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
	HAL060167	A. BUILDING: _____ B. WING _____	12/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKBRIDGE TERRACE AT MATTHEWS GLEN	701 PLANTATION ESTATES DR MATTHEWS, NC 28105

(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 survey from 12/06/22 to 12/07/22.	D 000	Please see the last page for the plan of correction.	
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (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: (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; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on interviews and record review the facility failed to ensure clarification of a physician's order for 1 of 5 sampled residents (#1) related to an order to decrease the dose of a blood pressure medication. The findings are: Review of Resident #1's current FL2 dated 01/06/22 revealed diagnoses included hypertension, congestive heart failure and shortness of breath. Review of Resident #1's signed physician's orders dated 09/29/22 revealed an order for metoprolol tartrate 25mg (a medication used to	D 344		

Reviewed and acknowleged 01/09/23

Brianna Jameson

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D 344	Continued From page 1 treat hypertension) every 12 hours, hold for systolic blood pressure less than 100 mmHg or heart rate less than 55 beats per minute (bpm). Review of Resident #1's Primary Care Provider's (PCP) visit note dated 10/14/22 revealed: -Resident #1 was seen for a routine visit and experienced a low blood pressure of 83/60 mmHg that morning (10/14/22) according to the facility's records. -Documented under the assessment/plan was hypotension due to drugs and will reduce metoprolol to 12.5mg daily with parameters to hold for systolic [blood pressure] of less than 100. -The plan of care was discussed with the patient and nurse and the note was signed at 2:55pm on 10/14/22. Review of Resident #1's medication available on the medication cart on 12/07/22 at 12:54pm revealed: -A medication bubble pack of metoprolol tartrate 25mg with instructions to take one tablet every 12 hours, hold for systolic blood pressure less than 100 mmHg or heart rate less than 55 bpm. -Metoprolol tartrate 25mg was dispensed from the pharmacy on 09/19/22 for 60 tablets. Review of Resident #1's October 2022 electronic medication administration records (eMAR) revealed: -An entry for metoprolol tartrate 25mg every 12 hours, hold for systolic blood pressure of less than 100 mmHg or heart rate less than 55 bpm with a start date of 12/28/21. -Metoprolol tartrate 25mg was documented as administered at 8:00am from 10/01/22 to 10/15/22 and 10/17/22 to 10/31/22. -Metoprolol tartrate 25mg was documented as administered at 8:00pm from 10/01/22 to	D 344		

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D 344	Continued From page 2 10/07/22, 10/10/22 to 10/15/22, 10/18/22 to 10/24/22 and 10/26/22 to 10/31/22. -There was not an entry for metoprolol tartrate 12.5mg every 12 hours, hold for systolic blood pressure of less than 100 mmHg. Review of Resident #1's November 2022 eMAR revealed: -An entry for metoprolol tartrate 25mg every 12 hours, hold for systolic blood pressure of less than 100 mmHg or heart rate less than 55 bpm with a start date of 12/28/21. -Metoprolol tartrate 25mg was documented as administered at 8:00am from 11/01/22 to 11/07/22, 11/09/22 to 11/16/22, 11/18/22 to 11/28/22 and 11/30/22. -Metoprolol tartrate 25mg was documented as administered at 8:00pm from 11/01/22 to 11/05/22, 11/08/22, 11/10/22, 11/14/22, 11/16/22 to 11/17/22, 11/19/22 to 11/20/22, 11/22/22, 11/24/22 to 11/25/22 and 11/30/22. -There was not an entry for metoprolol tartrate 12.5mg every 12 hours, hold for systolic blood pressure of less than 100 mmHg. Review of Resident #1's December 2022 eMAR revealed: -An entry for metoprolol tartrate 25mg every 12 hours, hold for systolic blood pressure of less than 100 mmHg or heart rate less than 55 bpm with a start date of 12/28/21. -Metoprolol tartrate 25mg was documented as administered at 8:00am from 12/01/22 to 12/07/22. -Metoprolol tartrate 25mg was documented as administered at 8:00pm from 12/03/22 to 12/06/22. -There was not an entry for metoprolol tartrate 12.5mg every 12 hours, hold for systolic blood pressure of less than 100 mmHg.	D 344		

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D 344	Continued From page 3 Interview with Resident #1 on 12/07/22 at 12:49pm revealed she took medication for her blood pressure, but she did not remember if her PCP had recently changed the dose. Interview with the Licensed Practical Nurse (LPN) on 12/07/22 at 12:52pm revealed: -She did not read the PCP's visit notes but thought her supervisor, the Resident Care Coordinator (RCC), did. -She requested the PCP write down any new orders while the PCP was in the facility. -The PCP typically told her if any of the residents' orders were going to change, and she did not remember hearing anything about Resident #1's metoprolol tartrate. Telephone interview with the RCC on 12/07/22 at 3:02pm revealed: -She and Resident #1's PCP communicated about changing orders frequently. -The PCP printed out the visit notes while in the facility and she would read them before scanning the notes into the facility's electronic system. -If the PCP did not finish the visit notes at the facility, the night shift staff would scan the notes into the electronic system and she did not read them. -She vaguely remembered a conversation with Resident #1's PCP about metoprolol tartrate because the medication aides told her that Resident #1's blood pressure had been running low. -She did not have any documentation of this conversation or any new orders related to metoprolol tartrate from the PCP. Telephone interview with Resident #1's Primary Care Provider (PCP) on 12/07/22 at 1:41pm	D 344		

