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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on December 14, 2022 and December 15, 2022.	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: Based on observations, record review and interviews, the facility failed to ensure follow-up with the primary care provider (PCP) for 2 of 5 sampled residents (#2 and #) related to refusals of mealtime insulin (#2) and weight gain of more than one pound (#1) . The findings are: 1. Review of Resident #2's current FL2 dated 09/15/22 revealed: -Diagnoses included diabetes mellitus type 2, and gastro-esophageal reflux disease. -There was an order to check fingerstick blood sugar (FSBS) 3 times daily and as needed. -There was an order for Novolog (a rapid acting insulin used to lower blood sugar levels) Flexpen insulin inject 25 units subcutaneously (SQ) 3 times daily. Review of Resident #2's signed physician's orders dated 12/01/22 revealed there was an order for Novolog Flexpen insulin inject 25 units SQ 3 times daily scheduled daily at 8:00am, 12:00pm, and 5:00pm. Review of the facility's medication refusal and/or	D 273		

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missed doses policy revealed:
-Missed/refused medications were to be documented in the resident's record and the prescribing physician notified immediately or according to the physician's parameters.
-The designated staff person should re-appraise the resident and contact the physician and responsible party if the resident was continually refusing a medication(s).

Review of Resident #2's October 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for Novolog Flexpen insulin inject 25 units SQ 3 times daily scheduled daily at 8:00am, 12:00pm, and 5:00pm.
-At the 5:00pm daily scheduled dose, there were 19 of 31 opportunities documented as refused by Resident #2 from 10/01/22 to 10/31/22.
-Documented refusals at 5:00pm included: from 10/01/22 to 10/03/22 (3 consecutive days), from 10/14/22 to 10/19/22 (6 consecutive days), on 10/23/22, 10/24/22, 10/29/22 and 10/30/22.
-The FSBS range for 5:00pm was 92 to 252.
-The FSBS range for 8:00am was 163 to 243.
-The FSBS range for 12:00pm was 108 to 325.

Review of Resident #2's November 2022 eMAR revealed:
-There was an entry for Novolog Flexpen insulin inject 25 units SQ 3 times daily scheduled daily at 8:00am, 12:00pm, and 5:00pm.
-At the 5:00pm daily scheduled dose, there were 18 of 30 opportunities documented as refused by Resident #2 from 11/01/22 to 11/30/22.
-Documented refusals at 5:00pm included: from 11/05/22 to 11/08//22 (4 consecutive days), from 11/20/22 to 11/23/22 (4 consecutive days), and from 11/26/22 to 11/29/22 (4 consecutive days).
-The FSBS range for 5:00pm was 94 to 324.

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-The FSBS range for 8:00am was 183 to 276.
-The FSBS range for 12:00pm was 163 to 293.

Review of Resident #2's December 2022 eMAR revealed:
-There was an entry for Novolog Flexpen insulin inject 25 units SQ 3 times daily scheduled daily at 8:00am, 12:00pm, and 5:00pm.
-At the 5:00pm daily scheduled dose, there were 8 of 13 opportunities documented as refused by Resident #2 from 12/01/22 to 12/13/22.
-Documented refusals at 5:00pm included: from 12/10/22 to 13/13/22 (5 consecutive days).
-The FSBS range for 5:00pm was 80 to 326.
-The FSBS range for 8:00am was 176 to 265.
-The FSBS range for 12:00pm from 12/01/22 to 12/13/22 was 179 to 332.

Interview with Resident #2 on 12/14/22 at 9:15am revealed:
-The medication aides (MAs) checked her FSBS before meals.
-The MAs administered her insulin before meals.
-The MA always told her what her FSBS reading was after it was taken.
-If her FSBS value was close to 100, she worried about her blood sugar dropping too low if she got her mealtime shot.
-She did not want her dinner time insulin when her FSBS was low or if she felt like her blood sugar would drop too low at night.
-She refused the Novolog insulin on those days.

