

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2015
--	--	---	--

NAME OF PROVIDER OR SUPPLIER HERITAGE OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 916 S. MARIETTA STREET GASTONIA, NC 28054
--	---

(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 and follow-up survey and complaint investigation on 5/20/15 and 5/21/15. The complaint investigation was initiated by the county DSS on 5/19/15.	D 000		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>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.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, record reviews, and interviews, the facility failed to assure medications (Baclofen, Flonase, Therem, Zolipidem, Vitamin D, and Aspirin) were administered as ordered by a licensed prescribing practitioner for 2 of 4 residents observed during a medication pass (#3 and #7) and 2 of 6 sampled residents (#1 and #2).</p> <p>The findings are:</p> <p>A. Review of Resident #3's current FL2 dated 8/20/14 revealed diagnoses of diabetes and deep vein thrombosis.</p> <p>Review of the resident's record revealed a signed physician's order sheet dated 12/30/14 with a</p>	D 358		

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: HAL036030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 916 S. MARIETTA STREET GASTONIA, NC 28054
--	---

(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 358	<p>Continued From page 1</p> <p>medication order for Therem beta, 1 by mouth daily. (Therem is a multivitamin supplement that contains beta carotene, a form of Vitamin A.)</p> <p>Observation of the morning medication pass on 5/21/15 at 8:07am revealed:</p> <ul style="list-style-type: none"> - Resident #3 received 10 oral medications, 1 inhaler, 1 eye drop, and 2 injections of insulin. - The resident did not receive Therem multivitamin. <p>Interview with the Medication Aide on 5/21/15 at 8:07am revealed the resident didn't have any Therem in the medication cart, and the family was supposed to provide this supplement.</p> <p>Review of Resident #3's MAR for May 2015 revealed:</p> <ul style="list-style-type: none"> - An entry for Therem, 1 tablet daily, with a note stating, "family to provide." - The scheduled administration time was 8am, and the Therem had been documented as administered daily. <p>Interview with Resident #3 on 5/21/15 at 2:40pm revealed:</p> <ul style="list-style-type: none"> - He was supposed to buy the Therem himself, but he could not afford it with all the other medications he had to take. - He did not believe he had taken the Therem since December 2014. <p>Interview with a pharmacist at the provider pharmacy on 5/21/15 at 3:12pm revealed:</p> <ul style="list-style-type: none"> - It was his understanding the family was supposed to provide this medication. - The last time they dispensed any Therem for Resident #3 was 2/26/15, and they only sent 7 tablets. 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 916 S. MARIETTA STREET GASTONIA, NC 28054
--	---

(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 358	<p>Continued From page 2</p> <p>A copy of the facility's policy on family provided medications was requested during the survey, but not provided.</p> <p>B. Review of Resident #7's current FL2 dated 8/5/14 revealed:</p> <ul style="list-style-type: none"> - Diagnoses of mild dementia, schizophrenia, and allergic rhinitis. - A medication order for Flonase Nasal Spray, 2 sprays in each nostril daily. (Flonase is a steroid nasal spray used to treat allergic rhinitis.) - There was no order to self administer the Flonase Nasal Spray. <p>Observation of the morning medication pass on 5/21/15 at 8:27am revealed:</p> <ul style="list-style-type: none"> - Resident #7 received 6 oral medications, 1 nasal spray (Flonase), and an inhaler. - The Medication Aide handed the Fluticasone (generic Flonase) nasal spray to Resident #7. - Resident #7 proceeded to pump the nasal spray 4 times into each nostril. - The Medication Aide attempted to stop the resident at this point but could not before the resident administered 2 extra puffs into each nostril. <p>Interview with this Medication Aide on 5/21/15 at 8:30am revealed:</p> <ul style="list-style-type: none"> - She normally did not administer medications on this shift. - She did not administer Resident #7's morning medications. - She was not sure if the resident did this every morning. - Resident #7 liked to do things for himself. <p>Review of Resident #7's MARs for April and May 2015 revealed:</p> <ul style="list-style-type: none"> - An entry for Fluticasone 50mcg, 2 sprays into 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2015
--	--	---	--

NAME OF PROVIDER OR SUPPLIER HERITAGE OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 916 S. MARIETTA STREET GASTONIA, NC 28054
--	---

