy, in some cases, could fill an emergency prescription until a physician's signature could be obtained.

Based on observations, record reviews and interviews, it was determined Resident #2 was not interviewable.

4. Review of Resident #6's current FL2 dated 09/09/20 revealed:
-Diagnoses included dementia, anxiety, muscle weakness, history of right femur fracture, type II diabetes, malnutrition and unsteady on feet.
-A physician's order for lidocaine 4% patch for pain relief, apply topically on lumbar spine once daily, remove used patch after 12 hours.

Review of Resident #6's physician's order dated 01/29/21 revealed an order for lidocaine 4% patch, apply to spine once daily, remove used patch after 12 hours.

Observation of a medication pass on 03/25/21 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 31 8:30am revealed the MA removed the old lidocaine patch before she placed a new patch on the Resident #6's back. Review of Resident #6's February 2021 electronic medication administration record (eMAR) revealed: -There was an entry for lidocaine 4% patch, apply 1 patch to spine daily remove used patch after 12 hours and scheduled for 9:00am. -Lidocaine 4% patch was documented as applied as ordered 28 of 28 opportunities from 02/01/21 through 02/28/21. -There was no space to document removal of the lidocaine patch after 12 hours. Review of Resident #6's March 2021 electronic medication administration record (eMAR) revealed: -There was an entry for lidocaine 4% patch, apply 1 patch to spine daily remove used patch after 12 hours and scheduled for 9:00am. -Lidocaine 4% patch was documented as applied as ordered 26 of 26 opportunities from 03/01/21 through 03/26/21. -There was no space to document removal of the lidocaine patch after 12 hours. Observation of Resident #6's medication on hand 03/26/21 at 08:33am revealed lidocaine 4% patch 9 of 15 dispensed 02/26/21. Interview with the MA on 03/25/21 at 10:30am revealed: -She read the order to remove Resident #6's patch, but the lidocaine patch was supposed to be removed on second shift (3:00pm-11pm). -She did not usually remove Resident #6's lidocaine patch.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 32 Interview with a second MA on 03/26/21 at 3:40pm revealed: -She normally worked second shift. -She knew Resident #6's lidocaine patch order read to remove it after 12 hours, that would be done on second shift. -She usually removed old patches from residents when she worked 2nd shift as an MA. -She worked second shift 03/25/21 as a personal care aide (PCA), so she was not responsible to remove Resident #6's lidocaine patch on that shift. -She did remove Resident #6's lidocaine patch when she worked as MA on second shift. -There was not a place to document removal of Resident #6's lidocaine patch on the eMAR. Interview with the pharmacist from the contracted pharmacy on 03/26/21 at 3:17pm revealed: -Pharmacy entered orders in the eMARs and audited the eMARs monthly. -Resident #6 had an order for lidocaine patch 4% apply to spine once daily, remove old patch after 12 hours. -The pharmacist who entered the order should have entered a space on the eMAR for Resident #6's lidocaine patch removal to be documented. -The removal entry may have been missed. Interview with the Special Care Unit Coordinator (SCUC) on 03/25/21 at 2:25pm revealed: -She was responsible to review physicians' orders and audit eMARs monthly for the SCU. -She expected MAs to removed lidocaine patches after 12 hours as ordered. -She was unaware there was not a space on the eMAR to document removal of lidocaine patches. -The pharmacy was responsible to enter orders from providers into the eMAR.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 33	D 358		

Interview with the Administrator on 03/26/21 at 3:45pm revealed:
-The pharmacy entered the orders in the eMAR.
-The SCUC reviewed orders and audited the eMARs monthly for residents in the SCU.

Based on observations, record reviews and interviews, it was determined Resident #6 was not interviewable.

5. Review of Resident #7's current FL2 dated 02/10/21 revealed:
-Diagnoses included progressive dementia, congestive heart failure, type II diabetes and insomnia.
-A physician's order for lidocaine 5% patch apply 1 patch to skin daily then remove for 12 hours (used to treat pain).

Review of Resident #7's physician's order dated 02/05/21 revealed an order for lidocaine 5% patch apply 1 patch to skin daily then remove for 12 hours.

Observation of the medication pass on 03/25/21 at 8:40am revealed the MA had to remove an old lidocaine patch before she placed a new patch on the Resident #7's back.

