PRINTED: 11/17/2023
FORM APPROVED

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
	HAL001141	A. BUILDING: _____ B. WING _____	R 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF BURLINGTON	118 ALAMANCE ROAD BURLINGTON, NC 27215

(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 completed a follow-up survey on November 7, 2023 and November 8, 2023.	{D 000}		
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 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, observations and record reviews, the facility failed to ensure electronic medication administration records (eMAR) were accurate for 1 of 5 residents (Resident #3) related to documenting the value of a resident's finger stick blood sugar (FSBS). The findings are:	D 367	Blood sugar checks have been corrcted. At the time of the survey there was no space to correct on the EMAR. It was corrected on site, and is being motored by the DRC for compliance.	

reviewed and acknowledged 2/2/24

hrp

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001141	A. BUILDING: _____ B. WING _____	R 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF BURLINGTON	118 ALAMANCE ROAD BURLINGTON, NC 27215

(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 367	Continued From page 1 1. Review of Resident #3's current FL2 dated 10/12/23 revealed: -Diagnoses included type 2 diabetes mellitus, hyperlipidemia and cerebrovascular disease. -There was an order for glargine insulin (a long-acting insulin used to lower elevated blood sugar levels) inject 34 units subcutaneously at bedtime. Review of Resident #3's physician's order dated 10/12/23 revealed: -There was an order to check FSBS 1 time a day every Monday, Wednesday and Friday; notify primary care provider (PCP) if FSBS is less than 70 or greater than 350. The original order date was 08/11/22. -There was an order to check FSBS 1 time a day on Tuesday and Thursday with no notification parameters. The original order date was 08/11/22. -There was an order if FSBS less than 60 give 8 ounces (oz) of orange juice and recheck in 30 minutes; notify PCP if FSBS less than 60 or greater than 500. The original order date was 07/01/16. Review of Resident #3's September 2023 electronic medication administration record (eMAR) revealed: -There was an entry for FSBS checks 1 time a day every Monday, Wednesday and Friday; notify PCP if FSBS is less than 70 or greater than 350 scheduled at 8:00am. -There was an entry for FSBS checks 1 time a day every Tuesday and Thursday scheduled at 4:30pm. -There was no space to enter FSBS results for 8:00am or 4:30pm. -There was an entry to administer 8 oz of orange	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001141	A. BUILDING: _____ B. WING _____	R 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF BURLINGTON	118 ALAMANCE ROAD BURLINGTON, NC 27215

(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 367	Continued From page 2 juice as needed if FSBS is less than 60 and recheck FSBS in 30 minutes; notify PCP if FSBS less than 60 or greater than 500. -There were 6 FSBS results documented on the eMAR notes as follows: on 09/06/23 at 8:37am, FSBS was 236, 09/8/23 at 12:06pm, FSBS was 270, 09/13/23 at 7:35am, FSBS was 164, 09/18/23 at 7:41am, FSBS was 189, 09/22/23 at 8:49am, FSBS was 207, and 09/25/23 at 8:46am, FSBS was 220. -There was documentation that Resident #3 refused the FSBS on 09/04/23 at 8:00am. -There were 14 of 21 opportunities for FSBS checks that were not documented. -There was no documentation of giving 8 oz orange juice if the FSBS was less than 60, rechecking FSBS in 30 minutes or notification of the PCP for FSBS outside of parameters as ordered. -It could not be determined on 14 of 21 opportunities if Resident #3's FSBS were within the ordered parameters. Review of Resident #3's October 2023 eMAR revealed: -There was an entry for FSBS checks 1 time a day every Monday, Wednesday and Friday; notify PCP if FSBS is less than 70 or greater than 350 scheduled at 8:00am. -There was an entry for FSBS checks 1 time a day every Tuesday and Thursday scheduled at 4:30pm. -There was no space to enter FSBS results for 8:00am or 4:30pm. -There was an entry to administer 8 oz of orange juice as needed if FSBS is less than 60 and recheck FSBS in 30 minutes; notify PCP if FSBS less than 60 or greater than 500. -There were 6 FSBS results documented on the eMAR notes as follows: on 10/06/23 at 7:08am,	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001141	A. BUILDING: _____ B. WING _____	R 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF BURLINGTON	118 ALAMANCE ROAD BURLINGTON, NC 27215

