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
	HAL063025	A. BUILDING: _____ B. WING _____	R-C 12/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRABELLA SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

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D 000	Initial Comments The Adult Care Licensure Section and Moore County Department of Social Services conducted a follow-up and a complaint investigation on December 4, 2024, through December 6, 2024. The complaint investigation was initiated by the Moore County Department of Social Services on November 19, 2024.	D 000		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (#3) who had an order to for weekly weights. The findings are: Review of the facility's Medication Order Processing System policy (not dated) revealed: -All orders will be placed into the yellow folder until they are ready to be processed. -Orders related to medications or that need to be added to the electronic medication administration record (eMAR) will be faxed to the pharmacy and moved to the blue folder to await the delivery of the medication. -Request faxed to physicians or outside vendors will be placed in the blue folder to await a	D 276	Staff will conduct an audit of all resident current orders to identify any implementation issues. All identified issues will be corrected immediately. Staff will utilize the current Order Processing System (Bin System) for processing all new orders to ensure completion and follow through. ED/DHW/RCC/MCD/designee will be responsible for reviewing all items in the Bin System every morning and throughout the day to ensure appropriate use and timely implementation and follow through of all orders DHW/RCC/MCD/ED will re-train med aides regarding the use of the Bin System to ensure understanding of system as well as expectations for use. ED will be responsible for ensuring training has been completed and documented for each medication aide. DHW/RCC/MCD/ED will review items in the Bin System during morning management meetings to ensure continued oversight and communication with management team.	1/17/25

Reviewed and Acknowledged SC 1-6-2025

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D 276	Continued From page 1 response. -Once all medications are in house or all responses received, completed orders will be placed in the green folder to be filed. -If there is an issue with an order that requires follow up such as pharmacy requests for a physician order change or insurance issues, the order will be placed in the red folder until resolved and or completed. -All medication aids (MA), Resident Care Coordinator (RCC), Memory Care Director (MCD), and Director of Health and Wellness (DHW) will be responsible for reviewing each yellow, blue, and red folder daily and ensuring follow up. Review of Resident #3's current FL-2 dated 11/25/24 revealed diagnoses included dementia, hypertension, major depressive disorder, and Hyperlipidemia. Review of Resident #3's physician order dated 10/09/24 revealed: -There was an order to start weekly weights. -The order was electronically signed by the physician. Review of Resident #3's October 2024 electronic medication administration record (eMAR) revealed: -The weight was documented as 178.8 pounds on 10/07/24 at 11:00am. -There were no other weights documented. Review of Resident #3's November 2024 eMAR revealed there were no weights for the month of November. Interview with the Special Care Coordinator (SCC) on 12/05/24 at 10:00am revealed:	D 276	ED will maintain overall responsibility for monitoring and ensuring ongoing compliance.	

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-She was unaware that Resident #3 had an order for weekly weights.
-She, the medication aide (MA), or the contracted pharmacy were responsible for adding the order to the eMAR.
-She did audits on Monday and Wednesday of every week or when time permitted, and her last one was completed on Wednesday (12/04/24).
-She used the order processing system when orders came from outside physicians, she faxed the orders to the pharmacy and then it was placed in the waiting folder and checked a couple of times throughout the day.
-When the primary care provider (PCP) wrote an order, the MA was responsible for sending the order to the contracted pharmacy and then placing the order in the waiting folder.
-The SCC was responsible for ensuring all orders did not fall through the cracks by going through the order folder two times a week.
-The weekly order fell through the cracks because she got busy and did not use the order processing method.

Interview with Resident's #3's PCP on 12/05/24 at 3:25pm revealed:
-She was not aware Resident #3 weights had not been recorded.
-She wrote the order during her 09/30/24 visit due to Resident #3 having issues with her bowels and lower extremity swelling and she was concerned about weight gain.
-She could not recall if she had been notified of any issues with Resident #3's weight.

