Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064027	A. BUILDING: _____ B. WING _____	05/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY'S SUPPORTIVE LIVING	932 COBBLE RIDGE DRIVE NASHVILLE, NC 27856

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on May 25, 2021.	C 000		
C 320	10A NCAC 13G .1002 (f) Medication Orders 10A NCAC 13G .1002 Medication Orders (f) The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration, are reviewed and signed by the resident's physician or prescribing practitioner at least every six months This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure all current orders for medications or treatments were reviewed and signed by the resident's physician or prescribing practitioner at least every six months for 2 of 2 sampled residents (#1 and #2). The findings are: 1. Review of Resident #1's current FL-2 dated 07/01/20 revealed: -Diagnoses included hypertension, diabetes mellitus, osteoarthritis, depression, and mood swing disorder. -There were medication orders for Vyvanse, lithium, Exforge, Prozac, metformin, hydrochlorothiazide, naproxen, trazodone, Victoza, and colace. Review of Resident #1's Resident Register revealed an admission date of 08/20/15. Review of Resident #1's record revealed there were no signed six-month physician orders.	C 320		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kaihuerda Richardson | TITLE: Supervisor-in-Charge/Co-owner | (X6) DATE: 6/22/21

Reviewed and accepted - SS - 7/1/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064027	A. BUILDING: _____ B. WING _____	05/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY'S SUPPORTIVE LIVING	932 COBBLE RIDGE DRIVE NASHVILLE, NC 27856

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on May 25, 2021.	C 000	Mercy's Supportive Living 5-26-21 will keep track of all residents' medication orders through FL-2 signed by physician yearly along with the monthly batch report cycle received from residents' pharmacy which list residents' medications. Effective immediately the monthly batch report will require a signature by Physician 12 months after FL-2 is signed. The supervisor-in-Charge will continue to review/monitor all monthly batch Reports from residents' pharmacy monthly once the report arrives at the facility. Observation, monitoring and reviewing medication orders every 12 months to make sure this will not happen again at Mercy's Supportive Living.	
C 320	10A NCAC 13G .1002 (f) Medication Orders 10A NCAC 13G .1002 Medication Orders (f) The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration, are reviewed and signed by the resident's physician or prescribing practitioner at least every six months This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure all current orders for medications or treatments were reviewed and signed by the resident's physician or prescribing practitioner at least every six months for 2 of 2 sampled residents (#1 and #2). The findings are: 1. Review of Resident #1's current FL-2 dated 07/01/20 revealed: -Diagnoses included hypertension, diabetes mellitus, osteoarthritis, depression, and mood swing disorder. -There were medication orders for Vyvanse, lithium, Exforge, Prozac, metformin, hydrochlorothiazide, naproxen, trazodone, Victoza, and colace. Review of Resident #1's Resident Register revealed an admission date of 08/20/15. Review of Resident #1's record revealed there were no signed six-month physician orders.	C 320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064027	A. BUILDING: _____ B. WING _____	05/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY'S SUPPORTIVE LIVING	932 COBBLE RIDGE DRIVE NASHVILLE, NC 27856

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 320	Continued From page 1	C 320		

Refer to interview with the Supervisor in Charge (SIC) 05/25/21 at 11:29am.

Refer to telephone interview with the Administrator on 05/25/21 at 1:05pm.

2. Review of Resident #2's current FL-2 dated 08/24/20 revealed:
-Diagnoses included edema, morbid obesity, dysmetabolic syndrome, severe mental retardation, seborrhea capitis, vitamin D3 deficiency, atopic dermatitis, and schizophrenic disorder.
-There were medication orders vitamin D3, metformin, Adderal, furosemide, divalproex sodium extended release, nystatin-triamcinolone cream, Vraylar, ciclopirox cream, and Cetaphil lotion.

Review of Resident #1's record revealed there were no signed six-month physician orders.

Refer to interview with the Supervisor in Charge (SIC) 05/25/21 at 11:29am.

Refer to telephone interview with the Administrator on 05/25/21 at 1:05pm.

Interview with the Supervisor in Charge (SIC) 05/25/21 at 11:29am revealed:
-She did not know the current orders for resident's medications should be signed by the physician every six months.
-She did know what six-month physician orders were.
-She had not requested the residents' physician review a current medication order list for the residents and sign it.
-She was responsible for ensuring all documents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064027	A. BUILDING: _____ B. WING _____	05/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY'S SUPPORTIVE LIVING	932 COBBLE RIDGE DRIVE NASHVILLE, NC 27856

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 320	Continued From page 2 requiring a physician signature were completed. Telephone interview with the Administrator on 05/25/21 at 1:05pm revealed: -He did not know six-month physician orders were not completed for both residents. -He had not reviewed the resident's records during the year of 2021. -He spoke with the SIC frequently, but he had not provided any instruction concerning six-month physician orders. -The SIC was responsible for ensuring all required documents were completed for the residents.	C 320		
C 612	10A NCAC 13G .1701 (c) Infection Prevention & Control Program (temp) 10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility.	C 612	Mercy's Supportive Living 5-27-21 have created a monthly screening chart which is requiring a daily screening by a staff member with the facility to ensure staffs are doing screening on themselves, Residents and visitors. Temperature check and COVID-19 related questions will be asked daily to ensure the safety of our Residents, staffs, and visitors until further notices. The facility have Placed (3) separated folders at the front of building	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064027	A. BUILDING: _____ B. WING _____	05/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY'S SUPPORTIVE LIVING	932 COBBLE RIDGE DRIVE NASHVILLE, NC 27856

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 612	Continued From page 3	C 612	area so a staff member with Mercy's Supportive Living can do the daily screening. The Supervisor-in-Charge will review the screening chart daily to make sure staffs are doing the screening. Monitoring the screening chart daily to make sure this will never happen again at Mercy's Supportive Living	

This Rule is not met as evidenced by:
Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to screening of residents, staff and visitors.

