

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF RICHLANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 148 COX AVENUE RICHLANDS, NC 28574
--	--

(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 03/26/2015 and 03/27/2015.	D 000		
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>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.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on observation, interview and record review, the facility failed to assure referral and follow-up to meet the routine and acute health care needs of 2 of 2, sampled residents (#1) with mental illness who frequently refused morning medications which led to increased depression with suicidal ideations, and Resident #5 who refused to wear oxygen, and morning heart medications as ordered. The findings are:</p> <p>1. Review of Resident #1's FL-2 dated 5/13/14 revealed:</p> <ul style="list-style-type: none"> - Diagnoses of Seizures, Fatty Liver Disease, Asthma, Depression/ Dementia, Constipation, Impaired Fasting Glucose, High Lipids, Paranoid Schizophrenia/ Bipolar Disorder. - Medications included Lexapro (used to treat anxiety and major depressive disorder) 20 mg by mouth every morning, Zyprexa Zydis (used in combination with other medication to treat depression) 5 mg dissolve one tablet by mouth two times daily, Artane (used to treat involuntary movements due to side effects of certain 	D 273		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF RICHLANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 148 COX AVENUE RICHLANDS, NC 28574
--	--

(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 273	<p>Continued From page 1</p> <p>psychiatric drugs) 2 mg take ½ equal to 1 mg by mouth two times per day.</p> <p>Review of subsequent orders in Resident #1's record revealed Zyprexa discontinued 2/5/15 and Abilify (used together with other medications to treat major depressive disorder in adults) 5 mg increased on 2/13/15 to Abilify 15 mg ½ tablet twice daily.</p> <p>Interview with Resident #1 during initial tour on 3/26/14 at 10:50 a.m. revealed:</p> <ul style="list-style-type: none"> - Resident #1 stated "sometimes I don't get any medication". - "They won't bring it to the room." - "They put on there that I refuse, but they just don't stop here." <p>Observation of medication cart on 2/27/15 at 8:00 a.m. revealed:</p> <ul style="list-style-type: none"> - The medication cart was located at the beginning of B hall outside the dining room. - There was one resident receiving medication. - Other residents waited close by to receive medication. <p>Interview with Medication Aide (MA) for B hall on 3/27/15 at 8:15 a.m. revealed that she first gives medications from this location (near dining room) before going down the B hall to administer meds to the other residents in their rooms who did not come to the medication cart.</p> <p>Observation of medication cart on 3/27/15 revealed:</p> <ul style="list-style-type: none"> - At 8:30 a.m. the medication cart had not been moved from its original location (near dining room) since 8:00 a.m. - AT 8:45 a.m. the medication cart had not been moved from its outside dining room location 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF RICHLANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 148 COX AVENUE RICHLANDS, NC 28574
--	--

(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 273	<p>Continued From page 2</p> <p>since 8:00 a.m.</p> <ul style="list-style-type: none"> - At 9:00 a.m. The MA was no longer at medication cart administering medication to residents - The medication cart had not been moved from its outside dining room since 8:00 a.m. <p>Interview with Resident #1 on 3/27/15 A.M. at 9:05 a.m. revealed:</p> <ul style="list-style-type: none"> - She had not gotten her morning medication as yet. - Staff will not bring it to her in her room. - "You don't get medication unless you go get it yourself." - Throughout our interview Resident #1 made the statements: "I wish I was dead. I can't stand this place." "I wish I was dead. I would be better off." "I would be better off dead if I could find someone to kill me." "I just want to die. Can't stand it here." <p>Interview with Medication Aide (MA) for A hall on 2/27/15 at 9:17 a.m. revealed:</p> <ul style="list-style-type: none"> - Every time they administer meds the medication cart is to be pushed down the hall. - Resident #1 refuses her medication almost every day. - If a resident does not take medications after three consecutive days, the doctor is to be called. - Primary Care Physician was made aware that resident has been refusing her medications. - Not aware if psychiatrist was made aware of resident's refusal of meds. <p>Interview with Primary Care Physician on 2/27/15 at 9:28 a.m. revealed:</p> <ul style="list-style-type: none"> - He was aware that Resident #1 "had resistance in taking medications". - Was not aware that she had not taken all her 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF RICHLANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 148 COX AVENUE RICHLANDS, NC 28574
--	--

