Received via electronic mail 6/23/23

July 11

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 05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH 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 a follow-up survey from 05/24/23 to 05/25/23.	D 000		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A2 VIOLATION Based on these findings, the previous Type A2 Violation was not abated. Based on observations, record reviews and interviews, the facility failed to administer medication as ordered for 1 of 3 sampled residents (#1) who had orders for as-needed insulin, sliding scale insulin, short-acting insulin, long-acting insulin, an anti-emetic medication, and medication for nerve pain. The findings are: Review of Resident #1's current FL2 dated 05/03/23 revealed diagnoses included diabetes mellitus, transient ischemic stroke, hypertension, and major depressive disorder. Review of Resident #1's Progress Notes revealed:	D 358	Completion date for all: 7-3-23	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Brett Shuler — TITLE: Administrator — (X6) DATE: 6-23-23

Reviewed and acknowledged 06/23/23. SG

Shuler Health Care Assisted Living
250 Pitts St.
Kernersville NC 27284

6-21-23

Please accept corrections made on the Storey Villa / HAL 034107

Staff is receiving additional training on protocols in place for MAR administration with correct documentation such as out of stock, refused , held per doctors orders as well as reporting to RCD any medication orders not followed (new prescriptions or discontinued.) and diabetic care refresher course. Staff will document in chart notes all calls made on behalf of resident care needs. (complete by July 3, 2023)

RCD will document all calls for requests of refills and/ or new orders and perform cart audits monthly for accuracy. A print out will be done daily for any out of stock orders and documentation of the followup.
New order tracking form (attached) will be implemented .

Correction date per discussion with the Administrator on 06/23/23: 06/21/23. SG

Getting medications from VA is an ongoing issue. We have spoken to several supervisors and social workers concerning protocol with our residents "VA" choice and their providers. VA wants orders sent to them by fax (always gives numerous fax numbers to send ordres to) They then have to let the primary doctor review BEFORE any medications from outside orders can be filled. They do not rush this and usually state they did not receive. The remarks on the corrective action verifies this with "VA call unsuccessful". We have been told by VA that if we submit a form from VA recipient that medications are to be picked up at their pharmacy and not mailed that this will help as far as getting medications sooner but it still will not speed up their doctor approval policy. VA does not update the changes in their medication list when we send new orders. We did take the resident to VA to get clarifications and refills. His doctor was out for 2 months. They took our information and said they would mail us an updated medication list with updated orders, we never received. The house doctors have been notified of this for review. We will notify our house doctors of any orders for medications waiting to be administered and we will keep notes of dates and times with all correspondence from VA to house doctors for any ongoing concerns with medication accuracy and availability. RDC will facilitate weekly.

Facility will request veterans to use VA only. "VA choice" is a not a choice. VA will not acknowledge orders from outsiders in a timely manner or at all in some cases. We have sent faxed orders for changes from our house doctors and the policy that they have is to have their doctors approve before pharmacy can fill. This timeline is not acceptable. They give you

numerous fax numbers to send in the info. And "no one" ever knows where they are. We currently do not have any veterans at this facility.

Redacted per discussion with Administrator 6/23/23. SG

[redacted]

Facility medications are all in stock with current population. MA will chart note and notify RCD of anything not available with orders in place. RCD will print log sheet daily of facility medication administrations.

Greta Shuler
Administrator
336 972-4886

Medication Cart/Refrigerator Audit

Month/Year: March 2021	Yes	No	NA	Done	Comments
Security					
Is the med cart locked?					
Only authorized personnel has key access?					
Is the cart/refrigerator organized, clean and uncluttered?					
Is the cart, cupboard, refrigerator free of staff food/other items?					
Labeling and Storage					
Are medications properly labeled and stored?					
Vials, bottles, dated when opened?					
Expiration dates found on all medications?					
OTCs have resident identified?					
Are there excess quantities of meds					
Is the med cart in need of repair?					
External/Internal Medications					
Are external and internal ; eye drops and patches, creams/lotions/powders medications separated?					
Sterile/Non-sterile separated?					
Meds/Supplies separated?					
Controlled Substances					
Are controlled substances in the lock box? (Marked with red "C")					
Log sheets are maintained and count correct?					
Refrigerated Medications					
Are refrigerated medications properly labeled, stored and separated?					
Is the refrigerator clean?					
Does the freezer portion need to be de-frosted?					
Are there food items stored with medications?					Acceptable only if food is covered and stored below the medications.
Is the refrigerator temperature in the proper range of 36-46 degrees F?					Temperature today _____
Is the refrigerator temperature logged daily? Must include actions taken if out of acceptable range					

Reference Information					
Is there a Medication reference book available?					
Is there a "Do Not Crush" reference, Controlled Substances list and Expiration Guidelines list available?					
Cart Stock (Replace, order)					
Resident's PRN and non-bubble packed medications (patches, powders, liquids)					
Med Pouches					
Alcohol swabs					
Disinfecting towelettes					
Spoons					
Med cups-paper/plastic					
Clean Med Cart/ Refrigerator					
Clean and disinfect the outside of cart Q wk					
Clean and disinfect the drawers q mo.					
Clean and disinfect the trash and supply containers on outside of cart.					
Clean refrigerator when visibly soiled					
Defrost refrigerator every month					
Clean and Disinfect Pill Crusher					
Clean and Disinfect the Pill Crusher, cart keys, nebulizer containers q week					

Staff Signature: _____ Date: _____

Please submit report to Administrator when complete.