The findings are:

Review of the Centers for Disease Control and Prevention (CDC) Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities dated 03/29/21 revealed all residents and staff should screen daily for symptoms consistent with COVID-19 (fever or chills, cough, shortness of breath or difficulty of breathing, fatigue, headache, body aches, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea.

Review of the NC Department of Health and Human Services COVID-19 Long Term Care (LTC) Infection Control Assessment and Response Tool for LHD dated 10/2020 revealed staff and residents should be screened daily for fever, signs and symptoms of COVID-19.

Review of the facility's infection control policy revealed:
-The policy was hand-written and contained standard precautions for COVID-19 prevention.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064027	A. BUILDING: _____ B. WING _____	05/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY'S SUPPORTIVE LIVING	932 COBBLE RIDGE DRIVE NASHVILLE, NC 27856

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 612	Continued From page 4	C 612		

-There were procedures for hand washing, personal protective equipment, cleaning and disinfecting, disposal of sharps, respiratory hygiene and cough etiquette, cardio-pulmonary resuscitation with COVID-19 precautions, visitation guidelines, reporting cases of COVID-19 or communicable diseases to the local health department, screening of residents and staff, and communication with family members if a resident contracted COVID-19.
-The policy was not dated.

Observation of the facility on 05/25/21 at 8:00am revealed:
-There was a sign on the front door that indicated a face mask was required, a temperature check and hand sanitizer was available for use upon entering the facility.
-The Supervisor in Charge (SIC) answered the front door.
-She asked if the surveyor had a thermometer to use for temperature monitoring.
-The temperature was shown to the SIC using the surveyor's thermometer.
-The SIC did not document the temperature and there were no screening logs available to use.
-There was a box of face masks and gloves on a table to the left of the front door.

Review of the residents' MARs from March 2020 to May 2021 revealed there were no temperatures documented.

Review of two hand-written daily temperature documents revealed:
-These documents were in both residents' charts.
-There were daily temperatures for the residents from 02/01/21 to 03/31/21 at 6:59am, 7:00am and 8:00am.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064027	A. BUILDING: _____ B. WING _____	05/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY'S SUPPORTIVE LIVING	932 COBBLE RIDGE DRIVE NASHVILLE, NC 27856

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 612	Continued From page 5	C 612		

Telephone interview with a resident on 05/25/21 at 12:49am revealed his temperature was checked by the (SIC) every day.

Interview with the SIC on 05/25/21 at 11:53am revealed:
-She was the primary worker in the facility and had two relief staff when needed.
-The facility had not had any visitors and the residents had virtual physician visits.
-She checked the residents' temperatures daily.
-She documented the residents' temperatures for February 2021 and March 2021 and then stopped.
-She stopped documenting the temperatures because the residents' physician told her it was no longer necessary.
-She did not check her relief staff temperatures when they came to the facility.
-She did not document her temperatures.
-She did not document visitor's temperatures.
-She received training from a nearby county health department nurse on infection control and COVID-19 precautions on 03/10/21.
-The nurse did not review screening of visitors, staff or residents.
-She received emails from the Department of Health Service Regulation concerning COVID-19, but had not read all of them.
-She read the CDC guidelines concerning frequent hand washing, use of PPE, and visitation.
-She thought the CDC guidelines were to screen once a month for staff.
-She knew the residents were supposed to be screened for COVID-19 signs and symptoms daily.
-She was responsible for ensuring screening of visitors, staff and residents was completed per the CDC guidelines for COVID-19.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064027	A. BUILDING: _____ B. WING _____	05/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY'S SUPPORTIVE LIVING	932 COBBLE RIDGE DRIVE NASHVILLE, NC 27856

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 612	Continued From page 6	C 612		

Telephone interview with the Administrator on 05/25/21 at 1:05pm revealed:
-He was not familiar with the CDC guidelines concerning screening, but he had discussed COVID-19 precautions frequently with the SIC.
-Staff took the residents' temperatures.
-He did not know staff did not document the residents' temperatures consistently.
-He did not know the SIC did not have a screening log for visitors or staff to document if they had any symptoms of COVID-19.
-He had not provided a visitors or staff screening log for the facility to use.
-He knew the CDC guidelines regarding wearing a face mask within the facility, but he did not know the CDC guidelines concerning screening of residents, staff or visitors.
-He had received emails from NC DHHS concerning COVID-19.
-The SIC was responsible for ensuring the guidelines of the CDC for infection control were followed by providing daily temperature screenings for residents and staff in the facility.

Kaushanda Richardson Co-owner 6/14/21