Received via email 03/21/23

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
	HAL034107	A. BUILDING: _____ B. WING _____	R 02/17/2023

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 The Adult Care Licensure Section conducted an annual and follow-up survey from 02/15/23 through 02/17/23.	D 000		
D 125	10A NCAC 13F .0403(a) Qualifications Of Medication Staff 10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled staff (Staff B and C) who administered medications met the requirements related to previous employment verification as a medication aide (Staff B), and passed the state written medication aide examination within 60 days of hire as a medication aide (Staff C). The findings are. 1. Review of Staff B's, medication aide (MA), personnel record revealed:	D 125		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dorothy B. Shuler
TITLE: Administrator E.D.
(X6) DATE: 3-17-23

Reviewed and Acknowledged 03/21/23 KHH

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D 125	Continued From page 1	D 125		3/17/23

-There was documentation Staff B was hired on 03/17/22.
-There was documentation Staff B completed the 5 and 10 hour training for a total of 15 hours MA training course on 03/25/22.
-There was documentation Staff B completed the medication aide competency validation clinical skills checklist on 03/17/22.
-There was no documentation Staff B had taken and passed the medication aide examination.

Review of a resident's December 2022 and February 2023 electronic medication administration record (eMAR) revealed
-Staff B administered medications on 8 days from 12/01/22 through 12/31/22.
-Staff B administered medications on 3 days 02/01/23 through 02/15/23

Telephone interview with Staff B on 02/17/23 at 9:09am revealed
-She worked as a MA at the facility since last year.
-When she worked, she administered medications, checked FSBS and administered insulin.
-She completed the medication aide 15-hour training course and the MA competency validation clinical skills checklist
-She took the MA written test in November 2022 and failed the test.
-The facility's contracted nurse checked her off again last month so she would have 60 more days to pass the medication aide examination

Telephone interview with the facility's contracted nurse on 02/17/23 at 3:51pm revealed
-She had provided MA training to Staff B
-Staff B took the MA written test and failed.
-She provided the MA training again last month

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D 125	Continued From page 2 Interview with the Executive Director (ED) on 02/17/23 at 1:43pm revealed: -Staff B took the written medication aide examination test and failed in November 2022. -She thought if the MA did the 15-hour training again, the MA would have 60 days to retake the MA examination. 2. Review of Staff C's, medication aide (MA), personnel record revealed: -Staff C was hired as a MA on 09/20/19. -There was documentation Staff C completed the medication aide competency validation clinical skills checklist on 12/05/19. -There was documentation of an incomplete employee verification of prior employment as a MA. -There was documentation Staff C passed the MA written examination on 07/26/18. -There was no documentation Staff C had completed the 15-hour medication aide training. Review of a resident's January 2023, and February 2023 electronic medication administration records (eMAR) revealed: -Staff C administered medications on 2 days from 01/01/23-01/31/23. -Staff C administered medication on 2 days from 02/01/23-02/15/23. Interview with a resident on 02/16/23 at 3:15pm revealed: -Staff C sometimes worked at the facility. -When Staff C worked at the facility she administered medications to the resident. Interview with Staff C on 02/16/23 at 3:58pm revealed: -She worked as a MA at the facility.	D 125	[illegible]	3.17.23

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D 131	Continued From page 4 (TB) testing upon hire. The findings are: Review of Staff A's, medication aide (MA)/personal care aide (PCA), personnel record revealed: -Staff A was hired on 01/03/23. -There was documentation Staff A had a TB skin test administered on 03/22/22 and read with negative results 03/24/22. -There was no documentation of a TB skin upon hire. Interview with Staff A on 02/16/23 at 2:10pm revealed: -She recalled being administered a TB skin test. -She thought the test was read by the facility's nurse. Interview with the facility's Nurse Consultant on 02/17/23 at 3:51pm revealed: -She was at the facility monthly for training. -She was unable to recall if she administered and read Staff A's TB skin test. Telephone interview with the facility Executive Director from a conversation on 02/17/23 at 3:43pm revealed: -Staff A's TB skin test was placed in January 2023, but not read. -The previous Office Manager would have been responsible for ensuring TB skin test were obtained.	D 131	TB administered 2-21-23 Read 2-23-23 - neg; wrong dates 2-23-23	
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of	D 164		

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D 164	Continued From page 6 -There was documentation Staff A completed the MA competency validation clinical skills checklist on 01/17/23. -There was documentation Staff A completed the 15-hour MA training on 01/17/23. -There was no documentation of training on the care of diabetic residents. Review of a resident's February 2023 electronic medication administration record: -Staff A documented she checked fingerstick blood sugar (FSBS) and administered insulin on 02/02/23 and 02/09/23. Interview with Staff A on 02/16/23 at 2:10pm revealed: -When she worked, she checked FSBS and administered insulin to a resident. -She received some diabetic training, but as part of the 15-hour MA training. -She had not completed any separate diabetic training. Telephone interview with the facility's contract nurse on 02/17/23 at 2:51pm revealed: -She provided diabetic training as part of the 15-hour MA training. -The MAs were supposed to complete the online diabetic training provided by the pharmacy. -There should be documentation the training was completed. -She had no way to validate Staff A completed the training. Interview with the Executive Director (ED) on 02/17/23 at 2:43pm revealed: -She provided the MAs a list of required trainings that needed to be completed online that were designed and set-up by the pharmacy. -The MAs were responsible for scheduling and	D 164	Completed 1-17-23 see attached	1-17-23

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D 273	Continued From page 19	D 273		3-17-23

could damage the eye resulting in poor vision and even damage to the optic nerve.
-The facility would not be expected to notify the physician for each time the resident refused his eye drops, but would expect to be notified for repeated refusals.
-The Ophthalmologist might recommend a different time of day to administer if a resident did not want the morning administration.

Telephone interview with the previous Administrator on 02/17/23 at 10:57am revealed:
-The Office Manager was responsible for reviewing the "care suite" daily to identify refusal of medications. Care Suite was a computer generated printout of missed medication administration.
-The Office Manager was to let the contracted PCP know when a resident refused medications using the communication sheet from the PCP's workbook.
-The Office Manager should document communication with the PCP regarding the resident's refusal of medication in the resident's record.

Telephone interview with the previous Office Manager on 02/17/23 at 6:03pm revealed:
-She printed a report from the eMAR system weekly.
-She reviewed the report to identify medication refusals.
-She informed the previous Administrator of refusals, and the previous Administrator was supposed to contact the PCP.
-She did not document when she identified refusal and she did not document when she informed the Administrator of the refusals.