Telephone interview with Resident #2's primary care provider (PCP) on 12/15/22 at 10:15am revealed:
-During visits in the past, Resident #2 had expressed concern that her blood sugar might drop too low and she would pass out.
-Resident #2 told her she did not always like to

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eat a heavy supper meal or did not feel like eating supper.
-The PCP thought Resident #2 may be non-compliant with a diabetic diet and consumed snacks during the early part of the day which kept her FSBS values high at lunch.
-She expected the Novolog insulin administered prior to supper to compensate for the increased insulin required to process the evening meal.
-There was no documentation the facility had contacted her office by telephone or fax related to multiple refusals of Novolog insulin at 5:00pm.
-She did not know Resident #2 was refusing Novolog insulin at 5:00pm 19 times in October 2022, 18 times in November 2022 and 8 times already in December 2022.
-Residents could refuse medications however, after 3 or 4 times refusing and definitely 4 times in a row, she would expect to be notified for continued refusals.
-Resident #2's hemoglobin A1C (a laboratory value used to measure blood sugar over 3 months time) was 7.0 on 08/04/22. (Hemoglobin A1C value of 6.0 is considered normal in average adult.).

Interview with a MA on 12/15/22 at 12:10am revealed:
-The MA could see when a medication was refused the previously scheduled dose as indicated by a number displayed on the history tab of the eMAR.
-By clicking on the history tab, the previous refusals for the scheduled time of administration would display.
-Resident #2 occasionally refused Novolog insulin, but she only remembered one or two occasions.
-She did not know of a facility policy for the number of times a resident refused or missed a

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medication before the PCP was notified.
-She had never notified Resident #2's PCP related for refusing Novolog insulin.

Telephone interview with an evening MA on 12/15/22 at 1:40pm revealed:
-When he checked Resident #2's FSBS at 5:00pm, he always told the resident the FSBS value.
-Resident #2 refused Novolog insulin at 5:00pm if her blood sugar was around 110 or lower.
-There was no facility policy that he was aware of regarding the number of refusals of medication or treatment prior to notifying the PCP.
-He documented when Resident #2 refused Novolog insulin and was aware she refused Novolog at 5:00pm a lot.
-He had not notified Resident #2's PCP for refusals of Novolog insulin at 5:00pm.

Interview with the Resident Care Coordinator (RCC) on 12/15/22 at 2:20pm revealed:
-There was no documentation regarding notifying Resident #2's PCP for refusing Novolog insulin at 5:00pm in October 2022, November 2022, or December 2022.
-No MAs had informed her Resident #2 had refused Novolog insulin for a total of 45 times in October 2022, November 2022, and December 2022.
-There was not a facility policy for a certain number of refused medications before the PCP was notified prior to today, 12/15/22.
-She had not audited residents eMARs for refused medications and PCP notification.

Interview with the facility Nurse on 12/15/22 at 2:40pm revealed:
-There was no training for staff related for notifying the PCP for refused medications prior to

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12/15/22.
-She did not know Resident #2 had refused Novolog insulin at 5:00pm for a total of 45 times in October 2022, November 2022, and December 2022.

Interview with the Executive Director (ED) on 12/15/22 at 3:50pm revealed:
-The RCC and the ED were responsible for ensuring the PCP was notified for refused medications.
-The facility did not have a clear policy for MAs to follow for refused medications and treatment.

2. Review of Resident #1's current FL2 dated 05/03/22 revealed:
-Diagnoses included congestive heart failure and atrial fibrillation.
-There was an order to weigh daily and notify the cardiologist for a more than one pound weight gain.

Review of Resident #1's October 2022 electronic medication administration record (eMAR) revealed:
-There was an entry to check and record weight and notify the cardiologist if she gained more than one pound, scheduled daily at 6:00am.
-There was documentation Resident #1 was weighed daily from 10/01/22 to 10/31/22.
-There was more than 1 pound weight gain documented on the following days:
-On 10/04/22, the documented weight was 135.8 pounds with a documented weight gain of 3.2 pounds.
-On 10/07/22, the documented weight was 140.2 pounds with a documented weight gain of 3.6 pounds.
-On 10/15/22, the documented weight was 140.0 pounds with a documented weight gain of 1.2

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pounds.
-On 10/23/22, the documented weight was 138.2 pounds with a documented weight gain of 5.6 pounds.
-There was no documentation that the cardiologist had been notified the days Resident #1 had a weight gain of more than one pound.