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D 344	Continued From page 4 revealed: -When she saw a resident at the facility she wrote new orders as well as progress notes. -Sometimes she did not have time to submit the progress note the day of the visit so she sent it to the facility a few days later. -In the progress note dated 10/14/22, she wrote that she intended to reduce the dose of Resident #1's metoprolol tartrate and if there was no order written to that effect it was because she forgot to write the order. -She expected the RCC to review the progress notes that were sent to the facility. -The RCC should have contacted her to inquire why an order was not written to reduce the metoprolol tartrate to 12.5mg as the progress note indicated. Interview with the Administrator on 12/07/22 at 1:17pm revealed: -Resident #1's PCP typically wrote new orders while in the facility and the visit notes were sent a few days later. -She did not assign anyone at the facility to read Resident #1's PCP visit notes because the facility had a good relationship with the PCP and the order changes were typically communicated to them.	D 344		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication	D 367		

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D 367	Continued From page 5 administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure accurate documentation on the electronic medication administration record (eMAR) for 1 of 5 sampled residents (#1) related to a medication used to treat hypertension. The findings are: Review of Resident #1's current FL2 dated 01/06/22 revealed diagnoses included hypertension, congestive heart failure and shortness of breath. Review of Resident #1's signed physician's orders dated 09/29/22 revealed an order for metoprolol tartrate 25mg (a medication used to treat hypertension) every 12 hours, hold for systolic blood pressure less than 100 mmHg or heart rate less than 55 beats per minute (bpm). Review of Resident #1's October 2022 electronic medication administration record (eMAR)	D 367		

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D 367	Continued From page 6 revealed: - An entry for metoprolol tartrate 25mg every 12 hours, hold for systolic blood pressure of less than 100 mmHg or heart rate less than 55 bpm. -On 10/14/22 at 8:00am Resident #1's blood pressure was documented as 83/60 mmHg and metoprolol tartrate was documented as administered. Review of Resident #1's November eMAR revealed: - An entry for metoprolol tartrate 25mg every 12 hours, hold for systolic blood pressure of less than 100 mmHg or heart rate less than 55 bpm. -On 11/27/22 at 8:00am Resident #1's blood pressure was documented as 95/63 mmHg and metoprolol tartrate was documented as administered. Review of Resident #1's December 2022 eMAR revealed: - An entry for metoprolol tartrate 25mg every 12 hours, hold for systolic blood pressure of less than 100 mmHg or heart rate less than 55 bpm. -On 12/02/22 at 8:00am Resident #1's blood pressure was documented as 98/62 mmHg and metoprolol tartrate was documented as administered. -On 12/07/22 at 8:00am Resident #1's blood pressure was documented as 93/61 mmHg and metoprolol tartrate was documented as administered. Interview with a Medication Aide (MA) on 12/07/22 at 1:45pm and 2:40pm revealed: -When she administered medications she had to mark "yes" next to each medication on the eMAR as it was removed from the cart. -She had to mark "yes" for Resident #1's metoprolol before she took Resident #1's blood	D 367		

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D 367	Continued From page 7 pressure and if her blood pressure was low she did not administer the metoprolol. -When she returned to the cart to document that all medications were administered, she had to remember to change metoprolol from "yes" to "no", indicating that medication was not administered. -If she clicked "save" before she changed the medication from "yes" to "no" the eMAR reflected that the medication was administered. -She probably clicked save before she changed the metoprolol to "no" on the days that the eMAR showed metoprolol was administered outside of the parameters. -It was easy to make that error in the eMAR system because she had to remember to change the documentation when she returned to the medication cart. -She never administered Resident #1's metoprolol if her systolic blood pressure was below 100 mmHg. -If she documented a low blood pressure but also documented that she administered the medication, it was in error. Interview with the Licensed Practical Nurse (LPN) on 12/07/22 at 12:52pm revealed: -If Resident #1's blood pressure was not within the ordered parameters for administering metoprolol tartrate then the MA should not give the medication and document why the medication was not given on the eMAR. -She did not audit the eMARs. Interview with the Administrator on 12/07/22 at 1:58pm revealed: -Resident #1's metoprolol tartrate should not have been documented as administered on the eMAR if it was not administered. -No one audited the eMARs.	D 367		

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D 344
On 12/27/22 Registered nurse educated by administrator on reviewing physician/Nurse practitioner visit notes upon receipt. Registered nurse /designee will notify physician/ nurse practitioner if clarification of orders is needed. Nursing staff educated on protocol for reviewing visit notes by 1/9/23. Protocol as follows: Physican/ nurse practitioner visit notes will be reviewed by Registered nurse/designee upon receipt. Registered Nurse/designee will call physician/ nurse practitioner for clarification as needed. Registered Nurse /designee will initial visit note indicating review was completed.

Administrator/designee will monitor visit notes weekly x 4 weeks to ensure compliance. Random audits to continue monthly x 2 months, then random audits to ensure compliance. All audits to be reported at QAPI (Quality Assurance and Performance Improvement).

D367
On 12/7/22 Administrator educated Medication Aide on correct procedure for documenting when a medication is held due to BP parameters. Medication Aides will receive education on procedure for documenting when a medication is held to due to BP parameters by 1/9/23. Documentation education is to be conducted upon hire, and annually.
The administrator/designee will monitor electronic medical records for hypertensive medications with blood pressure parameters weekly x 4 weeks, then monthly x 2, then random audits to ensure compliance. All audits to be reported at QAPI

Plan of Correction Matthews Glen Assisted Living

Christina Sanders Administrator/Director Date 12/30/22

Christina Sanders