Interview with the facility's Executive Director

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D 273	Continued From page 23 medications. Interview with the Resident Care Director (RCD) on 02/16/23 at 11:46am revealed: -Resident #1 often refused insulin when his FSBS was in the 120's or less because he was afraid of his blood sugar falling low. -She did not let the PCP know the resident refused lantus. -The Office Manager was supposed to check a daily report called "care suite." -The care suite showed refusals of medications. -If a resident refused a medication for 3 days, then the PCP should be notified. -There should be documentation to show the PCP was notified. Telephone interview with the previous Administrator on 02/17/23 at 10:57am revealed: -The Office Manager was responsible for reviewing the "care suite" daily to identify refusal of medications. -The Office Manager was to let the PCP know when a resident refused medications. -The Office Manager should document communication with the PCP regarding the resident's refusal of medications. Telephone interview with the previous Office Manager on 02/17/23 at 6:03pm revealed: -She printed a report from the eMAR system weekly. -She reviewed the report to identify medication refusals. -She informed the Administrator of refusals, and the Administrator was supposed to contact the PCP. -She did not document when she identified refusal, and she did not document when she informed the Administrator of the refusals.	D 273		31723

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D 273	Continued From page 28 -She was aware that Resident #1 refused duloxetine because it was a stool softener. -She did not realize the medication was used for depression and anxiety. -The Office Manager was responsible for reviewing "care suite" daily to identify refusal of medications. -The Office Manager should have let Resident #1's PCP know the resident refused medications. -There should be documentation corresponding to contact with Resident #1's PCP. Telephone interview with the previous Office Manager on 02/17/23 at 6:03pm revealed: -She did not recall notifying Resident #1's PCP or MHP regarding the resident's refusal of duloxetine. -She printed a report from the eMAR system weekly. -She reviewed the report to identify medication refusals. -She informed the Administrator of refusals and the Administrator was supposed to contact the PCP. -She did not document when she identified refusals, and she did not document when she informed the Administrator of the refusals. Interview with the Executive Director (ED) on 02/16/23 at 1:43pm revealed: -The PCP should be notified after at least 3 refusals. -There should be documentation the PCP was notified and the PCP's response. -The previous Office Manager was responsible for reviewing care suite reports daily to identify refusals of medications. -The Office Manager should inform the Administrator of the refusals. -The Office Manager and/or the Administrator	D 273		3-17-23

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D 344	Continued From page 30 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 the observation, record review and interview the facility failed to contact the resident's primary care provider (PCP) for 1 of 3 sampled residents (#1) to clarify medication changes with a pain medication, an anti-hypertensive medication and a nerve pain medication. The findings are: Review of Resident #1's current FL2 dated 07/20/22 revealed diagnoses included hypertension and diabetes mellitus type II. a. Review of Resident #1's current FL2 dated 07/20/22 revealed there was an order for ibuprofen 800mg 1 tablet three times daily (used to treat pain). Review of Resident #1's physician's orders revealed: -There was a physician's order dated 12/15/22 by the Veteran Administration primary care provider (VA PCP) for ibuprofen 400mg 1 tablet three times daily as need (prn) for severe pain (take with food). -There was a physician's progress note with medication orders dated and signed by the facility's PCP on 01/25/23 for ibuprofen 800mg take 1 tablet three times daily. -There was a physician's order dated 02/08/23 for ibuprofen 800mg take 1 tablet three times daily.	D 344		3-17-23

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D 344	Continued From page 36	D 344		

(eMAR) revealed:
-There was an entry for lisinopril 5mg 1 tablet once daily at 8:00am.
-There was documentation lisinopril 5mg was administered daily from 12/01/22 through 12/31/22.

Review of Resident #1's January 2023 eMAR revealed:
-There was an entry for lisinopril 5mg 1 tablet once daily at 8:00am.
-There was documentation lisinopril 5mg was administered daily from 01/01/23 through 01/31/23.

Review of Resident #1's February 2023 eMAR revealed:
-There was an entry for lisinopril 5mg 1 tablet once daily at 8:00am.
-There was documentation lisinopril 5mg was administered daily from 02/01/23 through 02/15/23.

Observation of Resident #1's medications on hand on 02/15/23 at 2:21pm revealed:
-Lisinopril 10mg was available for administration.
-The instructions on the bottle of lisinopril were to administer 10mg one tablet once daily.
-The medication was filled on 01/20/23 for a quantity of 90 tablets.
-There were greater than 45 tablets remaining.

Telephone interview with Resident #1's social worker for the VA from a return telephone call placed on 02/16/23 at 12:40pm revealed:
-The last order the VA pharmacy had for lisinopril was dated 12/15/22.
-There were instructions to administer 10mg once daily
-There were no other orders for lisinopril.

3.17.23

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D 344	Continued From page 40	D 344		

-There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 12/01/22 through 12/31/22.

Review of Resident #1's January 2023 eMAR revealed:
-There was an entry for gabapentin 300mg take 2 capsules (600mg) twice daily scheduled for administration at 8:00am and 8:00pm.
-There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 01/01/23 through 01/31/23.

Review of Resident #1's February 2023 eMAR revealed:
-There was an entry for gabapentin 300mg take 2 capsules (600mg) twice daily scheduled for administration at 8:00am and 8:00pm.
-There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 02/01/23 through 02/15/23.

Observation of Resident #1's medications on hand on 02/15/23 at 2:21pm revealed:
-Gabapentin was available for administration.
-The instructions on the bottle of gabapentin were 300mg 2 capsules (600mg) three times daily.
-The medication was filled on 01/07/23 for a quantity of 180 tablets.
-There were greater than 100 capsules left.

Telephone interview with Resident #1's social worker from a return telephone call placed on 02/16/23 at 12:40pm revealed:
-The last time the VA pharmacy dispensed gabapentin was on 01/05/23
-There were instructions to administer 300mg 2 capsules (600mg) three times daily.

