

JAN - 2 2015

PRINTED: 12/22/2014
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ <i>2/2</i>	(X3) DATE SURVEY COMPLETED 12/12/2014
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NAME OF PROVIDER OR SUPPLIER CLARA'S COTTAGE # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 5824 HOLLAND STREET MORGANTON, NC 28655 <i>County: Burke</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
C 000	Initial Comments The Adult Care Licensure Section conducted an Annual Survey on 12/12/14.	C 000	Therapeutic Diet has been placed in facility.	12/15/2014
C 284	<p>10A NCAC 13G .0904(e)(4) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service</p> <p>(e) Therapeutic Diets in Family 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, record review and interview, the facility failed to serve 1 of 5 sampled residents (#1) a therapeutic diet as ordered.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 9/23/14 revealed: -She had a diagnoses of diabetes. -She had a diet order for a 1600 to 1800 calorie consistent carbohydrate diet.</p> <p>Review of Resident #1's record revealed a blood sugar range of 60 to 227 between the dates of 11/12/14 and 12/12/14.</p> <p>Interview on 12/12/14 at 8:45 am with Resident #1 revealed: -She had been a diabetic for a long time. -She knew what she needed to eat based on her needs. -She eats vegetables and meats and she knows to limit her bread and sugars.</p>	C 284	<p>Resident and staff are aware that this diet is order by the doctor and shall be followed.</p> <p>SIC has been reminded to ensure all diets for residents upon admission.</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Carissa J. Walker</i>	TITLE <i>Owner/Administrator</i>	(X6) DATE <i>12/15/2014</i>
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STATE FORM

5899

QKS511

If continuation sheet 1 of 6

Accepted by Jph Clin, M
1/5/15

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C 284	<p>Continued From page 1</p> <p>Interview on 12/12/14 at 9:15 am with the Supervisor in Charge (SIC) revealed: -All the residents in the home were on regular diets. -She was not aware that Resident #1 was on a special diet. -There were no therapeutic diets in the facility other than the regular diet menu signed by a dietitian. -There were no sugar free foods in the facility for Resident #1. -She was aware that Resident #1 needed to watch what she ate because of her being diabetic. -The diet on the FL-2 was overlooked.</p> <p>Interview on 12/12/14 at 11:45 am with Resident #1's Primary Care Physician revealed: -She would have expected the resident to be on a diet which kept her carbohydrates at a consistent level. -She had gone over with the staff and resident on the last doctors visit about plate portion control and the staff and resident voiced an understanding. -The blood sugar range that the resident currently has is consistent with the resident following a portion controlled diet. -She was not too concerned that the resident was not on a specific diet since it appeared she was doing portion control.</p> <p>Observation of the lunch meal service on 12/12/14 at 12:00 pm revealed Resident #1 received the same meal as the other four residents.</p> <p>Inteview on 12/12/14 at 12:20 pm with the Administrator revealed: -The #2 house normally did not have any</p>	C 284		

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C 284	Continued From page 2 residents with diets other than regular. -Resident #1 was on a regular diet when she came and was changed over to a diet by her physician. -The SIC for #2 house was new and she was still getting to know the residents.	C 284		
C 342	<p>10A NCAC 13G .1004(j) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following:</p> <ol style="list-style-type: none"> (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). <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure medication administration records were accurate and complete for 1 of 5 sampled residents (#1).</p>	C 342	<p>SIC has been given a refresher on all medication administration rules and regulations.</p> <p>SIC has been given detailed explanation of titration.</p> <p>All medication orders have been clarified with doctor and all Medication Administration Records have been corrected.</p>	12/15/2014

