| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034107 | A. BUILDING: _____ B. WING _____ | R 11/23/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SHULER HEATH CARE/STOREY VILLA | 250 PITT STREET KERNERSVILLE, NC 27284 |

| (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<br><br>The Adult Care Licensure Section conducted a follow-up survey on 11/23/21. | {D 000} | | |
| D 344 | 10A NCAC 13F .1002(a) Medication Orders<br><br>10A NCAC 13F .1002 Medication Orders<br>(a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments:<br>(1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility;<br>(2) if orders are not clear or complete; or<br>(3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same.<br>The facility shall ensure that this verification or clarification is documented in the resident's record.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record review, and interviews the facility failed to clarify medication orders for 1 of 3 sampled residents (#2) who had orders for a rapid acting insulin.<br><br>The findings are:<br><br>Review of Resident #2's current FL2 dated 09/22/21 revealed:<br>-Diagnoses included diabetes.<br>-There was an order for insulin aspart (Novolog) (a rapid acting insulin used to lower elevated blood sugar levels) inject 5 units subcutaneously three times a day before meals with additional sliding scale insulin for fingerstick blood sugars (FSBS) 151 or higher. | D 344 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034107 | A. BUILDING: _____ B. WING _____ | R 11/23/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SHULER HEATH CARE/STOREY VILLA | 250 PITT STREET KERNERSVILLE, NC 27284 |

| (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 344 | Continued From page 1<br><br>Review of Resident #2's physician's order dated 10/27/21 revealed:<br>-There was an order to discontinue Novolog sliding scale insulin.<br>-There was an order to start Novolog 3 units subcutaneously three times a day with meals, hold if FSBS was less than 100 or if resident was not eating.<br><br>Review of Resident #2's progress note dated 11/10/21 revealed there was an order to increase Novolog to 4 units subcutaneously three times a day with meals, hold if FSBS was less than 100 or if resident was not eating.<br><br>Review of Resident #2's New Prescription Summary dated 11/10/21 revealed there was a prescription sent to the pharmacy by the primary care provider (PCP) for Novolog 1 unit subcutaneously three times a day with meals, hold if FSBS was less than 100 or if resident was not eating.<br><br>Review of Resident #2's November 2021 electronic medication administration record (eMAR) revealed:<br>-There was an entry for Novolog 3 units with meals, hold if FSBS is less than 100 or if resident was not eating, with a discontinue date of 11/10/21.<br>-Novolog 3 units was documented as either administered, or not administered due to Resident #1 not eating breakfast, three times a day with meals from 11/01/21 through 11/10/21.<br>-FSBS ranged from 86 to 393.<br>-There was an entry for Novolog 1 unit with meals, hold if FSBS was less than 100 or if resident was not eating, with a start date of 11/10/21. | D 344 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034107 | A. BUILDING: _____ B. WING _____ | R 11/23/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SHULER HEATH CARE/STOREY VILLA | 250 PITT STREET KERNERSVILLE, NC 27284 |

| (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 344 | Continued From page 2 | D 344 | | |

-Novolog 1 unit was documented as either administered, or not administered due to Resident #1 not eating breakfast, three times a day with meals from 11/10/21 through 11/23/21.
-FSBS ranged from 97 to 486.

Interview with a medication aide (MA) on 11/23/21 at 1:46pm revealed:
-When the PCP wrote a new order for Resident #2, the business office manager (BOM) was responsible for faxing the new order to the pharmacy; the pharmacy would then update the eMAR and send the new prescription to the facility.
-Resident #2 received his medications from the Veteran's Affairs (VA) pharmacy.

Interview with the BOM on 11/23/21 at 2:30pm revealed:
-When the PCP wrote new orders for Resident #2, the PCP would give the progress note containing the new order to her, along with faxing a copy of the progress note to the pharmacy with the new prescription.
-The pharmacy would enter the new order on the eMAR; she would then approve the new order on the eMAR and print a copy of the order for Resident #2's record and for the MA.
-If there was a discrepancy in an order when comparing the PCP's progress note and the prescription, the pharmacy would call the facility for clarification. The pharmacy did not call to clarify if Resident #2 should receive Novolog 1 unit or 4 units.
-It was her responsibility to compare progress notes with the prescriptions sent to the pharmacy, but she was unsure why this order discrepancy was not noticed.

Telephone interview with a representative from

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034107 | A. BUILDING: _____ B. WING _____ | R 11/23/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SHULER HEATH CARE/STOREY VILLA | 250 PITT STREET KERNERSVILLE, NC 27284 |

| (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 344 | Continued From page 3 | D 344 | | |

the VA pharmacy on 11/23/21 at 2:55pm revealed:
-The most recent Novolog order they had on record for Resident #2 was from June 2021 and was last dispensed 09/29/21 for 5 units three times a day before meals with an additional sliding scale for FSBS 151 or higher.
-If a non-VA provider wrote a new medication order, it would need to be faxed to the pharmacy. They did not receive a new Novolog order on 11/10/21.
-They were unable to see that Resident #2 had received medications from another VA pharmacy location.