(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 273	<p>Continued From page 3</p> <p>morning meds for most of March 2015.</p> <ul style="list-style-type: none"> - Facility staff did not make him aware that Resident #1 was saying that she wanted to die. - He would expect to be informed if resident is making statements about harming herself. - Had he been informed of resident's statements he would have ordered her sent for an emergency psychiatrist evaluation. <p>Interview with MA on B hall on 3/27/15 at 9:45 a.m. revealed that Resident #1 refused her morning medications again this morning.</p> <p>Review of Resident #1's March Medication Administration Record (MAR) revealed:</p> <ul style="list-style-type: none"> - Resident #1 refused Abilify 21 days out of 27 days in March 2015. - Resident #1 refused Lexapro 20 days out of 27 days in March 2015. - Resident #1 refused Artane 20 days out of 27 days in March 2015. <p>Interview with Administrative Assistant (AA) on 3/27/15 at 10:03 a.m. revealed:</p> <ul style="list-style-type: none"> - That Resident #1 "lost son a few months ago and have not gotten over it". - Resident is Bipolar. - AA was not aware that Resident #1 was not taking her psychiatric medications in the mornings. - AA does not know if psychiatry knows that Resident #1 is not taking her morning medications. - After third day of refusing medications staff is to contact physician. - AA was not aware that resident wants to harm herself. - If staff hears that a resident wants to harm themselves, staff is to notify the Administration and fill out the necessary paperwork such as 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF RICHLANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 148 COX AVENUE RICHLANDS, NC 28574
--	--

(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 273	<p>Continued From page 4</p> <p>resident notes.</p> <ul style="list-style-type: none"> - Psychiatry comes to facility once per month. - If a psychiatric emergency arose the resident would be sent out. <p>Interview with Administrator on 3/27/15 at 10:30 a.m. revealed:</p> <ul style="list-style-type: none"> - Some days Resident #1 will take her medications some days she does not. - Will take medications more on the evening shifts. - Resident #1 will cry at times. - Since she lost her son she has spiral into depression. - Staff is to notify Primary Care Physician (PCP) and Psychiatry if resident does not take medications in three to five days. - If PCP is notified PCP will refer back to Psychiatry. - Psychiatry was here on 2/13/15 and saw resident. - Resident #1 was taking her medications at that time. - PCP was here on either the 25th or the 27th of February, 2015 and saw resident. - Was not notified that resident wanted to harm self. - If a resident wants to harm self or others they are sent out immediately to psychiatry - Staff is aware of Policy to inform physician or Administrator if resident wants to harm self or others. <p>Interview with Psychiatry Nurse Practitioner (PNP) on 3/27/15 at 11:25 a.m. revealed:</p> <ul style="list-style-type: none"> - Was not informed by facility staff that Resident #1 was not taking her morning medications. - Facility staff is to notify PNP if resident does not take medications for 3 to 4 times per week or 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF RICHLANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 148 COX AVENUE RICHLANDS, NC 28574
--	--

(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 273	<p>Continued From page 5</p> <p>there is a change in sleep patterns.</p> <ul style="list-style-type: none"> - PNP was not notified of issues with Resident #1 not taking morning medications and changes with resident. - Resident #1 "is completely different". - The PNP has been trying to get Resident #1 admitted (for psychiatric evaluation) today, 3/27/15. - Does not feel comfortable with level of monitoring that resident can receive at facility. - Resident #1 has never before told PNP that she wants to hurt herself. - Resident #1 told PNP that she wants to die. - When a resident is refusing their medications facility needs to figure out why they are refusing and address the issue. <p>Interview with Resident #1 on 3/27/15 at 12:05 p.m. revealed:</p> <ul style="list-style-type: none"> - That Resident #1 has been feeling like she wants to die for "a while now". - Spoke with roommate, AA and Administrator about her feelings. - Resident #1 has not been able to eat like she use to since she quit smoking. - Some of the medications would help if I take them. <p>Interview with Resident #1's roommate on 3/27/15 at 12:15 p.m. revealed:</p> <ul style="list-style-type: none"> - That Resident #1 has been feeling that she wants to die for a couple of months. - Roommate told AA and Administrator about Resident #1's feelings a couple of weeks ago. <p>Interview with AA on 3/27/15 at 12:35 p.m. revealed:</p> <ul style="list-style-type: none"> - That Resident #1's roommate complained to AA that Resident #1 was "getting on her nerve". - AA could not pinpoint a day of conversation 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF RICHLANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 148 COX AVENUE RICHLANDS, NC 28574
--	--