Interview with Resident #1 on 02/15/23 at 8:44am

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D 358	Continued From page 44	D 358		

depression, insomnia and anxiety.
-Medication orders included fingerstick blood sugar (FSBS) twice daily
-There was no order for Novolog listed on the FL2.

a. Review of Resident #1's physician's orders revealed:
-There was a physician's order dated 12/15/22 by the Veteran's Administration primary care provider (VA PCP) for Novolog inject 3 units three times a day with meals (short acting insulin used to decrease and control blood sugar). Hold if FSBS was less than 100 or resident not eating.
-There was also an order dated 12/15/22 for Novolog 5 units four times a day as needed if FSBS was 450 or greater. Recheck in 1 hour, notify provider if not lower.
-There was a physician's progress note with medication orders dated and signed by the facility's Primary Care Provider (PCP) on 01/25/23 for Novolog flexpen inject 6 units subcutaneously three times a day with meals. Hold for FSBS less than 100 or if the resident was not eating a meal.
-There was a physician's order dated 02/02/23 for Novolog flexpen inject 4 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating.
-There was a physician's order dated 02/08/23 for Novolog flexpen 2 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating.

Review of Resident #1's hospital visit report dated 01/31/23 revealed:
-Resident #1 was seen in the emergency department on 01/31/23 for altered mental status due to hypoglycemia.
-Upon initial arrival at the hospital the resident's

3-17-23

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8:00am on 12/12/22, 12/13/22 and 12/17/22.
-There was documentation lantus was "withheld per DR/RN orders."
-There was no documentation or instructions with the lantus order on the eMAR to withhold Resident #1's lantus.
-There was no documentation with staff initials or reason why lantus was not administered or withheld on 12/01/22 at 8:00pm.

Review of Resident #1's January 2023 eMAR revealed.
-There was an entry for lantus (glargine solostar) 25 units subcutaneously twice a day scheduled for administration at 8:00am and 8:00pm.
-There was documentation with staff circled initials indicating lantus was not administered at 8:00pm on 01/10/23; at 8:00am on 01/11/23; 01/20/23; and on 01/22/23.
-There was documentation lantus was "withheld per DR/RN orders."
-There was no documentation for the administration of lantus at 8:00am on 02/05/23 and at 8:00pm on 02/07/23.
-There was no documentation or instructions with the lantus orders on the eMAR to withhold Resident #1's lantus.

Review of Resident #1's February 2023 eMAR from 02/01/23 to 02/17/23 revealed:
-There was an entry for lantus (glargine solostar) 25 units subcutaneously twice a day scheduled for administration at 8:00am and 8:00pm.
-There was documentation with staff circled initials indicating lantus was not administered at 8:00am on 02/08/23; at 8:00am on 02/10/23; and at 8:00am on 02/15/23.
-There was documentation lantus was "withheld per DR/RN orders."
-There was no documentation on the eMAR to

Eventus D/C'd nursing on 3.15.23 but with continue with Lantus 25 units HS

3-17-23

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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 60 tablets were dispensed on 02/09/23 with instructions to administer 1 tablet three times daily as needed (prn) for severe pain. -There were no other bottles of ibuprofen available for administration. Interview with Resident #1 on 02/15/23 at 8:44am revealed: -He was always in pain in his back and legs. -When he complained of pain, the medication aide (MA) gave him ibuprofen. -Sometimes, ibuprofen was not available and he had no ibuprofen. -If he had no ibuprofen sometimes the MA would borrow the medication from another resident. -The MA told him 2 to 3 days per week that he was out of his pain medication. -Sometimes, he had ibuprofen to take for pain. -When the ibuprofen was available it helped with the pain; enough for him to sleep, but when he woke up he was in pain. Telephone interview with Resident #1's social worker at the VA from a return telephone call placed on 02/16/23 at 12:40pm revealed: -Resident #1's ibuprofen 400mg was filled and dispensed on the following dates: -On 11/08/22, for a quantity of 100 tablets. -On 12/27/22, for a quantity of 100 tablets. -O 02/06/23, for a quantity of 100 tablets. -Two and one-half weeks ago a staff at the facility contacted him regarding Resident #1's medications not being available. -He told the staff that he needed to see the medication orders in order to check why the medications had not been dispensed and mailed to the facility. -Last week, he got another call from the facility's RCD; and he told her that he had requested the staff two and one-half weeks ago to send him	D 358	we are currently working with VA to get approval for medication orders to go straight from our doctors to the pharmacy without having to be approved by a VA physician Currently the orders get faxed to the VA and they do not get the orangers faxed to them and then when the resident comes resident went to the VA on 1-14-23. He had labs drawn and his medication list updated. He saw the house doctors (Evenings) on 3-15-23. The medication was re- RCD will check weekly to assure that all medication orders are update on the EMAR system and followed up with VA for pharmacy to fill with VA doctor approval.	3-17-23

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D 358	Continued From page 64 Refer to interview with the facility's Executive Director (ED) on 02/16/23 at 2:01pm. Refer to interview with the Owner on 02/17/23 at 3:44pm. d. Review of Resident #1's current FL2 dated 07/20/22 revealed diagnoses included vitamin B deficiency. Review of Resident #1's physician's order dated 12/07/22 revealed and order cyanocobalamin (vitamin B-12) 2,000mcg one tablet once daily (used to treat B-12 deficiency). Review of Resident #1's primary care provider (PCP) electronically signed medication list dated 01/25/23 revealed Resident #1's current medications included vitamin B-12 2,000mcg once a day. Review of Resident #1's physician's order sheet (POS) dated 02/08/23 revealed and order for vitamin B12 1,000mcg 2 tablets (2,000mcg) once daily. Review of a physician's progress note date 01/25/23 revealed Resident #1 complained of being frequently nauseated early in the morning for the past few weeks. Review of Resident #1's vitamin B-12 laboratory results dated 11/30/22 revealed: -Resident #1 had a vitamin B-12 value of 116 (the normal range for vitamin B-12 was 188 to 914). -Resident #1's vitamin B-12 value was considered low. Review of Resident #1's December 2022 electronic medication administration record	D 358	(M.) medication not received from VA social worker or VA notified. We communicate with him directly now for any medication orders or medications not on hand. RCD follows weekly to assure that medications are available Care Suite weekly by RCD. VA did labs for B12 on 3-14-23 3-17-23	