Telephone interview with a representative from the facility contracted pharmacy on 11/23/21 at 3:17pm revealed:
-They had a medication profile for Resident #2 but had never dispensed medication for him.
-The order they had on file for Resident #2's Novolog was for 1 unit subcutaneously three times a day with meals, hold if FSBS less than 100 or if resident was not eating.
-They were unable to see which pharmacy Resident #2 was using to receive his medications.

Interview with Resident #2 on 11/23/21 at 3:40pm revealed:
-He used the VA pharmacy in a local town to receive his medications.
-His insulin dose was 1 unit with meals, and he felt that dose was working well for him.
-The MA always told him what his FSBS reading was and he denied having any symptoms associated with high or low blood sugars.
-There had been times when he did not take insulin in the mornings because he did not eat breakfast.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034107 | A. BUILDING: _____ B. WING _____ | R 11/23/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SHULER HEATH CARE/STOREY VILLA | 250 PITT STREET KERNERSVILLE, NC 27284 |

| (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 344 | Continued From page 4<br><br>Interview with the Administrator on 11/23/21 at 4:20pm revealed:<br>-The BOM was responsible for receiving new orders from the PCP, faxing new orders to the pharmacy and approving the new order changes on the eMAR.<br>-Resident #2 received his medications through the VA pharmacy.<br><br>Telephone interview with Resident #2's VA social worker on 11/24/21 revealed:<br>-He did not work directly with Resident #2; he worked as the social worker for another resident at the facility but the facility contacted him the day prior regarding Resident #2's medications.<br>-It was his understanding that Resident #2 received his prescription medications through the VA pharmacy.<br>-When a non-VA practitioner prescribed medication for Resident #2, the order would need to be faxed to the VA pharmacy along with the progress note for justification.<br>-He thought Resident #2's orders were only faxed the facility-contracted pharmacy by the PCP because they did not know to fax it to the VA pharmacy as well, and that either the BOM or PCP would need to assume the responsibility of faxing orders to the VA so that orders would not be missed.<br><br>Attempted telephone interview on 11/23/21 at 2:53pm and 3:27pm with Resident #2's PCP was unsuccessful. | D 344 | | |
| {D 358} | 10A NCAC 13F .1004(a) Medication Administration<br><br>10A NCAC 13F .1004 Medication Administration | {D 358} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034107 | A. BUILDING: _____ B. WING _____ | R 11/23/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SHULER HEATH CARE/STOREY VILLA | 250 PITT STREET KERNERSVILLE, NC 27284 |

| (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<br>(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:<br>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and<br>(2) rules in this Section and the facility's policies and procedures.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews the facility failed to ensure medications were administered as ordered for 1 of 3 sampled residents (#2) related to orders for a laxative and a stool softener.<br><br>The findings are:<br><br>Review of Resident #2's current FL2 dated 09/22/21 revealed diagnoses included diabetes, depression, hypertension and cocaine dependence.<br><br>Review of Resident #2's signed physician's orders dated 11/03/21 revealed:<br>-There was an order for polyethylene glycol (Miralax) powder (a laxative medication to treat constipation), mix 17 grams in 6 ounces of fluid and drink once daily, hold for diarrhea, with a start date of 10/27/21.<br><br>Review of Resident #2's physician order dated 11/10/21 revealed there was an order to start Senokot-S (a stool softener and laxative combination medication used to treat constipation) 2 tablets every night at bedtime, hold for diarrhea.<br><br>Review of Resident #2's November 2021 eMAR revealed: | {D 358} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034107 | A. BUILDING: _____ B. WING _____ | R 11/23/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SHULER HEATH CARE/STOREY VILLA | 250 PITT STREET KERNERSVILLE, NC 27284 |