(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 273	<p>Continued From page 6</p> <p>Interview with Administrator on 3/27/15 at 12:25 p.m. revealed:</p> <ul style="list-style-type: none"> - Had a conversation last week with Resident #1's roommate concerning Resident #1 "bossing her around". - Administrator Spoke with Resident #1 about seeing the aide if she wants something. <p>Interview with MA for B hall on 3/27/15 at 12:50 p.m. revealed:</p> <ul style="list-style-type: none"> - That MA notified PCP via faxed note last week about Resident #1's refusal of medications with copy of MAR attached. - The MA placed a copy of the note and MAR under the Administrator's office door. - If a resident is refusing all medications for three days in a row the physician is to be contacted. - That Administrator contacted PNP about a week ago about Resident #1 not taking morning medications. - MA of B hall states that she should have contacted physician before last week. - MA of B hall did not contact psychiatry. - Notified Administrator several weeks ago that Resident #1 was not taking medications. - Administrator would go to Resident #1's room and talk with resident about taking her medications. - Resident #1 would then take her medications. - Resident does not like to be woken up to take her medications. <p>Interview with a second shift MA for halls A and B on 3/27/15 at 3:00 p.m. revealed:</p> <ul style="list-style-type: none"> - Resident #1 has been depressed the last month. - Resident #1 saying that nobody loves her. - Resident #1 says "I want to die plenty of 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF RICHLANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 148 COX AVENUE RICHLANDS, NC 28574
--	--

(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 273	<p>Continued From page 7</p> <p>times" during the last month.</p> <ul style="list-style-type: none"> - Spoke with Administrator about a month ago about Resident #1's depression. <p>Interview with Administrator on 3/27/15 at 3:20 p.m. revealed:</p> <ul style="list-style-type: none"> - Administrator addressed the issue about Resident #1's depression with psychiatry last month. - In a five day period if resident refuses medication twice the physician will be notified. - A note will be placed in the resident's chart that physician was notified of refusal of medications. - There is a good system in place, just have to tweek it. - Resident #1 was being sent to a local hospital for a full mental status evaluation. <p>2) Review of Resident #5's current FL2 dated 6/24/14 revealed Resident's diagnoses included a subarachnoid hemorrhage, atrial fibrillation, lack of coordination, cognitive communication deficit and a history of a traumatic brain injury.</p> <p>A.) Review of the Resident #5's physician's order dated 11/24/14 revealed 2 liters of continuous oxygen ordered.</p> <p>Review of Resident #5's medication administration record revealed facility staff recorded 17 Resident refusals to wear-oxygen during the month of March 2015 on all 3 shifts.</p> <p>Review of Resident #5's record revealed no documentation of physician notification of non-compliance to oxygen by facility found.</p> <p>Observation on 3/26/15 at 1:30pm revealed:</p> <ul style="list-style-type: none"> - Resident #5 was in bed with oxygen 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF RICHLANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 148 COX AVENUE RICHLANDS, NC 28574
--	--

(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 273	<p>Continued From page 8</p> <p>concentrator unit at bedside running but resident not wearing nasal cannula.</p> <ul style="list-style-type: none"> - Oxygen concentrator setting was on 3 liters. <p>Observation on 3/27/15 at 12:00pm revealed:</p> <ul style="list-style-type: none"> - Resident was asleep in bed not wearing oxygen - Oxygen concentrator unit was off - Oxygen concentrator unit set at 3 liters of oxygen <p>Interview with Housekeeper on 3/27/15 at 12:00pm revealed she does not wake resident to put on oxygen due to his agitated behavior when he awakes for his oxygen cannula administration/adherence.</p> <p>Interview with Medication Aide on 3/27/15 at 12:15 pm revealed:</p> <ul style="list-style-type: none"> - The resident refused the oxygen daily. - The resident will turn off the oxygen concentrator unit when staff leaves room. - She was unaware of the amount of oxygen ordered to be administered - She did not know the current oxygen level setting on the oxygen concentrator. - She reported to the administrator several times of resident's refusal to wear oxygen. <p>Telephone Interview with clinical manager of pulmonologist for Resident #5 on 3/27/15 at 11:15am revealed:</p> <ul style="list-style-type: none"> - She received notification for the first time today (3/27/15) of non-compliance to continuous oxygen order by doctor - It was imperative that the resident wears the continuous oxygen as ordered - The resident had only one functioning lung (due to cyst/mass on left lung) and a history of oxygen levels as low as 77% on room air 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF RICHLANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 148 COX AVENUE RICHLANDS, NC 28574
--	--