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D 358	Continued From page 72 -There was documentation with staff circled initials indicating ferrous sulfate 325mg was not administered for 36 of 62 opportunities from 01/01/23 through 01/31/23, with reason documented as "out of stock - waiting on VA". Review of Resident #1's February 2023 eMAR revealed: -There was an entry for ferrous sulfate 325mg 1 tablet twice daily scheduled for administration at 8:00am and 8:00pm. -There was documentation with staff circled initials indicating ferrous sulfate 325mg was not administered for 14 of 29 opportunities from 02/01/23 through 02/15/23, with reason documented as "out of stock - waiting on VA". -There were three dates (02/05/23 at 8:00am, 02/05/23 at 8:00pm and 02/07/23 at 8:00pm) with no documentation why ferrous sulfate was not administered. Observation of Resident #1's medications on hand at the facility on 02/16/23 at 2:21pm revealed: -Ferrous sulfate 325mg was available for administration. -The medication label included instructions ferrous sulfate was filled for 6 tablets and dispensed on 02/15/23 with 5 tablets remaining. Telephone interview with Resident #1's social worker at the Veteran Administration (VA) from a return telephone call placed on 02/16/23 at 12:40pm revealed: -Ferrous sulfate had never been filled and dispensed by the VA pharmacy. -It was possible the pharmacy did not receive the order. Interview with Resident #1 on 02/15/23 at 8:44am	D 358	(X1) medication not received from VA social worker at VA notified. We communicate with them directly now by any medication orders or medications not on hand. RCD follows weekly to ensure that medications are available through Care Suite and on medication cart 3-17-23	

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D 358	Continued From page 78	D 358		

daily.

Review of Resident #1's physician's order sheet (POS) dated 02/08/23 revealed an order for multivitamin 1 tablet once a day.

Review of Resident #1's physician's order revealed there was an order dated 02/08/23 that changed multivitamin to a one-a-day men's 50 plus vitamin 1 tablet once a day.

Review of Resident #1's December 2022 electronic medication administration record (eMAR) revealed:
-There was an entry for multivitamin 1 tablet once daily scheduled for administration at 8:00am.
-There no documentation multivitamin was administered from 12/28/22 through 12/31/22, and there was no reason why the medication was not administered.

Review of Resident #1's January 2023 eMAR revealed:
-There was an entry for multivitamin 1 tablet once daily scheduled for administration at 8:00am.
-There was documentation with staff circled initials indicating multivitamin was not administered 11 of 31 opportunities from 01/01/23 through 01/31/23 with reason documented as "out of stock - waiting on VA."
-There no documentation multivitamin was administered two dates (01/01/23 and 01/02/23) from 01/01/23 through 01/31/23.

Review of Resident #1's February 2023 eMAR revealed:
-There was an entry for multivitamin 1 tablet once daily scheduled for administration at 8:00am
-There was documentation with staff circled initials indicating multivitamin was not

IQ) medication not received from VA social worker at VA notified. We communicate with them directly nick for any medication orders or medications not on hand. RCD follows weekly to assure that medications are available through Care Suite and on medication cart

3-17-23

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D 358	Continued From page 84 Review of Resident #1's physician's order dated 01/25/23 revealed: -Resident #1 complained to the facility's primary care provider (PCP) that he had signs and symptoms of GERD. -There was an order pantoprazole 40mg, delayed release 1 tablet every morning for GERD (used to treat gastroesophageal reflux disease). Review of Resident #1's physician's order sheet (POS) dated 02/08/23 revealed an order for pantoprazole 40mg 1 tablet every morning. Review of Resident #1's January 2023 electronic medication administration record (eMAR) revealed: -There was an entry for pantoprazole 40mg 1 tablet every morning scheduled for administration at 7:00am. -There was documentation with staff circled initials indicating pantoprazole 40mg was not administered 2 of 6 opportunities from 01/26/23 through 01/31/23 with reason documented as "out of stock - waiting on VA." Review of Resident #1's February 2023 eMAR revealed: -There was an entry for pantoprazole 40mg 1 tablet every morning scheduled for administration at 7:00am. -There was documentation with staff circled initials indicating pantoprazole 40mg was not administered 6 of 15 opportunities from 02/01/23 through 02/15/23 with reason documented as "out of stock - waiting on VA." -There was no documentation on 02/05/23 if pantoprazole was or was not administered as ordered. Observation of Resident #1's medications on	D 358	(B) Orders were written on 1/25/23. RCD faxed orders to VA for doctor approval and pharmacy to dispense. VA stated they did not receive. Resident Facility was waiting for medication to arrive. RCD will follow up weekly with VA social worker. RCD assure that orders are being filed. Medication is now available at facility.	3-17-23

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D 358	Continued From page 90 Refer to interview with the facility's Executive Director (ED) on 02/16/23 at 2:01pm. Refer to interview with the Owner on 02/17/23 at 3:44pm. 2. Review of Resident #6's current FL2 dated 11/02/22 revealed: -Diagnoses included obesity, diabetes mellitus, hypertension and high cholesterol. -There was an order for Symbicort 160-4.5 aerosol inhaler (a combination ingredient bronchial dilator to treat chronic obstructive pulmonary disease) inhale 2 puffs twice a day. Review of Resident #6's signed physician's orders dated 02/08/23 revealed Symbicort 160-4.5 aerosol inhaler 2 puffs twice a day for chronic obstructive pulmonary disease (COPD) was ordered. Observation of medication administration on 02/17/23 at 8:10am revealed Resident #6 was administered 8 oral medications, one inhaler, and was not administered Symbicort 160-4.5 aerosol inhaler. Review of medications on hand for administration on 02/17/23 at 8:10am revealed there was no Symbicort available for administration to Resident #6. Interview with the Resident Care Director (RCD) on 02/17/23 at 8:10am revealed: -The RCD was passing medications due to the facility's staff shortage. -Resident #6's Symbicort 160-4.5 was not on the medication cart to administer. -Resident #6 did not receive Symbicort 160-4.5	D 358	(Q resident is a heavy smoker and continues to need medications for his SOB, COPD. He overuses the inhaler although he is told He is followed up with Lung & Sleep doctor for this. 2 puffs BID. He cannot get refills until they are due 3-17-23	