MAR/MEDICATION AUDIT	NAME	NAME	NAME
DATE			
Copies of all current prescriptions in file (correlate with MAR, Meds on hand and Healthcare Communication Forms)			
MAR reflects current correct medications, correct dose, correct times and correct dates to be given (correlate with prescriptions and Healthcare Communication Forms)			
All meds have a start and if appropriate a stop date especially Antibiotics. Check that appropriate dates are marked off when not to be given			
All meds not given daily (ex: Fosamax) have appropriate date to be given noted			
All PRN medications state specific parameters upon which a medication is to be given and when physician is to be notified			
Documentation of effectiveness of all PRN meds is noted (strongly encouraged)			
Diagnosis is noted for each medication on MAR (strongly encouraged)			
Allergies noted on MAR			
Diet noted on MAR (Strongly encouraged) Must be able to show you the diet listed)			
Current action, side effects, adverse reactions and interaction information sheets in file for all medications			
Reason for missed medications meds is noted along with appropriate physician notification			
If medication unavailable from pharmacy documentation of follow up according to Policy and Procedure followed and med obtained			
If indicated - Medication error reports are noted with appropriate notification of physician, district, and documentation that correction action has been carried out			
Documentation of monitoring client for 20 minutes after first three doses of a new med and after PRN meds			
All new orders instituted within 24 hours (Correlate with Healthcare Forms and prescriptions)			
Signatures and initials of all persons administering meds or supervising administration of meds are noted			

CORRECTIVE ACTION:_____

Recommendations for use of Mar Audit

1. Monthly at time new MAR is initiated – new MAR reconciled with old MAR with corrections/additions per physician orders. Must be done prior to putting new MAR in the book.
2. When a client has new medication or change in dose, frequency, or med is discontinued.
3. If a medication error occurs.
4. If "holes" are noted.
5. When new employee, who has been trained and validated, begins to administer or supervise the administration of medications. Would recommend auditing the new employee for at least the first week.
6. Written Policy and Procedure for documentation of monitoring MAR should be in place and results of the auditing kept on file along with the corrective actions taken.

NEW ORDER TRACKING FORM

This form needs to be completed on all new medication orders. A copy of the form is kept with the new orders until all of the necessary steps have been completed and the medication is in house. The Direct of Resident Care should review each one and sign on the bottom after verifying that all the steps have been taken and the new order has been correctly transcribed on the MAR. (In the absence of DRC, the Wellness Coordinator should sign and verify.)

Resident Name: _____ Medication: _____ Date of Order: _____

Please indicate date, time, and your initials as you complete each step:

_____ Signed and dated
FAX received from doctor

_____ Documented in Resident Care Notes

_____ FAX to pharmacy

_____ Flagged MAR

_____ Verifying call to pharmacy

_____ Copy in HWD box

_____ Transcribed to MAR

_____ Put on 24 hour report

_____ Original order put in chart

_____ Meds in house

_____ Co-signer of MAR transcription

***** _____ Fax to PCP

If a medication is discontinued, all the above plus date, time, initial:

_____ Medication pulled from cart (or isolated in packet)

_____ Return to pharmacy form completed

_____ Medication returned to pharmacy
(Remember controlled substances cannot just be put in the tote; they must be locked up)

If backup pharmacy is required:

_____ Pharmacy called re need for backup

_____ Back-up pharmacy called if instructed by regular pharmacy

_____ Meds from hospital pharmacy if necessary

_____ Meds picked up or delivered from back-up pharmacy
(If picking up, call pharmacy to be sure prescription is ready.)

If family provides:

_____ Family notified of prescription or need for refill (2 weeks before running out)
(Document in chart each time that the family has been notified.)

_____ Inform DRC if family not responsive

_____ Our pharmacy contacted if family cannot provide in timely manner

_____ Back-up procedure used if necessary Meds in house

REMEMBER THAT "MEDICATION NOT AVAILABLE," "MEDICATION NOT ON CART," OR "FAMILY BRINGING IN" ARE NOT ACCEPTABLE EXCUSES AND SHOULD NOT BE DOCUMENTED ON THE MAR.

Signature of person completing form _____ Date _____

Verifying signature of DRC _____ Date _____