(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 358	<p>Continued From page 3</p> <p>each nostril once daily.</p> <ul style="list-style-type: none"> - Fluticasone was documented as administered daily at 8am. <p>Interview with Resident #7 on 5/21/15 at 6:03pm revealed:</p> <ul style="list-style-type: none"> - He usually only took 2 puffs of the nasal inhaler each morning. - He was not sure what happened this morning. <p>C. Review of Resident #1's record revealed:</p> <ul style="list-style-type: none"> - An FL2 dated 2/17/14 with diagnoses of history of falls, coronary artery disease, hypertension, dementia, and a history of myocardial infarction times 2. (The most recent FL2 from the local hospital dated 10/16/14 had no diagnoses listed.) - A signed physician's order sheet dated 12/30/14 with a medication order for Baclofen 10mg, 1 tablet three times a day. (Baclofen is a muscle relaxant.) - A subsequent medication order dated 1/28/15 to discontinue the Baclofen, and start Vitamin D 600 IU daily, and Aspirin 81 mg daily. (Vitamin D is a supplement used to treat and prevent osteoporosis, and low dose Aspirin is used to prevent heart attack and stroke.) <p>Review of Resident #1's Medication Administration Records (MARs) for April and May 2015 revealed:</p> <ul style="list-style-type: none"> - An entry for Baclofen 10mg, one tablet three times a day, with scheduled administration times of 8am, 12pm, and 8pm. - The Baclofen had been documented as administered at 8am, 12pm, and 8pm from 4/1/15 through 5/20/15. - There was no entry for either Vitamin D or Aspirin. <p>Observation of Resident #1's medications on</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2015
--	--	---	--

NAME OF PROVIDER OR SUPPLIER HERITAGE OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 916 S. MARIETTA STREET GASTONIA, NC 28054
--	---

(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 358	<p>Continued From page 4</p> <p>hand at 10:30am on 5/21/15 revealed:</p> <ul style="list-style-type: none"> - Baclofen 10mg in a bubble pack available to administer 3 times per day. - There was no Vitamin D or Aspirin available to administer. <p>Interview with a Medication Aide on 5/21/15 at 4:40pm revealed they did not ever remember administering Vitamin D or Aspirin to Resident #1.</p> <p>Interview with Resident #1 on 5/21/15 at 5:07pm revealed:</p> <ul style="list-style-type: none"> - He was not sure exactly what medications he took. - He did not recall his doctor ever mentioning she was going to order Vitamin D or Aspirin for him. <p>Interview with the Resident Care Director (RCD) on 5/21/15 at 5:15pm revealed:</p> <ul style="list-style-type: none"> - He faxed over medication orders to the pharmacy. - Medication Aides would fax over orders if he was not available. - He faxed over Resident #1's orders dated 1/28/15 to the pharmacy today (5/21/15) and they did not have orders to discontinue Baclofen, and start Vitamin D and Aspirin. - The doctor did not e-prescribe the order from 1/28/15. <p>Interview with the prescribing Nurse Practitioner on 5/21/15 at 6:08pm revealed:</p> <ul style="list-style-type: none"> - She was not aware the Baclofen had not been discontinued, and the Vitamin D and Aspirin had not been started. - She discontinued the Baclofen on 1/28/15 due to it's potential to cause sedation, but Resident #1 was not overly sedated. (She intended to taper the dose and eventually discontinue the Baclofen.) 	D 358		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2015
--	--	---	--

NAME OF PROVIDER OR SUPPLIER HERITAGE OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 916 S. MARIETTA STREET GASTONIA, NC 28054
--	---