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D 358	Continued From page 94 packaged in separate multidose bubbles. -Resident #3 had too many medications scheduled in the morning and evening to fit in one multidose bubble so there were 2 multidose bingo cards for each time of administration. -The multidose bingo cards were packed on one week supply cards with two cards dated 02/10/23 through 02/16/23 and 2 cards dated 02/18/23 through 02/23/23. -There were 2 gabapentin 800mg tablets packaged in the morning multidose bubbles on the multidose bingo cards and 2 gabapentin 800mg tablets packaged in the evening multidose bubbles on the multidose bingo cards for each day from 02/16/23 to 02/23/23. Review of Resident #3's January 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Gabapentin 800mg with directions to take 2 tablets (1600mg) twice a day at supper and bedtime for painful feet, but was scheduled for administration at 8:00am and 8:00pm. -Gabapentin 800mg was documented as administered at 8:00am and 8:00pm daily from 01/05/23 to 01/31/23, except documented for refused at 8:00am on 01/12/23 (out of facility), 01/13/23 (out of facility), 01/18/23 (refused), 01/19/23 (refused), 01/23/23 (refused), 01/26/27 (refused), 01/27/23 (refused), and 01/30/23 (refused); there were 12 doses administered at 8:00am and should have been administered at 5:00pm as ordered. Review of Resident #3's February 2023 eMAR from 02/01/23 to 02/15/23 revealed: -There was an entry for gabapentin 800mg with directions to take 2 tablets (1600mg) twice a day at supper and bedtime for painful feet, but was	D 358	(R) This was ordered as BID and nearby orders are am/pm. Request to clarify was made on 1/25/23 (see attached) only states 4 times a day or 2 tabs with MD signature. Orders that come in have to be approved by administration on Quickmar. RCD to assure they are entered correctly and match physician orders. 2.17.23	

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D 358	Continued From page 100 -The order entry department at the contracted pharmacy entered the order dated 01/05/23 for memantine 28mg XR one capsule daily in the eMAR system correctly and scheduled the medication administration on the eMAR for 8:00pm -There was no order to discontinue memantine 10mg twice a day available at the pharmacy, but the memantine 28 XR was routinely ordered to provide once a day dosing and replaced memantine 10mg twice a day. Telephone interview with a nurse at Resident #3's neurology clinic on 02/20/23 at 9:48am from a message left previously revealed: -The neurologist had ordered memantine 28mg XR once a day to replace memantine 10mg twice a day. -There was documentation the facility or contracted pharmacy contacted the neurology clinic regarding discontinuing memantine 10mg twice a day and replacing with memantine 28mg XR once a day. -The neurologist expected the memantine 28mg XR to be administered as ordered. -He would not expect any adverse side effects for Resident #3 receiving additional doses of memantine for a short period of time but wanted the dose corrected immediately. Review of Resident #3's January 2023 electronic medication administration record (eMAR) revealed: -There was an entry for memantine 10mg twice a day scheduled for administration at 8:00am and 8:00pm. -There were 32 doses of memantine 10mg administered at 8:00am and 8:00pm documented as administered and should not have been administered in January 2023.	D 358	(S:) New order was received but there was no order to DC the 10 mg order. Staff faxed neurologistion 1.25.23 (see attached) but did not followed up. RCD will assure that all meds are followed and nurse with orders and dc orders in place. Care suite will document calls made and follow up process (see attached request 1.25.23).	31723

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D 392	Continued From page 126 -All controlled substances will be counted prior to medication aides (MA) receiving the keys to medication storage areas. -Documentation of receipt of controlled substance from the pharmacy will be maintained. -Administrator or designee will randomly monitor the procedure for tracking controlled substance and randomly count all controlled substances within the community (facility). 1. Review of Resident #3's current FL2 dated 11/22/22 revealed diagnoses included multiple sclerosis (MS), Type 2 diabetes, bipolar disorder, and chronic lower back pain. a. Review of Resident #3's current FL2 dated 11/22/23 and signed physician's orders dated 12/07/22 and 12/28/23 revealed there were orders for clonazepam (a Scheduled IV controlled substance used to treat anxiety and panic disorders) 2mg twice a day as needed (prn). Review of Resident #3's physicians' orders dated 01/05/23 and 02/08/23 revealed clonazepam 2mg one tablet twice a day, routinely, for anxiety was ordered Telephone interview with a pharmacist at the facility's contracted pharmacy on 02/17/22 at 9:15am revealed: -There were 30 tablets of clonazepam 2mg dispensed for Resident #3 on 11/22/22 labeled one tablet twice a day prn. -There were 6 tablets of clonazepam 2mg dispensed for Resident #3 on 12/06/22 labeled one tablet twice a day prn. -There were 30 tablets of clonazepam 2mg dispensed for Resident #3 on 12/28/22 labeled one tablet twice a day prn. -There were 60 tablets of clonazepam 2mg	D 392	Feb 3 2023 administrator was terminated previous admin had pulled control sheets and were not located on the day of survey. They have been found and are in the office (see attached) 3-17-23	

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D 392	Continued From page 138 revealed: -The pharmacy last received an order for lorazepam 0.5mg ½ tablet (0.25mg) once daily at 8:00am dated 01/20/23. -The pharmacy filled and dispensed Resident #5's lorazepam 0.5mg ½ tablet (0.25mg) at 8:00am on the following dates: -On 01/20/23, for a quantity of 15 tablets (30-day supply). -On 12/19/22, for a quantity of 15 tablets (30-day supply). -On 12/15/22, for a quantity 2 tablets (4-day supply). -On 12/05/22, for a quantity of 3 tablets for a (6-day supply). -There was no 0.5mg ½ tablet (0.25mg) lorazepam once daily at 8:00am dispensed in November 2022. -The pharmacy last received an order for Resident #5's lorazepam 1mg at bedtime dated 02/03/23. -The pharmacy dispensed Resident #5's lorazepam 1mg at bedtime as follows: -On 02/03/23, a 30-day supply of lorazepam 1mg was dispensed. -On 12/31/23, a 30-day supply of lorazepam 1mg was dispensed. -On 11/30/22, at 30-day supply of lorazepam 1mg was dispensed. -The pharmacy last received an order for Resident #5's lorazepam 0.5mg 1 tablet every day prn for anxiety on 07/11/22. -The pharmacy filled and dispensed Resident #5's lorazepam 0.5mg every day prn as follows: -On 12/29/22, the pharmacy filled and dispensed 30 tablets of lorazepam 0.5mg as needed. -On 12/06/22, the pharmacy filled and dispensed 30 tablets of lorazepam 0.5mg as needed. -There was no lorazepam 0.5mg once daily prn dispensed in November 2022.	D 392	Feb 3,2023 administrator was terminated previous admin had pulled control sheets and were not located on the day of survey. They have been found and are in the office All controls are currently accounted for, errors are from staff members terminated prior to survey. Training on controls are being implemented and control medication quality assurance attained RCD will be checking weekly behind MA's to assure all documentation and administration are as ordered. the facility had already identified the discrepancies and terminated 3 positions. The staff are currently being trained on the Control Policy as well as the duty other class for correct medications RCD will be checking weekly behind MA's to assure all documentation and administration are as ordered	3-17-23

