

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ <i>e/s</i>	(X3) DATE SURVEY COMPLETED 11/14/2014
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NAME OF PROVIDER OR SUPPLIER COLONIAL LONG TERM CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL DRIVE MOUNT AIRY, NC 27030 <i>County: Surry</i>
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(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 November 13th and 14th, 2014.	D 000	The Administrator sent staff member D's criminal background check off on	
D 139	<p>10A NCAC 13F .0407(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a criminal background check was conducted on 1 of 5 sampled staff (Staff D). The findings are: Review of Staff D's personnel record revealed: -Staff D was hired as a Medication Aide/Personal Care Aide. -Staff D was hired on 10/31/05. -Documentation Staff D signed a consent on 10/28/08 for a criminal background check to be completed. -There was no documentation a criminal background check had been completed.</p> <p>Interview on 11/14/14 at 1:40pm with Staff D revealed: -As far as she knew she had not been asked to consent to a criminal background check when she was hired. -She was asked to sign a consent for a criminal background check to be completed today (11/14/14).</p> <p>Interview on 11/14/14 at 2:10pm with the Administrator revealed: -He thought the criminal background check had been completed on Staff D when she was hired in</p>	D 139	<p>11-14-14. The supervisor will check each employees file to make sure each employee has a criminal background check completed. The supervisor will assure, upon new hire of all employees a criminal background check will be consented and completed. The Administrator will do monthly checks on all new hires to assure background checks have been completed. The background check was completed on 11-14-14 for staff D.</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Mark Payne

Administrator

12-17-14

*POC Approved
per H. Hawkins
12/22/14 /es*

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D 139	Continued From page 1 2005. -He found the consent signed and dated 10/28/08 where Staff D had signed, but it must not have been sent off to be done. -The office assistant was responsible to ensure criminal background checks were completed on new staff prior to hire. -The office assistant was not available for interview because she was not working that day.	D 139		
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on record review and interview the facility failed to assure 1 of 5 sampled facility non-licensed staff, Staff E, medication aide (MA), was competency validated for the Licensed Health Professional Support (LHPS) in the collection and testing of fingerstick blood sugars (FSBS). The findings are: Review of Staff E's personnel record revealed:	D 161		

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D 161	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Staff E was hired as a personal care aide (PCA)/medication aide (MA). -Staff E's date of hire was 8/9/12. -Documentation the medication aide clinical skills competency for Staff E was completed 8/12/13. -Documentation Staff E passed the medication aide written exam on 8/6/13. -There was no documentation the LHPS tasks had been validated for Staff E. <p>Observation on 11/14/14 from 11:30 am to 12:00 pm revealed Staff E conducting FSBS testing on 3 residents.</p> <p>Interview with Staff E on 11/14/14 at 2:00 pm revealed:</p> <ul style="list-style-type: none"> -She had worked at the facility since August 2012. -She worked as a MA some days, and as a PCA on other days. -She administered medications, checked blood sugars, and administered insulin injections when she worked as the MA -She assisted residents with bathing, dressing, assisted 1 resident with applying a nasal cannula for O2 therapy, and changed the O2 tanks when needed. -She also assisted residents with transfers to and from wheelchairs, and did "whatever needed to be done". -She was unable to recall validation of LHPS tasks with return demonstration by a Registered Nurse. <p>Interview with the Administrator on 11/14/14 at 2:10 pm revealed:</p> <ul style="list-style-type: none"> -He thought that Staff E had been validated for LHPS tasks. -He had contacted the LHPS nurse, but she was unable to find the LHPS competency validation for Staff E. 	D 161	<p>The RN Consultant came on 11-18-14 to have staff E complete her LHPS tasks and be validated. The Administrator and Supervisor will assure upon any staff member doing LHPS tasks, that the staff member has been validated by the RN consultant. The supervisor will assure each new staff member hired as a PCA or MA has documented MA Clinical Skills completed, has passed the MA written exam, and the RN consultant has Validated the LHPS tasks.</p>	