Review of Resident #7's March 2021 electronic medication administration record (eMAR) revealed:
-There was an entry for lidocaine 5% patch apply 1 patch to skin daily then remove for 12 hours and scheduled for administration at 9:00am and 9:00pm and was applied as ordered from 03/01/21 to 03/26/21.
-There was a space to document removal at 9:00pm, but the entry was blank and did not state "Remove" on the eMAR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 34	D 358		

Observation of Resident #7's medication on hand 03/26/21 at 08:33am revealed lidocaine 5% patch 7 of 8 dispensed 03/25/21.

Interview with the MA on 03/25/21 at 10:30am revealed:
-She was hired February 2021 and usually worked third shift (11:00pm-7:00am).
-She read the order to remove Resident #7's patch, but it was scheduled on second shift (3:00pm-11pm) to be removed.
-She did not usually remove Resident #7's lidocaine patch.

Interview with a second MA on 03/26/21 at 3:40pm revealed:
-She normally worked second shift.
-She knew Resident #7's lidocaine patch order read to remove the patch after 12 hours and that would be for the second shift MA to do.
-She usually removed old patches from residents when she worked 2nd shift as an MA.
-She worked second shift on 03/25/21 as a personal care aide (PCA), so she was not responsible to remove Resident #7's lidocaine patch on that shift.
-She removed Resident #7's patch when she worked as an MA.
-There was a space for 9:00pm on Resident #7's eMAR to document the lidocaine patch, but it was blank and did not read "Remove".

Interview with the pharmacist from the contracted pharmacy on 03/26/21 at 3:17pm revealed:
-The pharmacy entered orders on the eMAR and audited the eMARs monthly.
-Resident #7 had an order for lidocaine patch 5% apply to skin once daily, remove after 12 hours.
-There should have been a space to document

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 35	D 358		

on the eMAR for Resident #7's lidocaine patch removal.
-The removal entry may have been missed.

Interview with the Special Care Unit Coordinator (SCUC) on 03/25/21 at 2:25pm revealed:
-She was responsible to review physician's orders and audit eMARs monthly.
-She expected MAs to removed lidocaine patches after 12 hours as ordered.
-She was unaware there was not a space on the eMAR to document removal of lidocaine patches.
-Pharmacy was responsible to enter orders into the eMAR system.

Interview with the Executive Director (ED) on 03/26/21 at 3:45pm revealed:
-Pharmacy entered the orders on the eMARs.
-The SCUC was responsible to review orders and audit the eMARs monthly for residents in the SCU.

Based on observations, record reviews and interviews, it was determined Resident #7 was not interviewable.

6. Review of Resident #5's current FL2 dated 10/22/20 and signed physicians' orders dated 01/22/21 revealed:
-Diagnoses included severe aortic stenosis, atrial fibrillation, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD) and chronic heart failure.
-There was a physician's orders for aspirin 81mg (used to thin blood) once daily.

Review of Resident #5's electronic Medication Administration Record (eMAR) for January 2021 revealed:
-There was an entry for aspirin 81mg chewable

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 36	D 358		

tablet one tablet daily scheduled for 8:00am.
-Aspirin 81 mg was documented administered daily from 01/01/21 to 01/13/21, 01/17/21, 01/22/21, and from 01/29/21 to 01/31/21.
-Aspirin 81mg was documented as not administered from 01/13/21 to 01/16/21, from 01/18/21 to 01/21/21, and from 01/23/21 to 01/28/21.
-The reason documented on the eMAR exceptions for why not administered was "medication not available".

Review of Resident #5's eMAR for February 2021 revealed:
-There was an entry for aspirin 81mg chewable tablet one tablet daily scheduled for 8:00am.
-Aspirin 81 mg was documented administered daily on 02/01/21, 02/03/21, 02/13/21, 02/14/21 and from 02/16/21 to 02/28/21.
-Aspirin 81mg was documented as not administered on 02/02/21, from 02/05/21 to 02/09/21, 02/11/21 to 02/13/21, and 02/15/21.
-The reason documented on the eMAR exceptions for why not administered was "medication not available".

