STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045112	A. BUILDING: _____ B. WING _____	C 03/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW ASSISTED LIVING	260 CENTERWAY DRIVE HENDERSONVILLE, NC 28792

(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 an annual and follow-up survey on 03/01/22-03/02/22.	D 000		
D 400	10A NCAC 13F .1009(a)(1) Pharmaceutical Care 10A NCAC 13F .1009 Pharmaceutical Care (a) An adult care home shall obtain the services of a licensed pharmacist or a prescribing practitioner for the provision of pharmaceutical care at least quarterly. The Department may require more frequent visits if it documents during monitoring visits or other investigations that there are medication problems in which the safety of residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes the following: (1) an on-site medication review for each resident which includes the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and (C) documenting the results of the medication review in the resident's record.	D 400		

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D 400	Continued From page 1	D 400		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure quarterly pharmaceutical reviews were completed for 3 of 3 sampled residents (#1, #2, and #3).

The findings are:

1. Review of Resident #1's current FL2 dated 04/06/21 revealed diagnoses included dementia, schizoaffective disorder, depression, anxiety, diabetes type 2, hypertension, chronic kidney disease, and obesity.

Review of Resident #1's pharmaceutical review dated 05/20/21 revealed there were no recommendations.

Review of Resident #1's record revealed there was no documentation of quarterly pharmacy reviews completed after 05/20/21.

Refer to the interview with the Executive Director (ED) on 03/01/22 at 12:45pm.

Refer to the telephone interview with a pharmacist from the contracted pharmacy on 03/01/22 at 3:15pm.

Refer to the interview with the ED on 03/02/22 at 8:20am.

2. Review of Resident #2's current FL2 dated 12/13/21 revealed diagnoses included atrial fibrillation, type 2 diabetes, and dementia.

Review of Resident #2's pharmaceutical review

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D 400	Continued From page 2 dated 05/20/21 revealed there were no recommendations. Review of Resident #2's record revealed there was no documentation of quarterly pharmacy reviews completed after 05/20/21. Refer to the interview with the Executive Director (ED) on 03/01/22 at 12:45pm. Refer to the telephone interview with a pharmacist from the contracted pharmacy on 03/01/22 at 3:15pm. Refer to the interview with the ED on 03/02/22 at 8:20am. 3. Review of Resident #3's current FL2 dated 07/10/21 revealed diagnoses included Parkinson's disease, hypertension, dementia, and chronic kidney disease. Review of Resident #3's pharmaceutical review dated 05/20/21 revealed a recommendation to update the resident's FL2 on 07/31/21. Review of Resident #3's record revealed there was no documentation of quarterly pharmacy reviews completed after 05/20/21. Refer to the interview with the Executive Director (ED) on 03/01/22 at 12:45pm. Refer to the telephone interview with a pharmacist from the contracted pharmacy on 03/01/22 at 3:15pm. Refer to the interview with the ED on 03/02/22 at 8:20am. _____	D 400		

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D 400	Continued From page 3 Interview with the Executive Director (ED) on 03/01/22 at 12:45pm revealed the contracted pharmacy had not completed quarterly pharmacy reviews on any of the residents since May 2021. Telephone interview with a pharmacist from the contracted pharmacy on 03/01/22 at 3:15pm revealed: -They used a contract service to conduct quarterly pharmaceutical reviews at the facility. -The contractor they routinely used had been unable to perform pharmaceutical reviews after May 2021. -They had obtained a replacement contractor to do the quarterly reviews in September 2021 and December 2021. -The replacement contractor had mistakenly gone to a facility with a similar name in a different city instead of the facility which was overdue for pharmaceutical reviews. Interview with the ED on 03/02/22 at 8:20am revealed: -She was responsible for ensuring the pharmaceutical reviews were completed. -She knew pharmaceutical reviews were supposed to be done on all residents quarterly. -She had not realized the pharmaceutical reviews had not been completed since May 2021. -She failed to followed-up with the contracted pharmacy to find out why the pharmaceutical reviews were not being done.	D 400		