STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013048	A. BUILDING: _____ B. WING _____	R 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRA BELLA HARRISBURG	6200 ROBERTA ROAD HARRISBURG, NC 28075

(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 and the Cabarrus County Department of Social Services conducted an annual and follow-up survey from 06/18/24 to 06/19/24.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 5 sampled residents (#2 & #5) were tested for Tuberculosis (TB) disease in compliance with the guidelines from the Commission for Public Health. The findings are: 1. Review of Resident #2's current FL2 dated 06/19/24 revealed diagnoses included congestive heart failure (when the heart is unable to pump blood normally) and diabetes. Review of Resident #2's Resident Register revealed he was admitted to the facility on	D 234	Director Health Wellness (DHW)/ Resident Care Coordinator (RCC)/ Designee will track all residents Tuberculosis (TB) test upon admission and will administer the second step TB test to stay in compliance with the commission for Public Health as specified in IOA NCAC 41A.0205. In the instance, that our community does not have a Licensed Practical Nurse (LPN)/ Registered Nurse (RN) available to administer TB test the RCC/designee will bring in a nurse to administer the TB test on a bi-monthly basis to make sure that all new residents are current with a second step TB test.	7-1-2024 7-1-2024

Reviewed and Acknowledged by SSD on 07/26/24
Sharon Dunton RN

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D 234	Continued From page 1 07/19/21. Review of Resident #2's record revealed there was no record of a TB screening evaluation done. Refer to the interview with the Administrator on 06/18/24 at 3:21pm. Refer to the interview with the Administrator on 06/19/24 at 12:15pm. 2. Review of Resident #5's current FL2 dated 04/25/24 revealed diagnoses included cerebrovascular accident (stroke), hemiplegia (paralysis on one side of the body) and vascular dementia. Review of Resident #5's record revealed she was admitted to the facility on 06/12/23. Review of Resident #5's record revealed: -There was one documented negative TB skin test dated 06/07/23. -There was no documentation of a second step TB skin test. Refer to the interview with the Administrator on 06/18/24 at 3:21pm. Refer to the interview with the Administrator on 06/19/24 at 12:15pm. Interview with the Administrator on 06/18/24 at 3:21pm revealed: -The Health and Wellness Director (HWD) was responsible for ensuring TB skin tests were completed as required. -She realized around January 2024 that TB skin tests were not being completed for residents as required.	D 234		

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D 234	Continued From page 2 -She instructed the former HWD in February 2024 to complete an audit of resident records and to complete TB skin tests on residents who did not have a two-step TB test. -The former HWD left employment abruptly in May 2024 and the facility currently did not have a HWD. -In absence of a facility HWD, resident TB skin tests could be completed by a corporate nurse, a nurse from a sister facility, or possibly the contracted pharmacy. Interview with the Administrator on 06/19/24 at 12:15pm revealed: -When the former HWD left in May 2024, she did not reach out to the corporate nurse, any sister facilities' nurses or the pharmacy to complete resident TB skin tests. -Since the former HWD left, she had forgotten about getting the resident TB skin tests completed.	D 234		
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;	D 367	DHW/RCC/Designee will review all Medication Adminstration Records (MAR), Treatment Administration Record (TAR) and FL2s upon admission to verify that they are accurate, and DHW/RCC/designee will review the MAR and TAR monthly to verify accuracy in accordance with IOA NCAC 13F .1004(j). DHW/RCC/Designee will review all new orders and make sure that they have been added to the MAR/TAR within 48 hours and that they are accurate.	7-1-2024 7-1-2024

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D 367	Continued From page 3 (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure the electronic Medication Administration Records (eMAR) were accurate for 1 of 5 sampled residents (Resident #4) related to an order for oxygen. The findings are: Review of Resident #4's current FL2 dated 07/09/23 revealed: -Diagnoses included chronic respiratory failure and chronic obstructive pulmonary disorder (COPD). -An order for oxygen continuous 3L via nasal canula. Review of Resident #4's physician order dated 08/03/23 revealed: -An order for oxygen 3L via nasal canula continuously. -Instructions for staff to assist with placing resident on portable oxygen for meals and activities, assess/fill water bottle on oxygen concentrator every shift and as needed if bottle empty or low. Review of Resident #4's physician order dated 05/20/24 revealed an order for portable oxygen tanks to utilized outside of room for resident to have oxygen 3L nasal canula continuous due to	D 367		

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D 367	Continued From page 4 COPD. Review of Resident #4's April 2024, May 2024 and June 2024 eMARs revealed there was no entry for oxygen. Interview with a medication aide (MA) on 06/19/24 at 11:11am revealed: -Resident #4 received oxygen continuous 3L via nasal canula. -The order for how much oxygen Resident #4 was to get was not on the mediation administration record (MAR) or the treatment administration record (TAR). -She had been at this facility for four years and never saw an order on the MAR or TAR for oxygen. -She did not know why it was not on there, but it would help new staff if the order was on the MAR or TAR. -If there was a change in oxygen orders, we would get the change at the stand-up meeting in the mornings. Interview with the Special Care Coordinator on 06/19/24 at 10:30am revealed: -When physician orders are received, they are sent to the pharmacy, and they put them into the eMAR system and then staff verify and initiate the orders. -Resident #4's friend orders her portable oxygen when she runs out. -Staff check her oxygen settings and water level to ensure they are appropriately managed. -When the resident leaves the facility and returns staff assist her with putting her oxygen back on and setting it up. -Staff are not allowed to enter the oxygen orders onto the eMAR. -The staff did not document the oxygen and	D 367		

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D 367	Continued From page 5 instructions within the physician's order. Interview with a MA supervisor on 06/19/24 at 12:50pm revealed: -During a corporate meeting staff were instructed not to enter non-drug orders into the eMAR in order to cut down on errors. -If a resident had a non-drug order like they considered oxygen to be staff were to communicate it by word of mouth during stand-up meetings or shift change. Interview with a pharmacist at the facility's contracted pharmacy on 06/19/24 at 12:13pm revealed: -The staff at the pharmacy did not enter orders that were not medication orders like vital signs, weights into the eMAR. -They would key in something they provided such as compression stockings. -The facility staff would need to enter an order for oxygen and orders the pharmacy did not enter into the eMAR this privilege was usually granted to a supervisor at the facility. Interview with the Administrator on 06/19/24 at 12:40pm revealed: -Staff would have to enter oxygen orders into the eMAR because the pharmacy did not enter them. -In the past a couple of MAs had privileges to enter orders into the eMAR that the pharmacy did not enter but their privileges were removed. -The corporate Regional Nurse told staff they were not to enter orders into the eMAR.	D 367		