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C 342	<p>Continued From page 3</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 9/23/14 revealed:</p> <ul style="list-style-type: none"> - Diagnoses included: major depression recurrent with psychotic features, anxiety disorder, hypertension, diabetes, and hypothyroidism. - Medications included: Xanax 1 mg by mouth twice per day (Used to treat anxiety), Ativan 1 mg by mouth every 8 hours (Used to treat anxiety), Clonidine 0.1 mg by mouth three times per day (Used to treat elevated blood pressure), Prozac 20 mg by mouth every day (Used to treat depression), Actos 45 mg by mouth every day (Used to treat diabetes). <p>Review of Resident #1's record revealed:</p> <ul style="list-style-type: none"> -An order dated 11/3/14 for Xanax which documented (Step 1): Xanax 0.5mg 1 tablet, by mouth twice per day for 30 days; (Step 2): Xanax 0.5 mg 1 tablet, by mouth every day for 30 days then stop. -An order dated 11/3/14 for Allopurinol which documented (Step 1): Allopurinol 100mg 1 tablet, by mouth every day for 30 days; (Step 2): Allopurinol 100mg 2 tablets, by mouth every day for 30 days; (Step 3): Allopurinol 200 mg, by mouth every day. <p>Review of Resident #1's December medication administration record revealed:</p> <ul style="list-style-type: none"> -Xanax 0.5 mg 1 tablet by mouth twice per day 8am and 8pm documented given twice per day from 12/1/14 through 12/11/14 and once on 12/12/14. -Allopurinol 100mg by mouth every day at 8am documented given once per day from 12/1/14 through 12/12/14. <p>Observation of Resident #1's medications</p>	C 342		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CLARA'S COTTAGE # 2

**5824 HOLLAND STREET
MORGANTON, NC 28655**

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C 342	<p>Continued From page 4</p> <p>revealed:</p> <ul style="list-style-type: none"> -A medication card for Allopurinol 100mg 2 tablets every day with a fill date of 11/23/14. -The bubbles on the card had 2 pills per bubble. -Six bubbles had been punched. -A medication card for Xanax .0.5mg 1 tablet every day with a fill date of 11/23/14. -The medication card had 4 extra bubbles punched. <p>Interview on 12/12/14 at 10:45am with the facility Pharmacist revealed:</p> <ul style="list-style-type: none"> -They had filled the medication cards early because of the holidays. -They had spoken with someone at the facility and told them about the medication cards coming early and some of the orders had changed. <p>Interview on 12/12/14 at 11:00 am the Supervisor in Charge (SIC) revealed:</p> <ul style="list-style-type: none"> -She did transcribe the order for the Xanax and Allopurinol on 11/3/14 when she received it. -She had never seen a titration order and only looked at the first part of the order. -She thought that each time the physician wanted an order to change they would write a new order. -She did not notice that the directions on the medication cards were different than what was on the medication administration records. -She did not recall ever talking to anyone at the pharmacy about the medications that were sent early. -She did notice that the Allopurinol had two pills per bubble, but thought they were different strengths. <p>Interview on 12/12/14 at 11:45am with Resident #1's physician revealed:</p> <ul style="list-style-type: none"> -She did not feel that the Allopurinol getting started a couple days late would affect the 	C 342		

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C 342	<p>Continued From page 5</p> <p>residents health.</p> <p>-She stated that the resident would finish the Xanax a few days early, but she did not feel that it would be detrimental to the residents health.</p> <p>Interview on 12/12/14 at 12:00pm with the Resident #1 revealed:</p> <p>-She was getting her medications the way the doctor wanted her to.</p> <p>-She did not have any concerns that the medications were not administered as ordered by the physician.</p> <p>-She had been getting the Allopurinol 2 tablets every morning since the first of December 2014.</p> <p>-She did not know that the physician had changed any of her medications.</p> <p>-She had felt good and could not tell any difference with her medications.</p> <p>Interview on 12/12/14 at 12:20pm with the Administrator revealed:</p> <p>-She would get some additional medication training for the SIC.</p> <p>-The physicians' generally did not write titration orders for the residents.</p>	C 342		

Shook, Linda

From: Shook, Linda
Sent: Monday, January 12, 2015 3:51 PM
To: Julia Port (julia.port@burkenc.org)
Cc: Joe Cline (joe.cline@dhhs.nc.gov); Burns, Pam S
Subject: CLARA'S COTTAGE #2 - BURKE COUNTY
Attachments: CLARA'S COTTAGE #2 2014-12-15 POC-QKS511.pdf

Please find attached copy of the approved Plan of Correction (POC) for the above referenced facility.

Thank you.

Linda Y. Shook, Processing Assistant
Adult Care Licensure Section
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Division of Health Service Regulation
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