| (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 6<br>-There was an entry for Miralax, mix 17 grams in 6 ounces of fluid and drink once daily, hold for diarrhea and scheduled for administration at 8:00am.<br>-There was no documentation Miralax was administered from 11/03/21 through 11/09/21, and from 11/11/21 through 11/23/21.<br>-The reason documented for Miralax not administered was the facility was awaiting on arrival of the medication from the VA.<br>-There was an entry for Senokot-S take 2 tablets every night at bedtime scheduled for administration at 8:00pm with a start date of 11/10/21.<br>-There was no documentation Senokot-S was administered from 11/10/21 through 11/22/21.<br>-The reason documented for Senokot-S not administered was the facility awaiting on arrival of the medication from the VA.<br><br>Interview with a medication aide (MA) on 11/23/21 at 1:46pm revealed:<br>-When the PCP wrote a new order for Resident #2, the business office manager (BOM) was responsible for faxing the new order to the pharmacy; the pharmacy would then update the eMAR and send the new prescription to the facility.<br>-Resident #2 received his medications from the Veteran's Affairs (VA) pharmacy.<br>-If Resident #2 went more than a few days without an ordered medication she would call the VA pharmacy to follow up on the order.<br>-She had recently called the VA to check on the Miralax and Senokot-S orders, but was unable to reach a representative at the VA pharmacy, and was unsure what day she had called.<br>-She would update the primary care provider (PCP) about Resident #2 not receiving medications when the PCP was at the facility. | {D 358} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034107 | A. BUILDING: _____ B. WING _____ | R 11/23/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SHULER HEATH CARE/STOREY VILLA | 250 PITT STREET KERNERSVILLE, NC 27284 |

| (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 7<br><br>She had not notified the PCP about Resident #2 not starting the Miralax or Senokot-S yet as the PCP was scheduled to be at the facility the following day and she would notify her at that time. She did not call the PCP on days the PCP was not at the facility.<br>-Resident #2 complained of constipation but she knew he had been having almost daily bowel movements as she assisted him with cleaning up afterward.<br><br>Interview with the BOM on 11/23/21 at 2:30pm revealed:<br>-When the PCP wrote new orders for Resident #2, the PCP would give the progress note containing the new order to her, along with faxing a copy of the progress note to the pharmacy with the new prescription.<br>-The pharmacy would enter the new order on the eMAR, she would then approve the new order on the eMAR and print a copy of the order for Resident #2's record and for the MA.<br>-She had not been made aware that Resident #2 had not received his prescriptions for Miralax or Senokot-S. She would expect the MA to notify her if the medication was not received within a few days of the order starting.<br>-If a medication was not received from the pharmacy after 7 to 10 days, it was her process to call the pharmacy to follow up on order status.<br>-If the medication was not received after another 7 to 10 day period, she would call the pharmacy back along with emailing Resident #2's VA social worker who would help speed the process along. She had not done this for the Miralax or Senokot-S as she was unaware the medications had not been received.<br><br>Telephone interview with a representative from the VA pharmacy on 11/23/21 at 2:55pm | {D 358} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034107 | A. BUILDING: _____ B. WING _____ | R 11/23/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SHULER HEATH CARE/STOREY VILLA | 250 PITT STREET KERNERSVILLE, NC 27284 |

| (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 8 | {D 358} | | |

revealed:
-They did not have orders for Miralax or Senokot-S on file for Resident #2.
-They had no record of communication from the facility to follow up on these prescriptions. The last contact with the facility was a few days prior but was regarding a different medication.
-They were unable to see if Resident #2 had received medications from another VA pharmacy location.

Interview with Resident #2 on 11/23/21 at 3:40pm revealed:
-He had issues with constipation, the last bowel movement (BM) he remembered having was one week prior, and before that he had gone a one-month period without having a BM.
-He did not recall being administered medications for his constipation but stated he did notify the MA that he had not had a bowel movement in several days.
-He only used the VA pharmacy to receive his medications.

-Interview with the Administrator on 11/23/21 at 4:20pm revealed:
-The facility PCP had ordered the Miralax and Senokot-S for Resident #2 rather than his doctor at the VA.
-The medication orders had been faxed to the VA pharmacy on 10/28/21 and they re-faxed them that day.
-The VA pharmacy had initially told the BOM they could not fill the medications because they had not been prescribed by the VA doctor, but after a discussion earlier that day, they agreed to send the medications for Resident #2.
-She had attempted to contact Resident #2's VA social worker for assistance getting the prescriptions that day.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034107 | A. BUILDING: _____ B. WING _____ | R 11/23/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SHULER HEATH CARE/STOREY VILLA | 250 PITT STREET KERNERSVILLE, NC 27284 |

| (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 9<br><br>Telephone interview with Resident #2's VA social worker on 11/24/21 revealed:<br>-He did not work directly with Resident #2; he worked as the social worker for another resident at the facility, but the facility contacted him the day prior regarding Resident #2's medications.<br>-It was his understanding that Resident #2 received his prescription medications through the VA pharmacy.<br>-When a non-VA practitioner prescribed medication for Resident #2, the order would need to be faxed to the VA pharmacy along with the progress note for justification.<br>-He thought Resident #2's orders were only faxed to the facility's contracted pharmacy by the PCP, because the PCP did not know to fax it to the VA pharmacy as well.<br>-Either the BOM or PCP would need to assume the responsibility of faxing orders to the VA so that orders would not be missed.<br><br>Attempted telephone interview on 11/23/21 at 2:53pm and 3:27pm with Resident #2's PCP was unsuccessful. | {D 358} | | |