Observation of medications on hand for administration to Resident #5 on 03/26/21 at 3:00pm revealed there was a partial plastic bulk container dispensed on 03/05/21 for 360 tablets labeled for Aspirin 81mg chewable tablet one daily.

Telephone interview with a representative for the contracted pharmacy on 03/26/21 at 3:25pm revealed:
-The pharmacy dispensed aspirin 81mg tablets for a quantity of 30 tablets on cycle fill dated 12/04/20.
-Resident #5's aspirin 81mg was listed on a fax

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 37	D 358		

from the facility dated 01/21/21 that looked like a print out of residents listing "medications not available" from the pharmacy, with a request to "please send medications" documented on the print out.
-The pharmacy did not process the list since medications were reordered by faxing a copy of the reorder sticker, calling the pharmacy with residents' name and medication needed, or generating a reorder through the eMAR computer reorder function.
-The pharmacy dispensed as a quantity of 15 tablets on 02/15/21 on a bingo card, and a plastic box of 360 tablets on 03/05/21.
-The facility requested to have residents' medications available "over the counter" provided in a cheaper manner than regular cycle fill around the middle of January 2021.
-The pharmacy started dispensing "over the counter" medications in a bulk plastic container per the facility's request.

Interview with a first shift Medication Aide (MA) on 03/26/21 at 3:00pm revealed:
-MAs were supposed to reorder medications when 5 to 7 days remaining on the supply.
-Resident #5's aspirin 81mg was not available for 10 days in January 2021 when she was administering medications.
-She tried to reorder aspirin 81mg at least 2 times but did not have documentation for the days she tried.
-MAs were supposed to inform the Resident Care Coordinator (RCC) when a medication was reordered and was not available to administer.
-She was certain she informed the RCC one more than one occasion that Resident #5 did not have aspirin 81mg available to administer in January 2021 and February 2021.
-Close to the time Resident #5 ran out of aspirin

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 38	D 358		

in January 2021, the facility was switching residents to a bulk package for medications like aspirin that could be purchased "over the counter".

Interview with the Resident Care Coordinator on 03/26/21 at 4:20pm revealed:
-The MAs did not inform her Resident #5 was out of aspirin 81mg in January 2021 until the resident was out for a few days.
-The facility worked with the pharmacy for obtaining residents' medications that were "over the counter" and not covered by insurances, like aspirin, to dispense the medications in a cost a saving package (bulk pack).
-There was some medication delay when the pharmacy was switching the dispensing package and moving the medications from cycle fill.
-She did not follow-up with the pharmacy for a while due to increased work load on her.
-She faxed a report of residents needing medication refills, including aspirin 81mg for Resident #5, to the pharmacy for the pharmacy to send medications showing up as not available from pharmacy or waiting on the pharmacy.
-She did not have a system in place to routinely monitor residents eMARs for documentation that medications were not being administered as ordered.
-The MAs on each shift were supposed to monitor the previous shift for medication omissions or missed medication administration times but not for medications not available.

Interview with Resident #5 on 03/26/21 at 4:35pm revealed:
-She knew she did not receive aspirin 81mg for several days in January 2021 and February 2021 because she always counted her tablets and identified she was missing aspirin.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 39 -She took aspirin as part of her blood thinner since her heart surgery "years ago". -She took another blood thinner along with the aspirin and received it correctly. -The MA told her they were having trouble getting her aspirin and there was none available to give her. -She had been receiving aspirin every day since the time she was out of medication in February 2021. Telephone interview with a clinical assistant at Resident #5's primary care provider's (PCP) office on 03/29/21 at 1:56pm revealed: -Resident #5 received aspirin 81mg along with another blood thinner as part of her post heart surgery therapy, and as a precaution for heart related conditions. -The PCP saw Resident #5 on a routine monthly basis but did not have documentation for missed aspirin 81mg therapy in the resident's notes from encounters in February 2021. Telephone interview with the Executive Director on 03/29/21 at 4:00pm revealed: -The RCC was responsible to ensure medications were available to be administered and staff were administering medications as ordered. -The RCC had not been routinely monitoring or auditing for medication not available to be administered. _____ The facility failed to ensure medications were administered as ordered for 6 of 7 sampled residents regarding Resident #3 not receiving a mood stabilizer for 6 doses resulting in the resident exhibiting increased aggitation and behaviors and being hospitilized for behaviors; Resident #4 not receiving a rapid acting insulin correctly per sliding scale orders and	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 358	Continued From page 40 administering rapid acting insulin without an order when blood sugars values exceeded the sliding scale parameters resulting in the resident being placed at substantial risk for uncontrolled diabetes including hypoglycemia (too low blood sugar values) and hyperglycemia (elevated blood sugar values). The facility's failure resulted in substantial risk of physical harm and neglect which constitutes a Type A2 Violation. _____ The facility provided a Plan of Protection in accordance with G.S. 131D-34 on March 26, 2021. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED APRIL 28, 2021.	D 358		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .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	D 367	A review of MAR's will be completed By the RCC, MCC and/or ED by 5/1/21 and then monthly for two months To ensure compliance with Physicians orders. Pharmacy will conduct and audit Of all MAR's to help ensure accuracy of Documentation by 5/1/21.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 367	Continued From page 41	D 367		