(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 273	<p>Continued From page 9</p> <ul style="list-style-type: none"> - She stated if resident did not get enough oxygen, it would impair his decision making. <p>Interview with Administrator on 3/27/15 at 12:00pm revealed:</p> <ul style="list-style-type: none"> - The pulmonologist was informed of resident's non-compliance of oxygen at 11:10am today. - The Administrator was aware of the residents non-usage of oxygen but did not feel it was an issue - The Administrator was aware of Resident #5's frequent agitation and social behaviors - The Administrator faxed a physician notification form of non-compliance related to Resident #5's lack of continuous oxygen to the physician for the first time on 3/27/15 at 1:00pm. - The Administrator had no previous documentation that submissions of doctor notifications related to non-compliance to continuous oxygen order had been faxed to the physician office. <p>Interview with Resident #5's family member on 3/27/15 at 3:00 pm revealed:</p> <ul style="list-style-type: none"> - She is aware that Resident #5 does not like to wear his oxygen at the facility yet states that he will always wear it for her. - She did not report lack of oxygen use as prescribed, to doctor <p>Interview with a second medication aide (MA) on 3/27/15 at 3:30pm revealed Resident #5 turns off his own oxygen concentrator daily.</p> <p>Interview with Resident #5 on 3/27/15 at 1:00pm revealed he had no desire to use his oxygen despite his admission that the facility attempts to make him wear his oxygen.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF RICHLANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 148 COX AVENUE RICHLANDS, NC 28574
--	--

(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 273	<p>Continued From page 10</p> <p>B) Review of Resident #5's FL2 dated 6/24/14 revealed current medication order for Diltiazem HCL 60mg (Diltiazem is used to treat high blood pressure)and Metoprolol Tartrate 50mg 4 x daily (Metoprolol is used to treat high blood pressure).</p> <p>Review of Medication Administration Record (MARs) for March 2015 noted 11 refusals for Diltiazem and Metoprolol for 6:00 am medication administration time.</p> <p>Review of MARs for month of February 2015 the resident had 12 refusals for the 6:00 am medication administration.</p> <p>Review of Resident #5's record does not reflect any notification to provider of medication non-compliance.</p> <p>Interviews with 2 medication aides on 3/27/15 at 12:00pm revealed:</p> <ul style="list-style-type: none"> - The resident repeated refusals for 6:00 a.m. medication pass, both stating Resident #5's had irritability when woken up as reason for refusal. - Both medication aides report that there is no set facility policy that they are aware of related to medication non-compliance for administrator or provider notification <p>Interview with Administrator on 3/27/15 at 2:00pm revealed:</p> <ul style="list-style-type: none"> - She was aware of Resident #5's non-compliance of 6:00 am med pass for Diltiazem and Metoprolol. <p>Interview with Resident #5 on 3/27/15 at 12:00pm revealed:</p> <ul style="list-style-type: none"> - He does not want to be waken up at 6:00 am and admits he frequently will refuse. 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF RICHLANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 148 COX AVENUE RICHLANDS, NC 28574
--	--

(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 273	<p>Continued From page 11</p> <p>Review of blood pressure logs for February and March 2015 revealed all pressures were within normal limits.</p> <hr/> <p>Review of the facility's plan of protection dated 03/27/2015 revealed:</p> <ul style="list-style-type: none"> -The resident (#1) is being sent to the hospital for a full mental status evaluation. -One on one supervision will be provided to ensure the resident's safety until a proper evaluation at the appropriate hospital or physician's office is arranged. -A protocol will be written and steps to follow to secure resident's safety and welfare. -Steps will be clear and concise and monitored by the administrator, supervisor in charge, and administrative assistant. -A protocol with parameters of what constitutes contacting the physician will be written to prevent miscommunication and lack of failure to communicate. -Daily shift reports will be reviewed for any noted changes with residents and the physician will be notified using physician notification forms. -The administrator or designated supervisor in charge will monitor shift reports on a daily basis. -The administrator and designated supervisor will provide ongoing monitoring of the monitoring systems for consistent monitoring. -The administrator will hold a mandatory meeting to reiterate procedures of communicating with the physician, utilizing physician forms. <p>CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED APRIL 26, 2015.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF RICHLANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 148 COX AVENUE RICHLANDS, NC 28574
--	--

(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
D912	Continued From page 12	D912		
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure residents received care and services which are adequate, appropriate, and in compliance with the rules and regulations as related to health care. The findings are:</p> <p>Based on observation, interview and record review, the facility failed to assure referral and follow-up to meet the routine and acute health care needs of 2 of 2, sampled residents (#1) with mental illness who frequently refused morning medications which led to increased depression with suicidal ideations, and Resident #5 who refused to wear oxygen, and morning heart medications as ordered. [Refer to tag D273 10A NCAC 13F .0902(b) Health Care (Type A2 Violation)].</p>	D912		