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D 161	<p>Continued From page 3</p> <p>-He was not sure where the document was located.</p> <p>-The office assistant was responsible for ensuring the LHPS competency validations were completed on all staff, but she was not working today.</p> <p>Interview with 4 residents on 11/14/14 revealed:</p> <p>-Three residents stated Staff E assisted them with bathing, dressing, medication administration, and anything they needed.</p> <p>-One resident stated Staff E administered his medications, and he provided his own personal care.</p>	D 161		
D 310	<p>10A NCAC 13F .0904(e)(4) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure the therapeutic diets Mechanical Soft (MS) and Renal diet orders for 4 of 5 sampled residents (Residents #1, #4, #5, and #8) were served as ordered.</p> <p>The findings are:</p> <p>A. Review of Resident #1's current FL-2 dated 05/07/14 revealed: -Diagnoses included dementia, schizoaffective disorder, acute kidney injury, osteoarthritis,</p>	D 310		

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D 310	<p>Continued From page 4</p> <p>anxiety, and hypertension -An order for No added salt and Mechanical Soft diet.</p> <p>Review of the diet list posted in the kitchen revealed Resident #1 was to be served a MS diet.</p> <p>Review of the facility therapeutic diet menus revealed: -A MS menu was available for use by the food service staff. -The lunch on 11/13/14 for residents ordered a MS diet was to consist of bar-b-que pork on a bun ground, pureed corn, mixed greens, mandarin oranges and beverage of choice.</p> <p>Observation of the lunch meal served on 11/13/14 at 12:00 pm revealed: -Resident #1 was served shredded bar-b-que pork on a bun, Cole slaw, whole kernel corn, fruit cocktail and water. -The resident consumed 100% of the meal.</p> <p>Interview with Resident #1 on 11/14/14 at 10:16 am revealed: -She was not on a special diet. -She tried not to eat any foods that were "hard". -She had no teeth and hard foods hurt her gums. -She mostly ate foods were soft because they were easy to swallow. -She had no teeth and some foods she swallowed without chewing. -She wished that her food was ground up or soft enough to dissolve in her mouth.</p> <p>Refer to interview on 11/14/15 with the Cook.</p> <p>Refer to interview on 11/14/14 at 10:25 am with the Administrator and Business office manager.</p>	D 310	<p>The Supervisor will assure that (Residents #1, #4, # 5, #8) are receiving the correct diet ordered by the physician. The supervisor will review reach resident's order to assure each resident is receiving the correct diet. The supervisor and cook will work jointly together to assure that each new diet order is put into place correctly. The supervisor will conduct monthly chart reviews to assure each resident is receiving the correct diet. The Administrator will have diet reviews and changes completed by 12-20-14.</p>	

