STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034058	A. BUILDING: _____ B. WING _____	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KERNER RIDGE ASSISTED LIVING	250 HOPKINS ROAD 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 05/15/24 to 05/16/24.	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 observations, record reviews, and interviews, the facility failed to ensure the electronic Medication Administration Records (eMARS) were accurate for 1 of 5 sampled residents regarding sliding scale insulin (SSI) Novolog (#2). The findings are:	D 367	1. All Sliding Scale Insulin orders will be audited to ensure the amount of units is being documented. 2. All new Sliding Scale Insulin Orders going forward will be approved from the pharmacy by the Director of Clinical Services, or Designee, to ensure orders are put into the EMAR system correctly. 3. DCS or Designee will audit all Sliding Scale Insulin Orders Monthly going forward to ensure completeness of the MAR.	1. Completed 5/20/2024 2. Ongoing monitoring 3. Ongoing monitoring

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Emily Nelson, ED
TITLE: Executive Director
(X6) DATE: 6/7/2024

Reviewed and Acknowledged by S.A. on 06/10/2024

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D 367	Continued From page 1 Review of Resident #2's current FL2 dated 02/13/24 revealed: -Diagnoses included type 2 diabetes mellitus, dementia, hyperlipidemia, and hypothyroidism. -There was an order for Novolog flex pen (a fast-acting insulin used to treat high blood sugar levels)100 unit/ml check fingerstick blood sugar (FSBS) and inject SSI before meals. Review of Resident #2's physician's orders dated 03/12/24 revealed an order for Novolog flex pen 100unit/ml check FSBS and inject before meals per SSI parameters: 201-250=6u, 251-300=8u, 301-350=10u, 351-400=12u, 401 and greater give 16 units. Review of Resident #2's March 2024 electronic medication administration record (eMAR) revealed: -There was an entry for Novolog 100units/ml flex pen check FSBS and inject before meals per SSI parameters: 201-250=6u, 251-300=8u, 301-350=10u, 351-400=12u, 401 and greater give 16 units scheduled for administration at 7:30am, 11:30am, and 5:00pm. -FSBS's ranged from 72 to 387. -The eMAR had a space for documentation of the staff member obtaining the FSBS, a space for the site of administration, and a space for documenting FSBS values, but no space for documenting the amount of Novolog administered -There was no documentation of the amount of Novolog administered for 92 of 92 opportunities 03/01/24 to 03/31/24 with Resident #2 being out-of-facility (OOF) during an additional opportunity on 03/06/24. Review of the printed March 2024 eMAR	D 367		

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D 367	Continued From page 2 'Scheduled Medication Notation" notes for Resident #2's Novolog revealed: -FSBS values were listed for 31 days in March 2024 on the eMAR. -Resident #2 had no notes or documentation for the amount of Novolog insulin administered for 92 of 92 opportunities. -Examples of Resident #2's FSBS values documented on the March 2024 eMAR "Administration History" notes but not documentation for the amount of Novolog administered were as follows: -On 03/06/24, FSBS was 309 and 10 units of Novolog should have been administered but no Novolog insulin was documented as administered on the eMAR. -On 03/17/24, FSBS was 315 and 10 units of Novolog should have been administered but no Novolog insulin was documented as administered on the eMAR. -On 03/23/24, FSBS was 304 and 10 units of Novolog should have been administered but no Novolog insulin was documented as administered on the eMAR. -On 03/27/24, FSBS was 246 and 6 units of Novolog should have been administered but no Novolog insulin was documented as administered on the eMAR. Review of Resident #2's April 2024 eMAR revealed: -There was an entry for Novolog 100units/ml flex pen check FSBS and inject before meals per SSI parameters: 201-250=6u, 251-300=8u, 301-350=10u, 351-400=12u, 401 and greater give 16 units scheduled for administration at 7:30am, 11:30am, and 5:00pm. -FSBS's ranged from 86 to 318. -The eMAR had a space for documentation of the staff member obtaining the FSBS, a space for the	D 367		

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D 367	Continued From page 3 site of administration, and a space for documenting FSBS value, but no space for documenting the amount of Novolog administered -There was no documentation of the amount of Novolog administered for 90 of 90 opportunities from 04/01/24 to 04/30/24. Review of the printed April 2024 eMAR 'Scheduled Medication Notation" notes for Resident #2's Novolog revealed: -FSBS values were listed for 30 days in April 2024 on the eMAR. -Resident #2 had no notes or documentation for the amount of Novolog insulin administered for 90 of 90 opportunities. -Examples of Resident #2's FSBS values documented on the April 2024 eMAR "Scheduled Medication Notation" notes but not documentation for the amount of Novolog administered were as follows: -On 04/05/24, FSBS was 278 and 8 units of Novolog should have been administered but no Novolog insulin was documented as administered on the eMAR. -On 04/13/24, FSBS was 268 and 8 units of Novolog should have been administered but no Novolog insulin was documented as administered on the eMAR. -On 04/19/24, FSBS was 318 and 10 units of Novolog should have been administered but no Novolog insulin was documented as administered on the eMAR. -On 04/22/24, FSBS was 259 and 8 units of Novolog should have been administered but no Novolog insulin was documented as administered on the eMAR. Review of Resident #2's eMAR from 05/01/24 through 05/15/24 revealed:	D 367		

