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 _____	07/31/2024

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 an annual survey on 07/31/24.	D 000	Staff had a CEU class on Friday, Sept. 6 at 1:30pm from our contract pharmacy nurse on Blood pressures. It covered effects of high and low BP's as well as what those readings look like. How to understand orders in place, recognize signs of high and low BP's and what to do if necessary to hold medication. Also the requirement to	9-6-24
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure referral and follow-up for 2 of 3 sampled residents (#1 and #2) related to a primary care provider (PCP) not being notified of high blood pressure (BP) values according to provider orders. The findings are: 1. Review of Resident #2's current FL-2 dated 09/26/23 revealed diagnoses included coronary artery disease (CAD) and hyperlipidemia. Review of Resident #2's signed physician's order dated 01/31/24 revealed: -There was an order for metoprolol tartrate (a medication used to treat high BP) 50mg take one tablet twice daily, hold if systolic blood pressure (SBP) less than 110 and/or diastolic blood pressure (DBP) less than 50. -There was an order to notify the PCP if SBP was greater than 190 and/or DBP was greater than 90. Review of Resident #2's July 2024 electronic medication administration record (eMAR) revealed: -There was an entry for metoprolol tartrate 50mg	D 273		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Greta B. Shuler TITLE: Administrator (X6) DATE: 9-7-24

"Reviewed and Acknowledged" CPP 9/11/2024

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 1 take one tablet twice daily scheduled for administration at 8:00am and 8:00pm, hold if SBP less than 110 and/or DBP less than 50, notify PCP if SBP was greater than 190 and or DBP was greater than 90. -Resident #2's blood pressure (BP) values were documented as 192/97 on 07/05/24 at 8:00pm, 170/93 on 07/06/24 at 8:00am, 135/98 on 07/25/24 at 8:00pm, 171/106 on 07/30/24 at 8:00am and 174/102 on 07/30/24 at 8:00pm. -There was no documentation Resident #2's PCP was notified of the high SBP and DBP values. Observation of Resident #2's medications on hand on 07/31/24 at 2:20pm revealed there were 3 of 14 metoprolol tartrate tablets available for administration with a dispensed date of 07/26/24. Telephone interview with a representative from the facility's contracted pharmacy on 07/31/24 at 3:51pm revealed: -Resident's #2 current active orders for *metoprolol tartrate on file with the pharmacy* were metoprolol tartrate 50mg take one tablet twice daily, hold if SBP less than 110 and/or DBP less than 50. -Metoprolol tartrate 50mg was dispensed for Resident #2 on 07/24/24, 07/10/24, 06/26/24, 06/12/24, 05/29/24, 05/10/24 with a quantity of 28 tablets dispensed each time which was a two-week supply. Attempted telephone interview with Resident #2's primary care provider (PCP) on 07/31/24 at 1:43pm unsuccessful. Interview with Resident #2 on 07/31/24 at 2:46pm revealed he had experienced no side effects of high BP that he knew of such as headache or blurry vision.	D 273	notify supervisor and physician of any readings outside of normal parameters noted on residents chart and facility quick MAR system. A revised policy was written by house doctor for facility and has been started effective 9-6-24. 9-6-24 If a resident has an elevated BP and a hold is required the staff must dispose of pill with	

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D 273	Continued From page 2 Interview with a medication aide (MA) on 07/31/24 at 2:26pm revealed: -She checked Resident #2's BP before administering his metoprolol tartrate. -She had verbally notified Resident #2's PCP of high blood pressure values when the PCP visited the facility every Wednesday. -She had not documented any PCP notifications of Resident #2's high BP values. Interview with the Assistant Administrator on 07/31/24 at 4:31pm revealed: -She thought Resident #2's PCP was notified of all high BP values according to provider order. -The MAs were expected to notify her of high BP values, and she notified the PCP of Resident #2's high BP values. -MAs were expected to verbally notify her of high BP values because MAs could not directly notify the PCP of high BP values. -She audited the eMARs monthly and wrote a note of PCP notification in the eMAR notes when the PCP was notified of high BP values. -She did not remember any of the MAs telling her about high BP values for Resident #2 from May 2024 to July 2024. Attempted telephone interview with the Administrator on 07/31/24 at 4:30pm unsuccessful. 2. Review of Resident # 1's current FL2 dated 02/14/24 revealed diagnoses included acute and chronic respiratory failure, hypoxia with hypercapnia, obstructive sleep apnea, acute kidney failure and unspecified essential primary hypertension. a. Review of a signed physician's order dated	D 273	another staff witness and charted as such. (We use a multi dose bubble pack) RCC (office manager) will check all readings the last week of each month. This is to ensure accuracy of each residents weekly reading with parameters. Please see attached updated policy.	