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D 310	<p>Continued From page 5</p> <p>B. Review of Resident #4's current FL-2 dated 10/08/14 revealed: -Diagnoses included Cerebrovascular accident, arthritis and advanced dementia. -An order for Restricted Concentrated Sweets (RCS) and MS diet.</p> <p>Review of the diet list posted in the kitchen revealed Resident #4 was to be served RCS and MS diet.</p> <p>Review of the facility therapeutic diet menus revealed: -A MS menu was available for use by the food service staff. -The lunch on 11/13/14 for residents ordered a MS diet was to consist of bar-b-que pork on a bun ground, pureed corn, mixed greens, mandarin oranges and beverage of choice.</p> <p>Observation of the lunch meal served on 11/13/14 at 12:00 pm revealed: -Resident #4 was served shredded bar-b-que pork on a bun, Cole slaw, whole kernel corn, fruit cocktail and 8 ounces of milk. -The resident consumed ¼ of the bar-b-que sandwich, 100% of the Cole slaw and fruit, and no corn. -The RCS diet menu was followed correctly.</p> <p>Interview with Resident #4 on 11/14/14 at 10:05 am revealed: -She had lived at the facility for about one year. -She was unaware her physician had ordered her a MS diet. -She had no bottom teeth, they had been gone for a long time. -She does not chew all food, some she just swallowed whole because she had no bottom teeth.</p>	D 310		
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D 310	<p>Continued From page 6</p> <p>-Her food had never been ground or altered in any since moved into the facility.</p> <p>-The food was served whole to her like other residents food.</p> <p>-It would be nice if her food was ground to make it easy to consume without swallowing it whole.</p> <p>Refer to interview on 11/14/15 with the Cook.</p> <p>Refer to interview on 11/14/14 at 10:25 am with the Administrator and Business office manager.</p> <p>C. Review of Resident #8's current FL-2 dated 07/22/14 revealed:</p> <p>-Diagnoses included moderate mental retardation, diabetes mellitus type 2, and schizoaffective disorder.</p> <p>-An order for Restricted Concentrated Sweets (RCS) and MS diet.</p> <p>Review of the diet list posted in the kitchen revealed Resident #8 was to be served RCS and MS diet.</p> <p>Review of the facility therapeutic diet menus revealed:</p> <p>-A MS diet menu was available for use by the food service staff.</p> <p>-The lunch on 11/13/14 for residents ordered a MS diet was to consist of bar-b-que pork on a bun ground, pureed corn, mixed greens, mandarin oranges and beverage of choice.</p> <p>Observation of the lunch meal served on 11/13/14 at 12:00 pm revealed:</p> <p>-Resident #8 was served shredded bar-b-que pork on a bun, Cole slaw, whole kernel corn, fruit cocktail and sugar-free fruit punch.</p> <p>-The resident consumed 100% of the whole kernel corn, Cole slaw and fruit cocktail.</p>	D 310		

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D 310	<p>Continued From page 7</p> <ul style="list-style-type: none"> -The resident did not eat any of the pork bar-b-que sandwich. -The menu was followed correctly for RCS diet. <p>Interview with Resident #8 on 11/14/14 at 9:54 am revealed:</p> <ul style="list-style-type: none"> -All her teeth had been pulled out about three years ago. -She had false teeth but did not wear them because she lost them and did not know where they were. -She had not shared with any staff that she lost her teeth. -She chewed all foods including meats with her gums. -Her process was to continually chew the foods until she broke it down using her gums. -The process took several minutes to get foods broken down so she was able to swallow without difficulty. -She did not chew hard foods like corn, but swallowed the food whole. -It would be nice if someone at the facility grounded up her foods, so spent less time chewing or did not have to swallow foods whole. <p>Refer to interview on 11/14/15 with the Cook.</p> <p>Refer to interview on 11/14/14 at 10:25 am with the Administrator and Business office manager.</p> <p>D. Review of Resident #5's current FL-2 dated 10/02/14 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included dialysis three times weekly, diabetes mellitus type 2, and schizophrenia, and bipolar disorder, history of stroke, anemia, and hypertipidemia. -An order for Restricted Concentrated Sweets (RCS). 	D 310		

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D 310	<p>Continued From page 8</p> <p>Review of the facility's book with diet orders kept in the kitchen revealed: -Resident #5 had an order dated 10/29/14 for Renal and RCS diet.</p> <p>Review of the diet list posted in the kitchen revealed: -Resident #5 was to be served RCS and Renal diet.</p> <p>Review of the facility therapeutic diet menus revealed: -A Renal diet menu was available for use by the food service staff. -The lunch on 11/13/14 for residents ordered a Renal diet was to consist of pork roast on bun, green bean, corn, 2 pats of margarine, tropical fruit, ½ cup lemonade, no other beverages.</p> <p>Observation of the lunch meal served on 11/13/14 at 12:00 pm revealed: -Resident #5 was served shredded bar-b-que pork on a bun that had less sauce than other residents, but the still enough sauce to discolor the bun. -She was also served, Cole slaw, whole kernel corn, fruit cocktail and 8 ounces of 2% milk. -The resident ate 100% of the bun (1-slice) with the meat, and 100% of the whole kernel corn, Cole slaw and fruit cocktail.</p> <p>Review of a Renal diet menus where Cole slaw and milk were part of the regular meal revealed: -Steam cabbage was to replace Cole slaw. -Lemonade was to replace milk.</p> <p>Interview with Resident #5 on 11/14/14 at 9:40 am revealed: -She went to dialysis three days a week from 11:00 am to 4:15 pm.</p>	D 310		