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 observation, interviews, and record reviews, the facility failed to ensure the electronic Medication Administration Records (eMARs) were accurate for 1 of 5 sampled residents (#3) related to documentation of systolic blood pressure (SBP) and heart rate (HR).

Review of Resident #3's current FL2 dated 03/04/21 revealed:
-Diagnoses included dementia with behavioral disturbance.
-There was an order for metoprolol tartrate (a medication used to treat high blood pressure) 25mg ½ tablet every night. Hold for systolic blood pressure (SBP) less than 110 and heart rate (HR) less than 60.

Review of Resident #3's electronic Medication Administration Record (eMAR) for January 2021 revealed:
-There was an entry for metoprolol tartrate 25mg ½ tablet at bedtime. Hold for SBP less than 110 and HR less than 60 to be administered at 9:00pm.
-Metoprolol tartrate was documented as administered for 31 of 31 opportunities.
-There was not an entry for SBP or HR.
-It could not be determined if metoprolol tartrate should have been held according to Resident #3's SBP and HR.

Review of Resident #3's eMAR for February 2021 revealed:
-There was an entry for metoprolol tartrate 25mg

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 367	Continued From page 42	D 367		

½ tablet at bedtime. Hold for SBP less than 110 and HR less than 60 scheduled for administration at 9:00pm.
-Metoprolol tartrate was documented as administered for 27 of 28 opportunities.
-There was not an entry for SBP or HR.
-It could not be determined if metoprolol tartrate should have been held according to Resident #3's SBP and HR.

Review of Resident #3's eMaR for March 2021 revealed:
-There was an entry for metoprolol tartrate 25mg ½ tablet at bedtime. Hold for SBP less than 110 and HR less than 60 to be administered at 9:00pm.
-Metoprolol tartrate was documented as administered for 31 of 31 opportunities.
-There was not an entry for SBP or HR.
-It could not be determined if metoprolol tartrate should have been held according to Resident #3's SBP and HR.

Observation of the medication available for administration to Resident #3 on 03/26/21 at 2:27pm revealed metoprolol tartrate 25mg ½ tablet at bedtime was not available on the medication cart.

Telephone interview with a representative at the contracted pharmacy on 03/26/21 at 8:36am revealed:
-There was an active order dated for metoprolol tartrate 25mg ½ tablets at bedtime. Hold if SBP less than 110 and HR less than 60.
-Fifteen tablets (30 doses) of metoprolol tartrate were dispensed to the facility on 01/10/21, 8 tablets (16 doses) were dispensed on 02/16/21, 14 tablets (28 doses) were dispensed on 02/26/21, and 14 tablets (28 doses) were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 367	Continued From page 43 dispensed on 03/26/21. A second telephone interview with a representative at the contracted pharmacy on 03/26/21 at 3:04pm revealed: -The Metoprolol order to hold if SBP was less than 110 and pulse was less than 60 was considered an order to check SBP and HR. -The pharmacy could place an entry for SBP and HR on the eMAR, but it depended on the facility. -The facility usually entered their own treatments on the eMAR such as SBP and HR. Interview with a medication aide (MA) on 03/26/21 at 5:08pm revealed: -MAs were supposed to check Resident #3's SBP and HR prior to administering her metoprolol tartrate. -She checked Resident #3's SBP and HR, but she did not document it because there was no place to document it on the eMAR. -She wrote Resident #3's BP and HR on a sheet of paper and when she took it, but she threw it away when she returned to the medication cart. -She knew she should have documented on the eMAR or kept a log when she checked Resident #3's SBP or HR, but she "just didn't." -She did not tell anyone there was no place to document Resident #3's SBP or HR on the eMAR. Telephone interview with the Special Care Unit Coordinator (SCUC) on 03/29/2 at 11:51am revealed: -Staff should have checked Resident #3's SBP and HR prior to administering metoprolol tartrate. -There should have been and entry for SBP and HR on Resident #3's eMAR. -She did not know MAs did not have anywhere to document resident #3's SBP or HR and did not	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 367	Continued From page 44	D 367		