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D 392	Continued From page 148 count sheets (CSCS) for 2 residents (#3 and #5) accurately reconciled the administration, receipt, and disposal of controlled substances resulting in missing documentation of as needed clonazepam 1mg resulting in the MHP's inability to properly assess medication effectiveness for anxiety control with 39 tablets unaccounted for (Resident #3);and missing documentation of a resident's lorazepam 0.5mg 1/2 (0.25mg) once daily, 1mg lorazepam at bedtime and 0.5mg as needed for anxiety with 87 tablets unaccounted for (Resident #5). This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on February 17, 2023 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 3, 2023.	D 392	The overall procedure to keep from the violations mentioned will be for the RCD to print "Care Suite" each day to see when resident has refused, missed, out of stock, out of facility etc. She will make notes of what we need to do for compliance such as notify doctor, request refill, follow up on the "why" for refusal etc. These notes will be kept in a log book at the office to ensure that all concerns are addressed in a timely manner. Staff will be followed closely with training in place on all counts and regular assessments with RCD and assistant administrator.	

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Since June 2022 facility has had 3 administators and staffing has been a challenge from the covid crisis to current day. Follow thru was not completed with staff getting required credentials. A staff requirement log sheet has been implemented to assure that necessary training and certifications are completed in the time required. (attatched is sheet A for documentation) Current RCD and Adiminstrator assistant are responsible to assure that completion is satisfied with state regulations setforth. Staff is signed up to take the test on 3-17-23 @ 5:30pm.

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staff member had all of her required credentials and could not have passed MA written exam unless her 15 hours was completed and her check off by nurse. Her previous employer verified her credentials on the form but not a copy of her hours completed. When her file was reviewed by the last surveyors the form was all that was needed. We called the facility and we were not successful in getting a copy so for her record she has completed it again. (attatched sheets B,C for documentation) She has had training since employment all along (attatched)

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Since June 2022 facility has had 3 administrators and staffing has been a challenge from the covid crisis to current day. Follow thru was not done and test not read. The staff requirement log sheet has been implemented to assure that TB tests are in place upon hire and read when due (48-72 hours of injection unless a blood test is administered instead) Current RCD and Administrator assistant are in place for quality assurance of policy. TB administered 2-21-23 and neg. on 2-23-23.

D164 Staff A page 7 of 149
staff online training was not available to administration therefore staff had to print their CEU training . Employee had in fact completed the course on 1/17/23 but not provided it for her employee chart. After meeting with online company (3-8-23) they are setting up the administration permission to view and print off training completed. This will be followed by RCD and assistant administator. (cert. included)

D273 Res. #2 page 20 of 149
Staff and admin. were not following facility policy concerning medication stock, medication administration records and refusal policies. Those employees were terminated from the facility prior to the survey conducted on February 17. 2023. The issues had been identified and staff and administration replaced with policies and procedures being put back into compliance with state rules and regulations.

House doctors are in the facility weekly and MAR's are available for review as residents are seen. The notations on the records were there but did not always get addressed. RCD each week will assure that the residents that are seen by doctor will also have a review of current MAR. RDC will notify doctor of any medication refused as well as the reason why after 3 refusals. Resident was refusing am medications but with new staff he is getting up to take them. He says the drops sting his eyes so he refuses at times.

Residents optomologist has been notified of missed doses. He has an appt. March 27@ 9:45pm.

D272 Res #1 page 22 0f 149
we are currently working with VA to get approval for medication orders to go straight from our doctors to the pharmacy without having to be approved by a VA physician. Currently the orders get hung up waiting on their doctors before pharmacy can fill or VA states they do not get the changes faxed to them and then when the resident comes

Resident refused lantus . confusing it with his novolog. Staff have done orientation again for diabetes and insulin, novolog and following orders prescribed. (see notes) Changes (previous staff terminated prior to survey.)

D 273 Res. # 1 page 29 0f 149
resident was confused about what the medication was for and refused. Doctor should have been notified of refusals. All med carts now have a drug handbook for any questions

concerning medications, generic names and what they are used for. RCD will follow weekly for questions and concerns Staff and administration were removed prior to survey All current

staff are training in all areas of concern and RCD is over seeing all medication admin.

D 344 Res. # 1 page 31 0f 149
we are currently working with VA to get approval for medication orders to go straight from our doctors to the pharmacy without having to be approved by a VA physician.

Currently the orders get hung up waiting on their doctors before pharmacy can fill or VA states they do not get the changes faxed to them and then when the resident comes

resident went to the VA on 3-14-23. He had labs drawn and his medication list updated. He saw the house doctors (Eventus) on 3-15-23. This medication was d/cd.

RCD will check weekly to assure that all medication orders are update on the EMAR system and followed up with VA for pharmacy to fill with VA doctor approval.

D344 Res. #1 page 37 of 149
BP was checked. See attatchment....Order changes must be on VA bottles and staff must clarify if there is a discrepancy . Our house doctors changed medication to 5 mg. bottle stated 10mg

were given. RCD will weekly verify that orders and bottles match. VA meds. are not cycle filled multi dose packages so the few VA that we have are different from the rest of the residents. .

We have placed labels on med carts to use for direction changes on the bottles to prevent this happening again. VA orders match Eventus now with 5 mg in place.

RCD will follow weekly.

D344 Res. #1 page 41 of 149
Discrepancy has been corrected. Medication is on hand and the order changed to 300 mg take 2 TID for nerve pain per VA visit on 3-14-23.

RCD will follow weekly

D358 Res #1) diabetes in service has been done on staff (3-14-23) with more training ahead on insulin/ lantus/ sliding scale orders in place. care suite in place weekly to check meters with readings, orders

and dosages given. (see attatched)

MA and adminstrator were terminated from positions at the facility prior to survey.

Eventus D/Cd novolog on 3-15-23 but will continue with Lantus. 25 units HS

RCD will follow all orders weekly .

D358 Res. #1 page 55 of 149
resident refused thinking it acted the same as his novolog and was afraid of BS dropping. Staff were dismissed that made the repeat errors of noting hold per MD . RCD is checking orders

with medications (novolog/ lantus) administered for accuracy. Diabetes inservice was done in the facility on 3/14/23 . Care Suite will be checked daily for accuracy. All refusals or "held "per MD

will be given to house doctors.

Eventus D/Cd novolog on 3-15-23 but will continue with Lantus. 25 units HS

D 358 Res. # 1 page 61 0f 149
we are currently working with VA to get approval for medication orders to go straight from our doctors to the pharmacy without having to be approved by a VA physician.