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D 310	<p>Continued From page 9</p> <ul style="list-style-type: none"> -The lunch meal on 11/13/14 the meat was bar-b-que pork. -She ate all of the corn because it was good. -She had renal failure and there were certain foods that she was unable to eat. -She was unable to recall the names of the foods. -She trusted kitchen staff to remember the foods that she was unable to eat. -The facility most time served her the same meals as the other residents in the dining room. -She was unaware if she was able to have milk with her meal. <p>Interview with the Cook on 11/13/14 at 1:10 pm revealed:</p> <ul style="list-style-type: none"> -She served Resident #5 pork roast. -She did not cook the meat any type of sauce. -She was unaware what type of sauce was on the resident's meat. -The resident sometimes puts ketchup on her food, but to her knowledge no one gave the resident ketchup on 11/13/14. -The Cook later admitted the red sauce was from the bar-b-que pork served the resident. <p>Interview on 11/14/14 at 9:15 am with the Business office manager revealed:</p> <ul style="list-style-type: none"> -She ordered the food and had never ordered pork roast. -The pork roast ordered was bar-b-que pork. -The Cook was afraid to tell that she tried to rinse the bar-b-que meat to get the sauce off the meat. <hr/> <p>Interview with the Cook on 11/13/15 at 1:00 pm revealed:</p> <ul style="list-style-type: none"> -14 years ago she was told to cut up the meat for residents ordered a mechanical soft diet. -In October 2014 the facility got new menus. -No one went over the process of following the 	D 310		

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D 310	Continued From page 10 new menus. -No one observed her meal service process or provided assistance if she prepared meals incorrectly. Interview with the Administrator and Business office manager on 11/14/15 at 10:25 am revealed: -Several years ago they had someone in to train kitchen served staff, but no training had been provided recently. -She usually observed meals, but she had not observed any meal in a couple of months. -She will set up training for all kitchen staff.	D 310		
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on record review and interview the facility failed to notify the physician for clarification of medication orders for 1 of 5 sampled residents (Resident #1).	D 344	The Supervisor will have all physician orders for Resident #1 clarified and carried through as of 11-15-14. The Supervisor will assure all readmission orders and new admission orders are clarified and received. The RN Consultant will conduct and in-service on or by 12-23-14 for verification or clarification of physician orders. The Supervisor will conduct monthly MAR audits to assure each resident is receiving the correct physician orders.	

