STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL088015	A. BUILDING: _____ B. WING _____	R 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSBRIDGE HOUSE	10 SUGAR LOAF ROAD BREVARD, NC 28712

(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 and the Transylvania Department of Social Services conducted a follow up survey and complaint investigation 04/05/21 to 04/06/21. The complaint investigation was initiated by the Transylvania Department of Social Services on 03/22/21.	D 000		
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 B VIOLATION Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered by a licensed prescribing practitioner for 1 of 6 sampled residents (Resident #6) related to eye drops. The findings are: Review of Resident #6's current FL2 dated 02/05/21 revealed diagnoses included glaucoma and Alzheimer's Disease. Review of Resident #6's Ophthalmologist order dated 02/03/21 revealed brimonidine (used to	D 358	See Attached	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debby Milner, Executive Director TITLE (X6) DATE 4/28/21

Review and accepted 04/28/21

RP

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL088015	A. BUILDING: _____ B. WING _____	R 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSBRIDGE HOUSE	10 SUGAR LOAF ROAD BREVARD, NC 28712

(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 1 treat glaucoma) 0.2% 1 drop in both eyes twice a day. Review of Resident #6's Nurse Practitioner's (NP) order dated 03/29/21 revealed brimonidine 0.2% 1 drop into both eyes twice a day. Interview with Resident #6 on 04/05/21 at 9:15am revealed: -She had gone without her eye drops for "awhile." -The vision in her right eye was "worse," because she had not been getting the eye drops. Review of Resident #6's February 2021 electronic Medication Administration Record (eMAR) revealed: -There was an entry for brimonidine 0.2% 1 drop both eyes twice daily scheduled at 8:00am and 8:00pm. -The brimonidine was documented as administered from 02/03/21 at 8:00pm to 02/28/21 at 8:00pm for 51 occurrences out of 51 opportunities. Review of Resident #6's March 2021 eMAR revealed: -There was an entry for brimonidine 0.2% 1 drop both eyes twice daily scheduled at 8:00am and 8:00pm. -The brimonidine was documented as administered twice daily from 03/01/21 to 03/31/21 for 56 occurrences out of 62 opportunities. -The brimonidine was documented as not administered on 03/23/21 at 9:15pm, 03/25/21 at 8:57pm, and 03/26/21 at 8:55pm due to "reordered, waiting on pharmacy." -The brimonidine was documented as not administered on 03/24/21 at 9:36pm due to "doesn't have," on 03/25/21 at 7:44am due to	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL088015	A. BUILDING: _____ B. WING _____	R 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSBRIDGE HOUSE	10 SUGAR LOAF ROAD BREVARD, NC 28712

(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 2 "ordered," and on 03/29/21 at 8:17am due to "need to order." Review of Resident #6's April 2021 eMAR revealed: -There was an entry for brimonidine 0.2% 1 drop both eyes twice daily scheduled at 8:00am and 8:00pm. -The brimonidine was documented as administered twice daily from 04/01/21 to 04/05/21 at 8:00am for 9 occurrences out of 9 opportunities. Observation of Resident #6's available medications on 04/06/21 at 10:19am revealed: -There was one bottle of brimonidine eye drops available for Resident #6. -The dispense date was 03/29/21. -The date opened was 03/30/21. Interview with a medication aide (MA) on 04/06/21 at 10:14am revealed: -She had documented Resident #6's brimonidine as not administered on 03/25/21 at 7:44am due to "ordered." -When she had documented "ordered," it meant she had faxed a refill request to the contracted pharmacy to get the brimonidine reordered. -It was facility policy to put a date opened label on the eye drops when they are removed from the refrigerator and placed on the medication cart for use. -eye drops expired 28 days after they were removed from refrigeration and opened. Interview with a second MA on 04/06/21 at 10:15am revealed: -She had documented Resident #6's brimonidine as not administered on 03/29/21 at 8:00am due to "need to order."	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL088015	A. BUILDING: _____ B. WING _____	R 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSBRIDGE HOUSE	10 SUGAR LOAF ROAD BREVARD, NC 28712

(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 3 -"Need to order" meant she could not find the eye drops on the medication cart. -The eye drops had arrived from the pharmacy "the next day" (03/30/21). Interview with the Special Care Coordinator (SCC) on 04/06/21 at 10:21am revealed: -He had notified Resident #6's NP on 03/25/21 a prescription was needed for the brimonidine eye drops to be refilled. -The NP sent the brimonidine script to the pharmacy on 03/29/21. -Medication cart audits were performed weekly on Mondays. -It would have been difficult to tell how much liquid was left in Resident #6's bottle of brimonidine during the cart audits. -Eye drop date opened expiration dates were checked during the weekly medication cart audits. Telephone interview with the contracted facility pharmacy on 04/06/21 at 9:47am revealed: -The brimonidine 0.2% 1 drop both eyes twice daily order for Resident #6 was received and filled on 02/03/21. -The pharmacy dispensed one 5ml bottle of brimonidine 0.2% on 02/03/21. -There were 20 drops in 1ml and thus a 5ml bottle would contain 100 drops and would be a 25 day supply for Resident #6 with the current order of 4 drops per day. -The brimonidine eye drop supply should have run out by 03/01/21. -The pharmacy received a communication from the facility on 03/23/21 to refill the brimonidine, however it did not have any refills. -Resident #6's Nurse Practitioner sent in an electronic script for brimonidine 0.2% 1 drop in both eyes twice daily on 03/29/21. -One bottle of brimonidine was dispensed by the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL088015	A. BUILDING: _____ B. WING _____	R 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSBRIDGE HOUSE	10 SUGAR LOAF ROAD BREVARD, NC 28712