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D 367	Continued From page 4 -There was an entry for Novolog 100units/ml flex pen check FSBS and inject before meals per SSI parameters: 201-250=6u, 251-300=8u, 301-350=10u, 351-400=12u, 401 and greater give 16 units scheduled for administration at 7:30am, 11:30am, and 5:00pm. -FSBS's ranged from 83 to 271. -The eMAR had a space for documentation of the staff obtaining the FSBS, a space for the site of administration, and a space for documenting FSBS value, but no space for documenting the amount of Novolog administered -There was no documentation of the amount of Novolog administered for 43 of 43 opportunities 05/01/24 to 05/15/24. Review of the printed May 2024 eMAR 'Scheduled Medication Notation" notes from 05/01/24 through 05/15/24 for Resident #2's Novolog revealed: -FSBS values were listed for 15 days in May 2024 in the eMAR. -Resident #2 had no notes or documentation for the amount of Novolog insulin administered for 43 of 43 opportunities. -Examples of Resident #2's FSBS values documented on the May 2024 eMAR 'Scheduled Medication Notation" notes but not documentation for the amount of Novolog administered were as follows: -On 05/01/24, FSBS was 282 and 8 units of Novolog should have been administered but no Novolog insulin was documented as administered on the eMAR. -On 05/04/24, FSBS was 271 and 8 units of Novolog should have been administered but no Novolog insulin was documented as administered on the eMAR. -On 05/08/24, FSBS was 231 and 6 units of Novolog should have been administered but no	D 367		

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D 367	Continued From page 5 Novolog insulin was documented as administered on the eMAR. -On 05/13/24, FSBS was 233 and 6 units of Novolog should have been administered but no Novolog insulin was documented as administered on the eMAR. Observation of medications available for administration for Resident #2 on 05/16/24 at 8:50am revealed Novolog insulin was available for administration and was dispensed on 05/19/24. Based on observations, interviews and record reviews, it was determined Resident #2 was not interviewable. Interview with the Director of Clinical Services (DCS) on 05/15/24 at 2:30pm revealed: -The medication aides (MAs) documented the administration of medications on the eMAR routinely. -She and the Special Care Resident Coordinator (SCRC) audited the residents' eMARs for documentation and accuracy, but she had not noticed that Resident #2's FSBS order entry did not have a space to document the amount of Novolog SSI administered. -She was aware the eMAR in some cases did not have a space to document the amount of Novolog SSI administered for Resident #2 and the option to complete documentation must have dropped off with their new eMAR system implemented in January 2024. -No staff had followed up with her regarding the eMAR system not having a space to document the amount of insulin administered to Resident #2 and it must have been overlooked. -There were no other documentation she could provide to monitor the amounts of Novolog SSI	D 367		

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D 367	Continued From page 6 administered to Resident #2. -She expected all MAs to document the amount of insulin units administered in the eMAR for all residents moving forward. Interview with a medication aide (MA) from the Special Care Unit (SCU) on 05/16/24 at 9:20am revealed: -Resident #2 had an order for FSBS checks every day before every meal with sliding scale parameters and her FSBS were always 189-280's in the past 2-3 months. -She was aware the eMAR system did not have a space on Resident #2's FSBS order entry to document the amount of insulin administered and she had brought it to the SCRC and DCS's attention within the last couple weeks. -She was not able to enter the amounts of insulin administered to Resident #2 into the eMAR before this morning (05/16/24). -She was not aware of any additional methods to document the amount of insulin units administered to Resident #2. -The DCS and the SCRC were responsible for auditing the eMARS. Interview with a second MA on 05/16/24 at 11:15am revealed: -The DCS and the SCRC audited the residents' eMAR for documentation of FSBS and amount of insulin administered. -Resident #2 had an order for FSBS checks before each meal every day and her FSBS were always 180-290's, and so she had to give her insulin when she had worked on the SCU as a MA. -The new eMAR system was implemented in January 2024, and did not have a space on Resident #2's FSBS order entry to document the amount of insulin administered before this	D 367		

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D 367	Continued From page 7 morning, but she had not brought this to the DCS's attention. Telephone interview with Resident #2's primary care provider (PCP) on 05/16/24 at 10:45am revealed: -She expected the facility staff to administer Resident #5's Novolog per the sliding scale and document how many units of insulin were administered. -She would not be able to tell if Resident #2 received the correct amount of insulin if it was not documented. Telephone interview with a pharmacist at the contracted pharmacy on 05/16/24 at 11:00am revealed: -He had worked with the facility to ensure the eMAR was updated with Resident #2's sliding scale parameters, but the facility was responsible to review and update the eMAR for the amounts of insulin administered. -He was not aware of why the orders were set up the way they were in the eMARs, leaving out a space to document insulin amount and site on some of the residents' eMARs with SSI orders and not others. -There was no documentation the facility had contacted the pharmacy regarding Resident #2's eMAR not properly documenting the administration of Novolog SSI. -He would have worked with the facility to correct the problem. Interview with the SCRC on 05/16/24 at 11:20am revealed: -The MA's had not followed up with her regarding the eMAR system not having a space to document the amount of insulin administered to Resident #2.	D 367		

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D 367	Continued From page 8 -The SCRC, the MAs, and the DCS were responsible for faxing orders to the pharmacy and the pharmacy updated the eMAR with SSI parameters. -The DCS was responsible for auditing and verifying the eMAR to ensure SSI parameter entries were correct for the residents. Interview with the Administrator on 05/16/24 at 11:50am revealed: -She was not aware Resident #2's amount of Novolog insulin administered was not being documented by the MAs. -The MAs should have let the DCS know about the missing documentation areas for SSI. -She expected the DCS to audit the eMARS on a monthly basis. -She was aware of a previous issue with the new eMAR system related to the process of entering SSI orders and the regional management team had addressed the issue with relation to the new eMAR system. -The MAs, the SCRC, and the DCS, were educated to enter SSI orders with the "Sliding Scale" code instead of the 'standard order" code in the new eMAR system to prompt the MA's to document the amount of insulin to be administered for residents. -She expected all SSI orders in the eMAR to reflect this education for SSI and the amount of units of insulin administered to be documented correctly by the MAs.	D 367		