(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 358	<p>Continued From page 5</p> <ul style="list-style-type: none"> - She prescribed the Aspirin for secondary prevention of stroke, and the resident had a history of stroke. - She prescribed the Vitamin D as a supplement because his Vitamin D level was low. <p>D. Review of Resident #2's current FL2 dated 11/15/14 revealed diagnoses that included neurocognitive disorder, high blood pressure, diabetes mellitus Type II.</p> <p>Review of Resident #2's current Medication Administration Record (MAR) dated 05/01/2015-05/31/2015 revealed an order that included:</p> <ul style="list-style-type: none"> - Zolpidem 5 mg tablet take one tablet orally every night at bedtime (a medication prescribed for insomnia). - The medication was noted by staff as not given "awaiting pharmacy" on 05/15, 05/16, 05/17, 05/18, 05/19/2015. <p>Interview with Resident #2 on 05/2015 at 10:53am revealed:</p> <ul style="list-style-type: none"> - The resident was alert and oriented to person, place and time. - She had gone to her physician on 05/15/15 and her physician had ordered her something for sleep but she was unsure of the name. - The resident was unsure of the names of all her medications, but reported she continued to have great difficulty sleeping. "I just want to be able to sleep." <p>Observation of Resident #2's medications on hand on 05/20/15 at 3:40pm revealed physician ordered Zolpidem was not available on the cart for administration.</p> <p>Interview with staff at the facility's pharmacy provider on 05/20/15 at 3:45pm revealed:</p>	D 358		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 916 S. MARIETTA STREET GASTONIA, NC 28054
--	---

(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 358	<p>Continued From page 6</p> <ul style="list-style-type: none"> - A physician order for Zolpidem was received by the Pharmacy on 05/15/15 and entered in the electronic MAR. - The medication was awaiting prior approval from the insurance company and therefore no Zolpidem had been sent to the facility. <p>An interview with the Resident Care Director (RCD) on 05/20/15 at 4:00pm revealed:</p> <ul style="list-style-type: none"> - The physician was given a Physician's Order Sheet for new orders when a resident went to the physician. - The RCD or staff fax new order's to pharmacy, pharmacy would send the medication in the tote that night or if the medication needs prior approval the pharmacy would send the Prior Approval Form to the facility, the facility will then return it to pharmacy. - Process usually took 24 hours from the time the physician signs the Prior Approval form and returns it. - He was unaware of Resident #2's new order for Zolpidem on residents MAR and unaware the facility was waiting on pharmacy to deliver it until surveyor made him aware at this time. - He stated the physician for Resident #2 did not return the Physician Order form when Resident #2 returned from the appointment. - The Pharmacy had placed the new order on the MAR but had not notified the facility of the new order. - He stated staff should have notified him they were waiting on the medication for Resident #2. <p>A second interview with the RCD on 05/21/15 at 11:50am and 2:45pm revealed:</p> <ul style="list-style-type: none"> - He stated the Pharmacy had not followed up on the Prior Approval and he was "not sure how long this would have gone on". The resident was without her meds from 05/15/15 through 05/20/15 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2015
--	--	---	--

NAME OF PROVIDER OR SUPPLIER HERITAGE OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 916 S. MARIETTA STREET GASTONIA, NC 28054
--	---

(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 358	<p>Continued From page 7</p> <p>when it was brought to his attention. "That was too long." - He stated he obtained physicians order on 05/20/15 to hold Zolipidem until Prior Approval could be obtained.</p> <p>A copy of the facility's policy on medications ordered requiring prior approval was requested during the survey, but not provided.</p> <p>-----</p> <p>On 5/21/15 the facility provided the following plan of protection: - Medication aides will administer all sprays to residents with dementia. - All unavailable medications currently provided by family will be ordered through the pharmacy provider, or the primary care provider will be notified to discontinue the medication. - All medications requiring prior authorization will be acknowledged by fax from the pharmacy and include resident name, medication, and physician notified by phone and fax. - All pending orders will be checked against the MAR and kept in a pending order notebook.</p> <p>THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JULY 5, 2015.</p>	D 358		
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>	D912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2015
--	--	---	--

NAME OF PROVIDER OR SUPPLIER HERITAGE OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 916 S. MARIETTA STREET GASTONIA, NC 28054
--	---

(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	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations in regards to Medication Administration.</p> <p>The finding are:</p> <p>Based on observations, record reviews, and interviews, the facility failed to assure medications (Baclofen, Flonase, Therem, Zolipidem, Vitamin D, and Aspirin) were administered as ordered by a licensed prescribing practitioner for 2 of 4 residents observed during a medication pass (#3 and #7) and 2 of 6 sampled residents (#1 and #6). [Refer to Tag 0358, 10A NCAC 13F .1004(a)(Type B Violation).]</p>	D912		