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D 344	<p>Continued From page 11</p> <p>The findings are: Review of Resident #1's current FL2 dated 5/7/2014 revealed: -Diagnoses included hypertension, Gastric esophageal reflux disease, osteoarthritis, hyperlipidemia, dementia, and schizoaffective disorder.</p> <p>Review of a hospital discharge summary from an emergency room visit dated 10/17/14 revealed: -The resident was treated for cellulitis of the left leg. -The resident was discharged back to the facility on 10/17/14. -A current medication list with additional medications added to the discharge instruction sheet as follows: -Vantin 100mg (twice daily) (an antibiotic used to reduce the development of drug-resistant bacteria), Lasix 40mg daily (Used to treat fluid retention), Levaquin 750mg daily (an antibiotic), Vigamox 1 drop (three times daily) (used to treat bacterial infections of the eyes), Macrobid 100mg every 12 hours (an antibiotic), and Klor-Con 10meq daily (potassium supplement). -A new physician's order for Keflex (500mg) 1 capsule four times daily (antibiotic used to treat infection).</p> <p>Review of Resident #1's October 2014 Medication Administration Record (MAR) revealed: -An entry for Klor-Con 20 meq 2 tablets (40 meq) twice daily and scheduled to be administered at 6:00 am and 7:00 pm. -An entry for Keflex 500mg four times a day and scheduled to be administered at 6:00 am, 10:00 am, 3:00 pm, and 7:00 pm. -No entries on the October 2014 MAR for Vantin, Levaquin, Vigamox, Macrobid, and Lasix.</p>	D 344		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2014
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NAME OF PROVIDER OR SUPPLIER COLONIAL LONG TERM CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL DRIVE MOUNT AIRY, NC 27030
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(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 344	<p>Continued From page 12</p> <p>Review of Resident #1's November 2014 Medication Administration Record (MAR) revealed:</p> <ul style="list-style-type: none"> -An entry for Klor-Con 20 meq 2 tablets (40 meq) twice daily and scheduled to be administered at 6:00 am and 7:00 pm. -An entry for Keflex 500mg four times a day and scheduled to be administered at 6:00 am, 10:00 am, 3:00 pm, and 7:00 pm. -No entries on the November 2014 MAR for Vantin, Levaquin, Vigamox, Macrobid, and Lasix. <p>Observation and interview on 11/14/14 at 9:10 am with Resident #1 revealed:</p> <ul style="list-style-type: none"> -The resident was observed to have bilateral lower leg mild edema with no opens wounds. -She had resided at the facility for "a long time". -She was not aware of what medications she was taking. -She relied on the facility staff to administer her medications. <p>Interview on 11/14/14 at 9:40 am with medication aide (MA) revealed:</p> <ul style="list-style-type: none"> -The facility process was to verify all orders and list of current medications when the resident returned to the facility. -The current medication list was not verified with Resident #1's physician. -She stated "We should have verified them when we got them". -"The orders must have slipped through the cracks on this one". <p>Attempted interview with Resident #1's primary care physician on 11/14/14 at 9:45 am was unsuccessful.</p> <p>Interview with the facility team supervisor on 11/14/14 at 10:30 am revealed:</p>	D 344		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2014
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NAME OF PROVIDER OR SUPPLIER COLONIAL LONG TERM CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL DRIVE MOUNT AIRY, NC 27030
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(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 344	<p>Continued From page 13</p> <ul style="list-style-type: none"> -The facility routinely clarified lists of current medications and medication orders from hospital visits and physician's visits. -The current medication list was supposed to have been sent to the resident's primary care physician for verification. -She admitted that the facility's current process was not followed on these orders. -She would have the medication list verified today (11/14/14). <p>Interview on 11/14/14 at 11:50 am with the Administrator revealed:</p> <ul style="list-style-type: none"> -He was not aware of any medications that needed to be verified. -He would make sure this was taken care of today (11/14/14). <p>Review of information provided by the facility on 11/19/14 revealed:</p> <ul style="list-style-type: none"> -The following medications were verified by the primary care physician and the physician ordered for the following medications to be discontinued as follows: -Vantin 100mg , Vigamox eye drops, Macrobid 100mg, and Lasix 40 mg. -The following medication orders were ordered to be continued: -Tylenol 325 mg 2 tabs every 4 hours as needed (used to treat mild pain), Bumex 3 mg daily(used to treat fluid retention), Namenda XR 28mg one tablet daily (used to treat dementia), and Potassium Chloride 40 meq 2 times per day. 	D 344		
D 364	<p>10A NCAC 13F .1004(g) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (g) The facility shall ensure that medications are</p>	D 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2014
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NAME OF PROVIDER OR SUPPLIER
COLONIAL LONG TERM CARE FACILITY