Currently the orders get hung up waiting on their doctors before pharmacy can fill or VA states they do not get the changes faxed to them and then when the resident comes

resident went to the VA on 3-14-23. He had labs drawn and his medication list updated. He saw the house doctors (Eventus) on 3-15-23. This medication was d/cd.

RCD will check weekly to assure that all medication orders are update on the EMAR system and followed up with VA for pharmacy to fill with VA doctor approval.

D358 Res. #1 page 65 of 149
medication not received from VA . social worker at VA notified. We communicate with him directly now for any medication orders or medications not on hand. RCD follows weekly to

assure that medications are available.

Care Suite weekly by RCD , VA did labs for B12 on 3-14-23

D358 Res. #1 page 73 of 149
medication not received from VA . social worker at VA notified. We communicate with him directly now for any medication orders or medications not on hand. RCD follows weekly to

assure that medications are available through Care Suite and on medication cart.

D358 Res. #1 page 79 of 149
medication not received from VA , social worker at VA notified. We communicate with him directly now for any medication orders or medications not on hand. RCD follows weekly to

assure that medications are available through Care Suite and on medication cart.

D358 res #1 page 85 of 149
Orders were written on 1/25/23. RCD faxed orders to VA for doctor approval and pharmacy to dispense. VA stated they did not receive. Resent. Facility was waiting for medication to arrive. RCD

will follow up weekly with VA social worker who assure that orders are being filled. Medication is now available at facility.

D358 res. #6 page 91 of 149
resident is a heavy smoker and continues to need medications for his SOB/ COPD. He overuses the inhaler although he is told ... 2 puffs BID. He cannot get refils until they are due.

He is followed up with Lung & Sleep doctor for this.

D358 res.#3 page 95 of 149
This was ordered as BID and usually orders are am /pm. Request to clarify was made on 1/25/23 (see attatched) only states 4 times a day or 2 tabs with MD signature.

Orders that come in have to be approved by administration on quickmar. / RCD to assure they are entered correctly and match physician orders.

D358 Res. #3 page 101 of 149
New order was received but there was no order to D/C the 10 mg order. Staff faxed neurologist on 1/25/23 (see attatched) but did not followed up. RCD will assure that all meds. are followed

and coincide with orders and d/c orders in place. Care suite will document calls made and followup process. (see attatched request 1/25/23)

D392 res. #3 page 127 of 149
Feb 3,2023 administrator was terminated.

previous admin. had pulled control sheets and were not located on the day of survey. They have been found and are in the office (attatched)

(see attatched) RCD and admin. Assistant have taken control class again and weekly accessments are being done for accuracy of count along with orders.

D392 Res. #5 page 139 of 149
Feb 3,2023 administrator was terminated.

previous admin. had pulled control sheets and were not located on the day of survey They have been found and are in the office. (attatched)

All controls are currently accounted for, errors are from staff members terminated prior to survey. Training on controls are being implemented and control / medication quality assurance attatched .

RCD will be checking weekly behind MA's to assure all documentation and administration are as ordered.

the facility had already identified the discrepansies and terminated 3 positions. The staff are currently being trained on the Control Policy as well as the CEU online class for control medications and medication administration.

RCD will be checking weekly behind MA's to assure all documentation and administration are as ordered.

The overall procedure to keep from the violations mentioned will be for the RCD to print "Care Suite" each day to see which resident has refused. missed. out of stock. out of

facility, etc. She will make notes of what we need to do for compliance such as: notify doctor, request refill, follow up on the "why" for refusal etc. These notes will be kept in a

log book in the office to assure that all concerns are addressed in a timely manner. Staff will be followed closely with training in place on all counts and regular assesments with RCD and

assistant administrator.

D125 staff B page 2 of 149
Follow thru was

not completed with staff getting required credentials. A staff requirement log sheet has been implemented to assure that necessary training and certifications

are completed in the time required. (attatched is sheet A for documentation) Current RCD and Administrator assistant are responsible to assure that completion

is satisfied with state regulations set forth. Follow up will be weekly. Staff is signed up to take the test on 3-17-23 @ 5:30pm.

D125 Staff c page 3 0f 149
staff member had all of her required credentials and could not have passed MA written exam unless her 15 hours was completed and her check off by nurse.

Her previous employer verified her credentials on the form but not a copy of her hours completed. When her file was reviewed by the last surveyors the form was

all that was needed. We called the facility and we were not successful in getting a copy so for her record she has completed it again. (attatched sheets B,C for

documentation) She has had training since employment all along (attatched)

D131 Staff A page 5 of 149
Follow thru was not done and test not

read. The staff requirement log sheet has been implemented to assure that TB tests are in place upon hire and read when due (48-72 hours of injection

unless a blood test is administered instead) Current RCD and Administrator assistant are in place for quality assurance of policy checked monthly. TB administered 2-21-23 and neg. on 2-23-23.

D164 Staff A page 7 of 149
staff online training was not available to administration therefore staff had to print their CEU training . Employee had in fact completed the course on 1/17/23 but not

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D273 Res. #2 page 20 of 149

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D 273 Res. # 1 page 29 0f 149
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concerning medications. generic names and what they are used for. RCD will follow weekly for questions and concerns. All current

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D344 Res. #1 page 37 of 149
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D344 Res. #1 page 41 of 149
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D358 Res. #1 page 55 of 149
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D358 Res. #1 page 65 of 149
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D358 res. #6 page 91 of 149
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He is followed up with Lung & Sleep doctor for this.

D358 res.#3 page 95 of 149
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Orders that come in have to be approved by administration on quickmar. / RCD to assure they are entered correctly and match physician orders. Checked weekly by RCD.

D358 Res. #3 page 101 of 149
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and coincide with orders and d/c orders in place. Care suite will document calls made and followup process. (see attatched request 1/25/23)

D392 res. #3 page 127 of 149

previous admin. had pulled control sheets and were not located on the day of survey. They have been found and are in the office. (attatched)

(see attatched) RCD and admin. Assistant have taken control class again and weekly accessments are being done for accuracy of count along with orders.

D392 Res. #5 page 139 of 149

previous admin. had pulled control sheets and were not located on the day of survey They have been found and are in the office. (attatched)

All controls are currently accounted for. Training on controls are being implemented and control / medication quality assurance attatched .

RCD will be checking weekly behind MA's to assure all documentation and administration are as ordered.

The staff are currently being trained on the Control Policy as well as the CEU online class for control medications and medication administration.