(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 367	Continued From page 3 FSBS was 185, 10/09/23 at 7:20am, FSBS was 146, 10/11/23 at 7:12am, FSBS was 167, 10/18/23 at 7:29am, FSBS was 161, 10/20/23 at 7:40am, FSBS was 146, and 10/30/23 at 7:37am, FSBS was 165. -There was documentation that Resident #3 refused the FSBS on 09/04/23 at 8:00am. -There were 16 of 22 opportunities for FSBS checks that were not documented. -There was no documentation of giving 8 oz of orange juice if FSBS less than 60, rechecking FSBS in 30 minutes or notification of the PCP for FSBS outside of parameters as ordered. -It could not be determined on 16 of 22 opportunities if Resident #3's FSBS were within the ordered parameters. Review of Resident #3's eMAR from 11/01/23 to 11/06/23 revealed: -There was an entry for FSBS checks 1 time a day every Monday, Wednesday and Friday; notify PCP if FSBS is less than 70 or greater than 350 scheduled at 8:00am. -There was an entry for FSBS checks 1 time a day every Tuesday and Thursday scheduled at 4:30pm. -There was no space to enter FSBS results for 8:00am or 4:30pm. -There was an entry to administer 8 ounces of orange juice as needed if FSBS is less than 60 and recheck FSBS in 30 minutes, notify PCP if FSBS less than 60 or greater than 500. -There was no documentation of giving 8 oz of orange juice less than 60, rechecking FSBS in 30 minutes or notification of the PCP for FSBS outside of parameters as ordered. -There were 6 FSBS results documented on the eMAR notes as follows: on 11/01/23 at 6:54am, FSBS was 215, 11/01/23 at 7:17am, FSBS was 215, and 11/06/23 at 7:03am, FSBS was 162.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001141	A. BUILDING: _____ B. WING _____	R 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF BURLINGTON	118 ALAMANCE ROAD BURLINGTON, NC 27215

(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 367	Continued From page 4 -There were 2 of 4 opportunities for FSBS checks that were not documented. -It could not be determined on 2 of 4 opportunities if Resident #3's FSBS were within the ordered parameters. Interview with Resident #3 on 11/07/23 at 4:28pm revealed: -She received FSBS checks once a day, mostly at night. -She did not keep track of the results, but staff just told her if it was good or high. -She did not get insulin according to her FSBS, just scheduled insulin once a day that she could not remember the name of. -She had not had symptoms or a low FSBS for a year or more in which staff had her to drink orange juice and rechecked her FSBS. -She did not refuse for staff to take her FSBS. Interview with a medication aide (MA) on 11/07/23 at 4:20pm revealed: -She thought the new Director of Resident Care (DRC) audited the residents' eMARs. -She worked the evening shift from 3:00pm to 11:00pm. -Resident #3 had an order for FSBS checks 2 times a week on evening shift and her FSBS were always 189-230's in the past 2-3 months with the lowest FSBS result being around 95. -She had not given her orange juice and rechecked her FSBS or notified her PCP for low or high FSBS. -The eMAR system did not have a space on her FSBS order entry to document the FSBS results but she had not brought it to the DRC's attention. -She had to enter notes in the eMAR to document the FSBS results or sometimes she just wrote her FSBS on her own paper, but she did not keep the record.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001141	A. BUILDING: _____ B. WING _____	R 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF BURLINGTON	118 ALAMANCE ROAD BURLINGTON, NC 27215

(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 367	Continued From page 5 -If the FSBS was not documented in the eMAR notes, she may have gotten busy and forgot to document the FSBS. Interview with a second MA on 11/08/23 at 8:00am revealed: -She was unsure if anyone audited the residents' eMAR for documentation of FSBS. -Resident #3 had an order for FSBS checks 3 times a week on day shift and her FSBS were always 180-220's, and so she never had to give her orange juice and recheck her FSBS or notify her PCP for low or high FSBS. -The eMAR system did not have a space on her FSBS order entry to document the FSBS results. -She had to record FSBS results in the vital signs tab or enter notes on the eMAR to document the FSBS results. -If the FSBS was not documented on the eMAR notes, she may have gotten rushed administering morning medications and forgot to document or to obtain the FSBS. Interview with Resident #3's PCP on 11/08/23 at 8:35am revealed: -Resident #3 had FSBS checks ordered for different days and times to get an assessment of how her scheduled insulin controlled her FSBS levels and because she began not eating or drinking as much as she had before. -She received glargine insulin, but not any sliding scale insulin. -She had considered discontinuing her daily FSBS checks because her levels had remained consistent from 180-220's, and she had the as needed order to give 8 oz of orange juice if her FSBS was low. -Resident #3's FSBS results had not been lower than 70 or higher than 350. -Resident #3's FSBS were not on the eMAR so	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001141	A. BUILDING: _____ B. WING _____	R 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF BURLINGTON	118 ALAMANCE ROAD BURLINGTON, NC 27215

(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 367	Continued From page 6 she would ask the staff to print off the eMAR notes of her last 4-5 FSBS or staff would write them down for her during her visits. -Resident #3 did not complain of any hypoglycemic symptoms or episodes that should have been reported. -She expected her order to be followed and Resident #3's FSBS be obtained and documented. Interview with the DRC on 11/08/23 at 10:45am revealed: -She audited the residents' eMARs for documentation and accuracy, but she had not noticed that Resident #3's FSBS order entry did not have a space to document the FSBS results. -The MAs could document residents' FSBS results and PCP notifications on the eMAR notes. -She entered PCP orders in the residents' eMARs and could add a space to enter FSBS values. -She expected all MAs to document FSBS and PCP notifications on the eMAR notes if there was no space available to document them on the eMAR entry. The Administrator was unavailable for interview on 11/08/23.	D 367		