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D 273	Continued From page 3 02/14/24 revealed there was an order for Lisinopril 40 mg (a medication used to treat high blood pressure and heart failure) one tablet once daily, hold if systolic blood pressure (SBP) less than 110 or diastolic blood pressure (DBP) less than 55 and notify provider if SBP greater than 190 and DBP greater than 90. Review of Resident # 1's July 2024 electronic medication administration record (eMAR) revealed: -There was an entry for Lisinopril 40 mg one tablet once daily, hold if (SBP) less than 110 or (DBP) greater than 55 and notify provider if SBP greater than 190 and DBP greater than 90 scheduled for admission at 8:00am. -There was entry to check blood (BP) once daily. -On 07/09/24, Resident # 1's BP was 100/90 and Lisinopril was documented as administered but should have been held. -On 07/10/24, Resident # 1's BP was 101/90 and Lisinopril was documented as administered but should have been held. -On 07/12/24, Resident # 1's BP was 100/95 and Lisinopril was documented as administered but should have been held. -On 07/18/24, Resident # 1's BP was 103/89 and Lisinopril was documented as administered but should have been held. b. Review of a signed physician's order dated 02/14/24 revealed there was an order for Amlodipine 10mg (a medication used to treat high blood pressure) one tablet once daily, hold if SBP less than 110 or DBP less than 55 and notify provider if SBP greater than 190 and DBP greater than 90.	D 273		

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D 273	Continued From page 4	D 273		

Review of Resident # 1's July 2024 eMAR revealed:
-There was an entry for Amlodipine 10mg one tablet once daily, hold if SBP less than 110 or DBP less than 55 and notify provider if SBP greater than 190 and DBP greater than 90 scheduled for admission at 8:00am.
-There was entry to check blood (BP) once daily.

-On 07/09/24, Resident # 1's BP was 100/90 and Amlodipine was documented as administered but should have been held.
-On 07/10/24, Resident # 1's BP was 101/90 and Amlodipine was documented as administered but should have been held.
-On 07/12/24, Resident # 1's BP was 100/95 and Amlodipine was documented as administered but should have been held.
-On 07/18/24, Resident # 2's SBP was 103/89 and medication was administered but should have been held.

Observation of Resident #1's medication on hand on 07/31/24 at 1:10pm revealed:
-There was a blister pack of Lisinopril 40mg dispensed on 7/24/24 with 7 out of 14 doses remaining.
-There was a blister pack of Amlodipine10mg dispensed on 7/24/24 with 7 out of 14 doses remaining.

Interview with Resident #1 on 07/31/24 at 1:10pm revealed:
-The MA took his BP every day.
-He had not felt lightheaded or dizzy.

Attempted telephone interview with the primary care provider (PCP) on 07/31/24 at 1:43pm was unsuccessful.

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D 273	Continued From page 5 Interview with the medication aid (MA) on 07/31/24 at 2:30pm revealed: -She always took the resident's BP before administering medications. -If the BP was not within the range on the order, she would hold the medication and document it on the eMAR. Interview with a representative from the facility's contracted pharmacy on 07/31/24 at 3:55pm revealed: -Lisinopril 40mg was cycle filled every 14 days with a dispensed date on 07/24/24. -The current order was one tablet once daily, hold if SBP less than 110 or DBP less than 55 and notify provider if SBP less than 190 and DBP less than 90. -Amlodipine 10 mg was cycle filled every 14 days with a dispensed date on 07/24/24. -The current order was one tablet once daily, hold if SBP less than 110 or DBP less than 55 and notify provider if SBP less than 190 and DBP less than 90. Interview with Assistant Administrator on 07/31/24 at 4:45pm revealed: -She was not aware Resident #1's Lisinopril 40mg and Amlodipine 10mg were not administered as order on 07/09/24, 07/10/24,07/12/24 and 07/18/24. -Her expectations were for the MAs to take the BP prior to administering the medications and hold the medication if the BP was not within the ordered parameters. Attempted telephone interview with the Administrator on 07/31/24 at 4:42pm was unsuccessful.	D 273		