(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 4 pharmacy on 03/29/21. Telephone interview with Resident #6's Ophthalmologist office representative on 04/06/21 at 10:05am revealed: -The brimonidine eye drops were ordered for Resident #6 to help control the intraocular pressure in her eyes. -The intraocular pressure in Resident #6's eyes could have been increased due to the missed doses of brimonidine. Interview with the Administrator on 04/06/21 at 11:25am revealed: -During medication cart audits, staff were expected to reorder eye drops nearing their date opened expiration dates. -She did not know Resident #6's brimonidine had not been administered due to not getting a new script for a refill. -She did not know Resident #6's 5ml bottle of brimonidine eye drops which began being administered on 02/03/21 would have provided a 25 day supply for the resident (03/01/21). -She did not know staff had documented administering the brimonidine to Resident #6 from 03/01/21 to 03/23/21 when their had not been a sufficient supply of the eye drops for -The MAs should not have documented administering the eye drops if the eye drops were not available to administer. -When the MAs realized the brimonidine eye drops were unavailable, they should have gotten the eye drops from their local backup pharmacy. -The MAs could also have done a "stat" order with the contracted facility pharmacy and sometimes get the medication later in the evening of the same day of the request. Attempted telephone interview with Resident #6's	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL088015	A. BUILDING: _____ B. WING _____	R 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSBRIDGE HOUSE	10 SUGAR LOAF ROAD BREVARD, NC 28712

(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 5 Nurse Practitioner on 04/06/21 at 10:21am was unsuccessful. _____ The failure of the facility to administer brimonidine eye drops as ordered increased Resident #6's risk of increased intraocular eye pressure and was detrimental to the health, safety, and welfare and constitutes a Type B Violation. _____ CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 21, 2021.	D 358		
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, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to medication administration. The findings are: Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered by a licensed prescribing practitioner for 1 of 6 sampled residents (Resident #6) related to eye drops. [Refer to Tag D358, 10A NCAC 13F .1004(a) Medication	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL088015	A. BUILDING: _____ B. WING _____	R 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSBRIDGE HOUSE	10 SUGAR LOAF ROAD BREVARD, NC 28712

(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 6 Administration (Type B Violation)].	D912		

Plan of Correction
Kingsbridge House
April 27, 2021

Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.

D 358 pg. 1 **10A NCAC 13F .1004(a) Medication Administration-- Type B**

All current Medication Aides have been re-trained on Medication Administration Policies and Procedures, including expectations for administration of medications, importance of placing start date on all medications when opened that are not in blister packaging or multi-dose packaging, as well as the process to follow when medications are not available. This training also included importance of calculation of doses of medication in eye drops, topical medications, nasal sprays, nose drops, and inhalers, based on ordered dose and frequency. This process may include consultation with the pharmacy to determine number of available doses of the medication. The process for unavailable medications will include notification of the Pharmacy, the Executive Director and Memory Care Manager (MCM), to determine why the medication is not available and when medication will be delivered. The MCM will notify the PCP to inform of the unavailable medication and receive directions for administration or receive order to hold the medication until delivered by the Pharmacy.

The ED, MCM or designee will complete audits of the medication administration compliance record daily and review each pharmacy delivery for accuracy and delivery of reordered medications. The Executive Director and MCM will complete weekly medication administration compliance reviews to assist with compliance of medication administration. All discrepancies in administration and/or documentation of administration of medications will be immediately addressed and corrected.

In addition, the Executive Director, MCM and designated Medication Aides were re-trained on completing a weekly Medication Administration Record review/comparison against the weekly delivery of Multi Dose Packaging (MDP) medications, as well as medications not packaged in MDP. This training included the process for documentation of the opened date of the medication, as well as calculation of the doses in the medications listed above, based on the dose and frequency of the order. The Memory Care Manager will be re-trained on the procedures for processing refills for medications, and verification of receipt of medication and implementation of the orders, as well as procedure for notifying the Physician/Provider in the event there will be a delay in implementation of the medication, and obtaining applicable orders for an amended start date.

The MCM will process new orders and review the following morning to assure that all medications were received from the pharmacy. In the event any medication is not available for administration, the Med Aides will notify the Pharmacy and the MCM of the unavailability of the medication. The MCM will follow up with the Pharmacy to obtain the medication and with the PCP to notify of any missed medications. The MCM will review the electronic Medication Administration Records (MAR) weekly for accuracy by comparing the MAR against the Physician Orders. Any discrepancies with accuracy of orders will be addressed immediately with both the Pharmacy and the PCP and the MAR will be corrected.

Completion Date May 21, 2021

DM

D 912 **GS 131D-21(2) Declaration of Resident Rights**

All staff were retrained on Resident Rights to include the right to receive care and services which are adequate, appropriate and in compliance with federal and state laws and rules and regulations related to Medication Administration. Training was provided during Medication Aide meetings and individual one to one trainings conducted by the Divisional Director of Clinical Services and the LHPS Registered Nurse.

Date of Completion May 21, 2021

DMilner, 4/28/21