know if MAs were checking Resident #3's SBP and HR prior to administering metoprolol tartrate.
-She started working as SCUC in February 2021 and has not had time to conduct an eMAR audit to ensure medications were being administered as ordered.

Telephone interview with a MA on 03/29/21 at 3:23pm revealed:
-She did not check the SBP and HR for Resident #3 prior to administering her metoprolol tartrate.
-She only checked a resident's blood pressure (BP) or HR only if the eMAR system alerted her the BP or HR needed to be checked.
-There was an alert to administer metoprolol at 9:00pm, but there was not an alert to check and document SBP or HR for Resident #3.
-There was no place on the eMAR to document the SBP or HR for Resident #3.
-She had not told anyone there was no entry for SBP or HR for Resident #3.

Telephone interview with the clinical assistant at Resident #3's primary care physician's (PCP) office on 03/29/21 at 1:36pm revealed:
-Resident #3 had a physician's order for metoprolol tartrate 25mg ½ tab at bedtime. Hold for SBP less than 110 and HR less than 60.
-The facility had not contacted the PCP's office regarding Resident #3's SBP or HR not being checked prior to administration of metoprolol.
-The PCP expected Resident 3's medication to be administered and held as ordered.

Telephone interview with the Executive Director (ED) on 03/29/21 at 3:44pm revealed:
-She expected staff to check Resident #3's BP and HR prior to administration of metoprolol tartrate.
-She expected staff to enter Resident #3's BP

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 367	Continued From page 45 and HR readings on the eMAR and she did not know there was not an entry for BP and HR readings on Resident #3's eMAR. -The pharmacy was responsible for entering BP and HR on the eMAR and the SCUC were responsible for reviewing and approving the eMAR if all information was correct. -The missing entry for BP and HR should have been caught when the SCUC approved the order on the eMAR. -She did not know if the MAs administered metoprolol tartrate according to the physician's order. -The MAs should have notified the SCUC there was no place to document BP or HR on the eMAR. -The SCUC was responsible for reviewing the eMARs monthly. -She expected Resident #3's medications to be administered as ordered. Based on observation, record reviews and interviews, it was determined Resident #3 was not interviewable.	D 367	Staff will be educated on residents Rights by 4/28/21 and then monthly For two months after. RCC, MCC and/or ED will ensure the completion of the trainings.	
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure residents received care and services necessary to maintain the residents health, safety, and welfare as	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041010	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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
D912	Continued From page 46 related to health care and medication administration. The findings are: 1. Based on observations, record reviews and interviews, the facility failed to refer a resident to a mental health provider (MHP) and follow up with the primary care provider (PCP) for 1 of 5 sampled residents (Resident #3) related to management of psychiatric medications and a prescribed mood stabilizer not being available for administration resulting in increased behaviors. [Refer to Tag 0273, 10A NCAC 13F .0902(b) Health Care (Type A2 Violation).]. 2. Based on observations, record reviews and interviews, the facility failed to ensure medication were administered as ordered by a licensed practicing practitioner for 6 of 7 sampled residents (Residents #2, #3, #4, #5, #6 and #7) with orders for a mood stabilzer (#3), a rapid acting insulin (#4), an anti-anxiety medication (#2), a topical pain medication (#6 and #7), and a blood thinner (#5). [Refer to Tag 0358, 10A NCAC 13F .1004(a) Medication Administration (Type A2 Violation)].	D912		