Interview with the Administrator on 12/05/24 at 4:45pm revealed:
-He was unaware there was an order on 09/30/24 to record weekly weights.
-He was unaware that weekly weights were not

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D 276	Continued From page 3 being recorded. -His expectations were that staff were to implement the PCP's order. -The SCC was responsible for ensuring all orders were implemented.	D 276		
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: Based on interviews and records reviews, the facility failed to ensure medication was administered as ordered for 1 of 5 sampled resident (#3) who had an order to hold medication if the systolic blood pressure (BP) was less than 120. The findings are: Review of Resident #3 current FL-2 dated 11/25/24 revealed: -Diagnoses included dementia, hypertension, major depressive disorder, and hyperlipidemia. -There was an order for Spironolactone-HCTZ 25-25 1 tablet daily (used to treat high blood pressure) and hold if systolic blood pressure (BP) was less than 120. Review of Resident #3's physician order dated	D 358	1/17/25 DHW/RCC/MCD will audit resident records to identify all current med orders with parameters for administration. DHW/RCC/MCD will maintain a current and accurate list of residents with parameter orders and review documentation weekly to ensure accurate administration and documentation. The physician and Regional Nurse will be notified immediately of any errors noted. This list and review results will be discussed each week during morning management meeting to ensure communication and ongoing compliance. The ED will maintain overall responsibility for ensuring ongoing monitoring and compliance.	

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09/25/24 revealed there was an order for Spironolactone 25mg, take 1 tablet daily and hold if systolic blood pressure (BP) was less than 120.

Review of Resident #3's October 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for daily BP scheduled at 8:00am.
-There was an entry for Spironolactone 25mg every morning scheduled at 8:00am.
-On 10/09/24 at 8:00am BP was 113/73 and Spironolactone 25mg was documented as administered when it should have been held.
-On 10/10/24 at 8:00am BP was 104/52 and Spironolactone 25mg was documented as administered when it should have been held.
-On 10/12/24 at 8:00am BP was 90/64 and Spironolactone 25mg was documented as administered when it should have been held.
-On 10/17/24 at 8:00am BP was 109/68 and Spironolactone 25mg was documented as administered when it should have been held.
-On 10/20/24 at 8:00am BP was 119/70 and Spironolactone 25mg was documented as administered when it should have been held.
-On 10/26/24 at 8:00am BP was 111/49 and Spironolactone 25mg was documented as administered when it should have been held.

Review of Resident #3's November 2024 eMAR revealed:
-There was an entry for daily BP scheduled at 8:00am.
-There was an entry for Spironolactone 25mg every morning scheduled at 8:00am.
-On 11/01/24 at 8:00am BP was 117/60 and Spironolactone 25mg was documented as administered when it should have been held.
-On 11/04/24 at 8:00am BP was 115/70 and

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Spironolactone 25mg was documented as administered when it should have been held.
-On 11/10/24 at 8:00am BP was 104/67 and Spironolactone 25mg was documented as administered when it should have been held.

Interview with the Special Care Coordinator (SCC) on 12/05/24 at 10:00am revealed:
-She added the BP order to Resident #3's eMAR on 10/07/24.
-She was unaware that medication aides (MAs) did not withhold the medication when the BP was lower than 120.
-She did audits on Monday and Wednesday of every week or when time permitted, and her last one was completed on Wednesday (12/05/24).
-She did audits to ensure all orders were implemented correctly.
-She was responsible for ensuring all orders were carried out correctly.

Interview with Resident's #3's primary care provider (PCP) on 12/05/24 at 3:25pm revealed:
-She was not aware Resident #3 was given her Spironolactone when her BP fell below the parameters of 120.
-Spironolactone was a medication used for BP and swelling.
-She could not recall if she had been notified of any issues with Resident #3's BP but she came to the facility weekly.
-She did not want Resident #3's BP to get out of control and be unable to manage it appropriately.

Interview with the Administrator on 12/05/24 at 4:45pm revealed:
-He was unaware there was an order on 09/25/24 to hold Spironolactone if Resident #3's BP registered below 120.
-His expectations were that staff were to

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D 358	Continued From page 6 implement the PCP's order. -The SCC was responsible for ensuring all orders were implemented.	D 358		