STREET ADDRESS, CITY, STATE, ZIP CODE
**340 SNOWHILL DRIVE
MOUNT AIRY, NC 27030**

(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 364	<p>Continued From page 14</p> <p>administered to residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure medications were administered to residents within one hour before or one hour after scheduled medications for 4 of 11 residents (Residents #6, #2, #7 and #1) observed during medication administration.</p> <p>The findings are:</p> <p>A. Review of Resident #6's current FL2 dated 10/02/14 revealed diagnoses included:</p> <ul style="list-style-type: none"> - Seizures. - Hypertlipidemia. - Deep vein thrombosis. - Chronic schizophrenia. <p>Further review of Resident #6's current FL2 revealed orders for medications included fazaclo 100 mg (used in the treatment of schizophrenia), 1 tablet 3 times daily, 6 am, 1 pm and 3 pm.</p> <p>Observation of medication administration on 11/13/14 at 11:28 am revealed fazaclo 100mg administered to Resident #6.</p> <p>Interview on 11/14/14 at 10:20 am with Resident #6 revealed:</p> <ul style="list-style-type: none"> - He got fazaclo every day at 12 noon, or "usually, earlier than that". - He got in line at the medication room and then received his medication when it was his turn. <p>Refer to the interview on 11/14/14 at 9:45 am with the Medication Aide.</p>	D 364	<p>The RN Consultant will in-service facility staff on giving medications in the correct time frames. The Supervisor will assure facility staff are passing medications in the given time frame regularly. The RN Consultant will do monthly observations on Medication passes to assure medications are given with in the correct time frame. The in-service will be completed by the RN Consultant on or by <u>12-23-14.</u></p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/14/2014
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NAME OF PROVIDER OR SUPPLIER COLONIAL LONG TERM CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL DRIVE MOUNT AIRY, NC 27030
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D 364	<p>Continued From page 15</p> <p>Refer to the interview on 11/14/14 at 8:55 am with the Supervisor.</p> <p>Refer to the interview on 11/14/14 at 9:30 am with the Administrator.</p> <p>Refer to interview on 11/14/14 at 9:35 am with the prescribing practitioner's representative.</p> <p>B. Review of Resident #2's current FL2 dated 5/27/14 revealed diagnoses included:</p> <ul style="list-style-type: none"> - Anxiety. - GERD. - Constipation. - Heart disease. <p>Review of Resident #2's FL2 revealed medication orders included:</p> <ul style="list-style-type: none"> - Gabapentin 600mg (used as an anti-convulsant) 3 times daily. - Percocet APAP 5/325mg (used as a narcotic pain reliever) 3 times daily. <p>Observation of medication administration on 11/13/14 at 11:35 am revealed:</p> <ul style="list-style-type: none"> - Gabapentin 600mg administered to Resident #2. - Percocet/APAP 5/325mg administered to Resident #2. <p>Review of Resident #2's November 2014 MAR revealed:</p> <ul style="list-style-type: none"> - Gabapentin 600 mg administration time as 6 am, 1 pm, and 7 pm. - Percocet/APAP 5/325mg administration time as 6 am, 1 pm and 10 pm. <p>Based on observation and record review, Resident #2 was determined to be not interviewable.</p>	D 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2014
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NAME OF PROVIDER OR SUPPLIER COLONIAL LONG TERM CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL DRIVE MOUNT AIRY, NC 27030
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(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 364	<p>Continued From page 16</p> <p>Refer to the interview on 11/14/14 at 9:45 am with the Medication Aide.</p> <p>Refer to the interview on 11/14/14 at 8:55 am with the Supervisor.</p> <p>Refer to the interview on 11/14/14 at 9:30 am with the Administrator.</p> <p>Refer to interview on 11/14/14 at 9:35 am with the prescribing practitioner's representative.</p> <p>C. Review of Resident #7's current FL2 dated 10/02/14 revealed diagnoses included:</p> <ul style="list-style-type: none"> - Schizoaffective disorder. - GERD. - Hypothyroidism. - Osteoarthritis. <p>Continued review of Resident #7's FL2 revealed medication included:</p> <ul style="list-style-type: none"> - Trihexyphen 5mg (used for drug-induced extrapyramidal symptoms) 3 times daily. - Trifluoperaz 2mg (used as an anti-psychotic) 3 times daily. <p>Observation of medication administration on 11/13/14 at 11:55 am revealed:</p> <ul style="list-style-type: none"> - Trihexyphen 5mg administered to Resident #7. - Trifluoperaz 2mg administered to Resident #7. <p>Review of Resident #7's November 2014 MAR revealed:</p> <ul style="list-style-type: none"> - Trihexyphen 5mg administration time as 6 am, 1 pm and 7 pm. - Trifluoperaz 2mg administration time as 6 am 1 pm and 7 pm. <p>Based on observation and record review,</p>	D 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/14/2014
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NAME OF PROVIDER OR SUPPLIER COLONIAL LONG TERM CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL DRIVE MOUNT AIRY, NC 27030
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D 364	<p>Continued From page 17</p> <p>Resident #7 was determined to be not interviewable.</p> <p>Refer to the interview on 11/14/14 at 9:45 am with the Medication Aide.</p> <p>Refer to the interview on 11/14/14 at 8:55 am with the Supervisor.</p> <p>Refer to the interview on 11/14/14 at 9:30 am with the Administrator.</p> <p>Refer to interview on 11/14/14 at 9:35 am with the prescribing practitioner's representative.</p> <p>D. Review of Resident #1's current FL2 dated 05/07/14 revealed diagnoses included:</p> <ul style="list-style-type: none"> - Anxiety. - Dementia. - GERD. - HTN. <p>Review of Resident #1's FL2 revealed medication orders included:</p> <ul style="list-style-type: none"> - Diazepam 5mg (used to treat anxiety disorders) 3 times daily. <p>Observation of medication administration on 11/13/14 at 11:56 am revealed:</p> <ul style="list-style-type: none"> - diazepam 5mg administered to Resident #1. <p>Review of Resident #1's current MAR revealed administration times for diazepam-5mg was 6 am, 1 pm and 7 pm.</p> <p>Based on observation and record review, Resident #1 was determined to be not interviewable.</p> <p>Refer to the interview on 11/14/14 at 9:45 am with</p>	D 364		