...MENT OF DEFICIENCIES ...C PLAN OF CORRECTION	(X1) PROVIDER SUPPLIER CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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...AME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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...4 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 6	D 358	(Same as D 273 action) Staff class for CELL on blood pressures Sept. 24 addressed effects of high and low blood pressures and how to hold BP meds. if readings are out of perimeters. The staff will go by updated policy in place. RCC will check readings the last week of each month for accuracy. See updated policy attached.	9-6-24
D 358	10A NCAC 13F .1004(a) Medication Administration	D 358		

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:
Based on observations, interviews, and record review, the facility failed to ensure medications were administered as ordered for 2 of 3 residents (#1 and #2) related to a beta blocker (#2) and an anti-hypertensive medication (#1)

The findings are:

1. Review of Resident #2's current FL-2 dated 09/26/23 revealed:
-Diagnoses included coronary artery disease (CAD) and hyperlipidemia.
-There was an order for metoprolol tartrate (a medication used to treat high blood pressure (BP)) 50mg take one tablet twice daily.

Review of a signed physician's order dated 01/31/24 revealed there was an order for metoprolol tartrate (a medication used to treat high BP) 50mg take one tablet twice daily, hold if systolic blood pressure (SBP) less than 110 and/or diastolic blood pressure (DBP) less than 50.

Review of Resident #2's July 2024 electronic medication administration record (eMAR)

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D 358	Continued From page 7	D 358		

revealed:
-There was an entry for metoprolol tartrate 50mg take one tablet twice daily, hold if SBP less than 110 and/or DBP less than 50 scheduled for administration at 8:00am and 8:00pm.
-There was documentation metoprolol tartrate 50mg was administered when it should have been held on 07/16/24 at 8:00pm, 07/17/24 at 8:00am and 8:00pm, and 07/18/24 at 8:00am and 8:00pm.
-Resident #2's blood pressure (BP) values were documented as 100/80 on 07/16/24 at 8:00pm, 103/79 on 07/17/24 at 8:00am, 100/79 on 07/17/24 at 8:00pm, 104/85 on 07/18/24 at 8:00am and 100/87 on 07/18/24 at 8:00pm.

Observation of Resident #2's medications on hand on 07/31/24 at 2:20pm revealed there were 3 of 14 metoprolol tartrate tablets available for administration with a dispensed date of 07/26/24.

Telephone interview with a representative from the facility's contracted pharmacy on 07/31/24 at 3:51pm revealed:
-Resident's #2 current active orders for metoprolol tartrate on file with the pharmacy were metoprolol tartrate 50mg take one tablet twice daily, hold if SBP less than 110 and/or DBP less than 50.
-Metoprolol tartrate 50mg was dispensed for Resident #2 on 07/24/24, 07/10/24, 06/26/24, 06/12/24, 05/29/24, 05/10/24 with a quantity of 28 tablets dispensed each time which was a two-week supply.

Attempted telephone interview with Resident #2's primary care provider (PCP) on 07/31/24 at 1:43pm unsuccessful.

Interview with Resident #2 on 07/31/24 at 2:46pm

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D 358	Continued From page 8	D 358		

revealed he had experienced no side effects after he was administered metoprolol tartrate, including dizziness or blurry vision from 07/17/24 to 07/19/24.

Interview with a medication aide (MA) on 07/31/24 at 2:26pm revealed:
-She checked Resident #2's BP before administering his metoprolol tartrate.
-Her normal process was to hold Resident #2's metoprolol tartrate according to the PCP orders if the medication should be held based on Resident #2's BP values.
-In general, she followed medication orders on the eMAR.

Interview with the Assistant Administrator on 07/31/24 at 4:31pm revealed:
-She did not know Resident #2's metoprolol tartrate was administered when it should have been held for 5 consecutive doses from 07/17/24 at 8:00pm to 07/19/24 at 8:00pm.
-She audited the eMARs monthly.
-She expected MAs to hold medications if they should be held according to the PCP's order.
-She expected MAs to administer medications as ordered.

Attempted telephone interview with the Administrator on 07/31/24 at 4:30pm unsuccessful.