RCD will be checking weekly behind MA's to assure all documentation and administration are as ordered weekly.

The overall procedure to keep from the violations mentioned will be for the RCD to print "Care Suite" each day to see which resident has refused. missed, out of stock, out of

facility, etc. She will make notes of what we need to do for compliance such as: notify doctor, request refill, follow up on the "why" for refusal etc. These notes will be kept in a

log book in the office to assure that all concerns are addressed in a timely manner. Staff will be followed closely with training in place on all counts and regular accessments with RCD and

assistant administrator weekly.

I am sending the CEU copy of class on diabetes done on 3-14-23 for 7 employees. Also classes done by RCD and admin. Assistant.

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 02/17/2023

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 273	Continued From page 19 could damage the eye resulting in poor vision and even damage to the optic nerve. -The facility would not be expected to notify the physician for each time the resident refused his eye drops, but would expect to be notified for repeated refusals. -The Ophthalmologist might recommend a different time of day to administer if a resident did not want the morning administration. Telephone interview with the previous Administrator on 02/17/23 at 10:57am revealed: -The Office Manager was responsible for reviewing the "care suite" daily to identify refusal of medications. Care Suite was a computer generated printout of missed medication administration. -The Office Manager was to let the contracted PCP know when a resident refused medications using the communication sheet from the PCP's workbook. -The Office Manager should document communication with the PCP regarding the resident's refusal of medication in the resident's record. Telephone interview with the previous Office Manager on 02/17/23 at 6:03pm revealed: -She printed a report from the eMAR system weekly. -She reviewed the report to identify medication refusals. -She informed the previous Administrator of refusals, and the previous Administrator was supposed to contact the PCP. -She did not document when she identified refusal and she did not document when she informed the Administrator of the refusals. Interview with the facility's Executive Director	D 273	[redacted] 3-17-23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 273	Continued From page 28 -She was aware that Resident #1 refused duloxetine because it was a stool softener. -She did not realize the medication was used for depression and anxiety. -The Office Manager was responsible for reviewing "care suite" daily to identify refusal of medications. -The Office Manager should have let Resident #1's PCP know the resident refused medications. -There should be documentation corresponding to contact with Resident #1's PCP. Telephone interview with the previous Office Manager on 02/17/23 at 6:03pm revealed: -She did not recall notifying Resident #1's PCP or MHP regarding the resident's refusal of duloxetine. -She printed a report from the eMAR system weekly. -She reviewed the report to identify medication refusals. -She informed the Administrator of refusals and the Administrator was supposed to contact the PCP. -She did not document when she identified refusals, and she did not document when she informed the Administrator of the refusals. Interview with the Executive Director (ED) on 02/16/23 at 1:43pm revealed. -The PCP should be notified after at least 3 refusals -There should be documentation the PCP was notified and the PCP's response. -The previous Office Manager was responsible for reviewing care suite reports daily to identify refusals of medications. -The Office Manager should inform the Administrator of the refusals. -The Office Manager and/or the Administrator	D 273		3-17-23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 358	Continued From page 44	D 358		

depression, insomnia and anxiety.
-Medication orders included fingerstick blood sugar (FSBS) twice daily.
-There was no order for Novolog listed on the FL2.

a. Review of Resident #1's physician's orders revealed:
-There was a physician's order dated 12/15/22 by the Veteran's Administration primary care provider (VA PCP) for Novolog inject 3 units three times a day with meals (short acting insulin used to decrease and control blood sugar). Hold if FSBS was less than 100 or resident not eating.
-There was also an order dated 12/15/22 for Novolog 5 units four times a day as needed if FSBS was 450 or greater. Recheck in 1 hour, notify provider if not lower.
-There was a physician's progress note with medication orders dated and signed by the facility's Primary Care Provider (PCP) on 01/25/23 for Novolog flexpen inject 6 units subcutaneously three times a day with meals. Hold for FSBS less than 100 or if the resident was not eating a meal.
-There was a physician's order dated 02/02/23 for Novolog flexpen inject 4 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating.
-There was a physician's order dated 02/08/23 for Novolog flexpen 2 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating.

Review of Resident #1's hospital visit report dated 01/31/23 revealed:
-Resident #1 was seen in the emergency department on 01/31/23 for altered mental status due to hypoglycemia.
-Upon initial arrival at the hospital the resident's

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D 392	Continued From page 138 revealed: -The pharmacy last received an order for lorazepam 0.5mg ½ tablet (0.25mg) once daily at 8:00am dated 01/20/23. -The pharmacy filled and dispensed Resident #5's lorazepam 0.5mg ½ tablet (0.25mg) at 8:00am on the following dates: -On 01/20/23, for a quantity of 15 tablets (30-day supply). -On 12/19/22, for a quantity of 15 tablets (30-day supply). -On 12/15/22, for a quantity 2 tablets (4-day supply). -On 12/05/22, for a quantity of 3 tablets for a (6-day supply). -There was no 0.5mg ½ tablet (0.25mg) lorazepam once daily at 8:00am dispensed in November 2022. -The pharmacy last received an order for Resident #5's lorazepam 1mg at bedtime dated 02/03/23. -The pharmacy dispensed Resident #5's lorazepam 1mg at bedtime as follows: -On 02/03/23, a 30-day supply of lorazepam 1mg was dispensed. -On 12/31/23, a 30-day supply of lorazepam 1mg was dispensed. -On 11/30/22, at 30-day supply of lorazepam 1mg was dispensed. -The pharmacy last received an order for Resident #5's lorazepam 0.5mg 1 tablet every day prn for anxiety on 07/11/22. -The pharmacy filled and dispensed Resident #5's lorazepam 0.5mg every day prn as follows: -On 12/29/22, the pharmacy filled and dispensed 30 tablets of lorazepam 0.5mg as needed -On 12/06/22, the pharmacy filled and dispensed 30 tablets of lorazepam 0.5mg as needed. -There was no lorazepam 0.5mg once daily prn dispensed in November 2022.	D 392	Feb 3, 2023 administrator was terminated previous admin had pulled control sheets and were not updated on the day of survey. They have been found and are in the office All controls are currently accounted for, errors are from staff members terminated prior to survey. Training on controls are being implemented and control, medication audit, quality assurance shall be RCD will be checking weekly behind MA's to assure all documentation and administration are as ordered The staff are currently being trained on the Control Policy as well as the CEU power point for control medications RCD will be checking weekly behind MA's to assure all documentation and administration are as ordered	2-17-23