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NAME OF PROVIDER OR SUPPLIER COLONIAL LONG TERM CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL DRIVE MOUNT AIRY, NC 27030
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D 364	<p>Continued From page 18</p> <p>the Medication Aide.</p> <p>Refer to the interview on 11/14/14 at 8:55 am with the Supervisor.</p> <p>Refer to the interview on 11/14/14 at 9:30 am with the Administrator.</p> <p>Refer to interview on 11/14/14 at 9:35 am with the prescribing practitioner's representative.</p> <p>Interview on 11/14/14 at 9:45 am with the Medication Aide (MA) revealed:</p> <ul style="list-style-type: none"> - Medication can be given 1 hour before and 1 hour after the scheduled administration time, unless a physician's order specifies otherwise. - Any medication given greater than 1 hour before or 1 hour after the scheduled administration time would be an error. - Usually when she began the scheduled 11:30 am fingerstick blood sugars (FSBS), she also administered the scheduled 1:00 pm medication administration. - The medications she administered from 11:28 am to 11:56 am included the medications for Residents #6, #2, #7 and #1 scheduled for 1 pm. <p>Interview on 11/14/14 at 8:55 am with the Supervisor revealed:</p> <ul style="list-style-type: none"> - She had worked at the facility for 18 years. - It is acceptable for medication to be given up to 1 hour before and 1 hour after the scheduled administration time. - Medication given more than 1 hour before or 1 hour after the scheduled administration time would be an error. <p>Interview on 11/14/14 at 9:30 am with the Administrator revealed:</p> <ul style="list-style-type: none"> - He had worked at the facility for 30 years. - The facility policy for medication administration 	D 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/14/2014
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D 364	<p>Continued From page 19</p> <p>states the medication must be administered up to 1 hour prior to scheduled administration time or up to 1 hour after scheduled administration time. - Medication administered greater than 1 hour prior to or 1 hour after scheduled administration time was an error.</p> <p>Interview on 11/14/14 at 9:35 am with the prescribing practioner's representative revealed all records were kept at the facility and the representative was unable to review any records or make any comments at this time.</p>	D 364		

Shook, Linda

From: Hawkins, Harriett
Sent: Monday, December 22, 2014 9:03 PM
To: susie.branch@co.surry.nc.us
Cc: Shook, Linda
Subject: Colonial Long Term Care Facility 2014-11-14POC 82OR11
Attachments: Colonial LTC Facility 2014-12-17 POC-82OR11 REVIEW.pdf

The attached POC was approved as of 12/22/14.

Keturah-Elizabeth Harriett Hawkins, MHA
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