2. Review of Resident # 1's current FL2 dated 02/14/24 revealed diagnoses included acute and chronic respiratory failure, hypoxia with hypercapnia, obstructive sleep apnea, acute kidney failure and unspecified essential primary hypertension.

a. Review of a signed physician's order dated

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D 358	Continued From page 9 02/14/24 revealed there was an order for Lisinopril 40 mg (a medication used to treat high blood pressure and heart failure) one tablet once daily, hold if systolic blood pressure (SBP) less than 110 or diastolic blood pressure (DBP) less than 55 and notify provider if SBP greater than 190 and DBP greater than 90. Review of Resident # 1's July 2024 electronic medication administration record (eMAR) revealed: -There was an entry for Lisinopril 40 mg one tablet once daily, hold if SBP less than 110 or DBP greater than 55 and notify provider if SBP greater than 190 and DBP greater than 90 scheduled for admission at 8:00am. -There was entry to check blood pressure (BP) once daily. -On 07/09/24, Resident # 1's BP was 100/90 and Lisinopril was documented as administered but should have been held. -On 07/10/24, Resident # 1's BP was 101/90 and Lisinopril was documented as administered but should have been held. -On 07/12/24, Resident # 1's BP was 100/95 and Lisinopril was documented as administered but should have been held. -On 07/18/24, Resident # 1's BP was 103/89 and Lisinopril was documented as administered but should have been held. b. Review of a signed physician's order dated 02/14/24 revealed there was an order for Amlodipine 10mg (a medication used to treat high blood pressure) one tablet once daily, hold if SBP less than 110 or DBP less than 55 and notify provider if SBP greater than 190 and DBP greater than 90.	D 358		

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D 358	Continued From page 10 Review of Resident # 1's July 2024 eMAR revealed: -There was an entry for Amlodipine 10mg one tablet once daily, hold if SBP less than 110 or DBP less than 55 and notify provider if SBP greater than 190 and DBP greater than 90 scheduled for admission at 8:00am. -There was entry to check blood BP once daily. -On 07/09/24, Resident # 1's BP was 100/90 and Amlodipine was documented as administered but should have been held. -On 07/10/24, Resident # 1's BP was 101/90 and Amlodipine was documented as administered but should have been held. -On 07/12/24, Resident # 1's BP was 100/95 and Amlodipine was documented as administered but should have been held. -On 07/18/24, Resident # 2's SBP was 103/89 and medication was administered but should have been held. Observation of Resident #1's medication on hand on 07/31/24 at 1:10pm revealed: -There was a blister pack of Lisinopril 40mg dispensed on 7/24/24 with 7 out of 14 doses remaining. -There was a blister pack of Amlodipine 10 mg dispensed on 7/24/24 with 7 out of 14 doses remaining. Interview with Resident #1 on 07/31/24 at 1:10pm revealed: -The MA took his BP every day. -He had not felt lightheaded or dizzy. Attempted telephone interview with the primary care provider (PCP) on 07/31/24 at 1:43pm was unsuccessful.	D 358		

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D 358	Continued From page 11 Interview with the medication aid (MA) on 07/31/24 at 2:30pm revealed: -She always took the resident's BP before administering medications. -If the BP was not within the range on the order, she would hold the medication and document it on the eMAR. Interview with a representative from the facility's contracted pharmacy on 07/31/24 at 3:55pm revealed: -Lisinopril 40mg was cycle filled every 14 days with a dispensed date on 07/24/24. -The current order was one tablet once daily, hold if SBP less than 110 or DBP less than 55 and notify provider if SBP less than 190 and DBP less than 90. -Amlodipine 10 mg was cycle filled every 14 days with a dispensed date on 07/24/24. -The current order was one tablet once daily, hold if SBP less than 110 or DBP less than 55 and notify provider if SBP less than 190 and DBP less than 90. Interview with Assistant Administrator on 07/31/24 at 4:45pm revealed: -She was not aware Resident #1's Lisinopril 40mg and Amlodipine 10mg were not administered as order on 07/09/24, 07/10/24,07/12/24 and 07/18/24. -Her expectations were for the MAs to take the BP prior to administering the medications and hold the medication if the BP was not within the ordered parameters. Attempted telephone interview with the Administrator on 07/31/24 at 4:42pm was unsuccessful.	D 358		