Review of Resident #1's November 2022 eMAR revealed:
-There was an entry to check and record weight and notify the cardiologist if she gained more than one pound, scheduled daily at 6:00am.
-There was documentation Resident #1 was weighed daily from 11/01/22 to 11/30/22.
-There was more than 1 pound weight gain documented on the following days:
-On 11/02/22, the documented weight was 141.0 pounds with a documented weight gain of 2.6 pounds.
-On 11/06/22, the documented weight was 140.0 pounds with a documented weight gain of 1.2 pounds.
-On 11/09/22, the documented weight was 143.2 pounds with a documented weight gain of 3.2 pounds.
-On 11/15/22, the documented weight was 143.8 pounds with a documented weight gain of 2.4 pounds.
-On 11/23/22, the documented weight was 144.4 pounds with a documented weight gain of 1.2 pounds.
-There was no documentation that the cardiologist had been notified the days Resident #1 had a weight gain of more than one pound.

Review of Resident #1's Progress Notes revealed from October through December 2022 there was no documentation about Resident #1's weight or notification to the cardiologist regarding a weight

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gain of more than one pound.

Telephone interview with a medication aide (MA) on 12/14/22 at 2:45pm revealed:
-She worked night shift and weighed Resident #1 on 10/04/22, 10/07/22, 10/15/22, 10/23/22, 11/06/22, 11/09/22, 11/15/22, and 11/23/22.
-She had never notified the cardiologist of Resident #1's weight gain of more than one pound.
-Since the weight was checked at 6:00am, she would have to notify the cardiologist via fax, but she had not done that.
-Resident #1 saw her cardiologist at least once a month; they always sent her current eMAR with the daily weights with her to those appointments for him to review.
-Since the cardiologist reviewed Resident #1 weights at her appointments, she did not think they needed to notify him each time Resident #1's weight was up one pound.
-Resident #1 never complained of or was observed experiencing shortness of breath, swelling, or other symptoms related to weight gain.
-The day shift MAs never asked her what Resident #1's weight was so she did not know if day shift notified the cardiologist of the weight gains.

Interview with Resident #1 on 12/15/22 at 11:10am revealed:
-The MAs weighed her daily.
-She did not know when her weight was up a pound from the day prior.
-She did not remember having days of feeling short of breath or having swelling in her legs in October or November 2022.

Interview with a second MA on 12/15/22 at

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12:05pm revealed:
-She primarily worked day shift.
-Whoever checked Resident #1's weight would be responsible for notifying the cardiologist of weight gain as needed.
-She was never told about Resident #1's weight being increased more than a pound and needing to notify cardiology.

Telephone interview with a third MA on 12/15/22 at 1:40pm revealed:
-Resident #1's weight was very consistent, and he had never needed to contact cardiology for a weight gain of more than one pound.
-The night shift nurse had never passed information along to him about Resident #1's weight being up more than a pound and that he needed to notify cardiology.

Telephone interview with a fourth MA on 12/15/22 at 3:55pm revealed:
-She had checked Resident #1's weight on 11/02/22 when it was up 2.6 pounds from the previous day.
-She did not remember if she notified Resident #1's cardiologist or not.
-If she had notified the cardiologist, she would have faxed the eMAR to his office with that day's weight circled, then documented a progress note.
-If there was no progress note documented, she might have forgotten to send the notification to cardiology.
-Resident #1 was never symptomatic with weight gain.

Interview with the Resident Care Coordinator (RCC) on 12/15/22 at 2:45pm revealed:
-She completed audits of the resident's records and eMARs, but they had not been done at regular intervals due to other workload, so she

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had not checked to see if Resident #1 gained more than a pound each day or not.
-She sent Resident #1's eMAR along with her to all her appointments with the cardiologist so that he could review Resident #1's daily weights.
-She had never contacted Resident #1's cardiologist regarding her weight gain of over one pound.
-Resident #1 was never symptomatic of weight gain or complained about symptoms due to weight gain from the previous day.

Interview with the Executive Director (ED) on 12/15/22 at 3:40pm revealed:
-She was not aware that Resident #1 had gained more than one pound from the previous day nine times between October and November 2022 and that the cardiologist had not been notified.
-The MA who checked Resident #1's weight would be responsible for notifying the cardiologist.
-Since the weight check was scheduled at 6:00am, the MA would need to notify the cardiologist by sending a fax to his office.
-She expected the MAs to follow the parameters on orders set by the doctor.

Attempted telephone interview with Resident #1's cardiologist on 12/15/22 at 8:50am was unsuccessful.