

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 and Follow-up Survey on May 12, 2015, and May 14, 2015.	C 000		
C 202	<p>10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination</p> <p>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record review and interview, the facility failed to assure 3 of 4 sampled residents (Resident #2, #3 and #4) were tested for tuberculosis (TB) disease upon admission to the facility in compliance with the control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>A. Review of Resident #4's current FL2 dated 2/23/15 revealed: - Diagnoses of Alzheimer's Dementia and a history of hip fracture. - An admission date of 11/8/13.</p>	C 202		

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: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 202	<p>Continued From page 1</p> <p>Continued review of the Resident's Record revealed:</p> <ul style="list-style-type: none"> - A purified protein derivative (PPD) to test for tuberculosis (TB) was administered to Resident #4 on 8/28/13, and read as negative on 8/30/13. - No second step TB test performed on Resident #4 after his admission to the facility. <p>Refer to interview with the facility's Executive Director on 5/12/15 at 12:45pm.</p> <p>Refer to interview with Assistant Administrator on 5/14/15 at 10:30am.</p> <p>B. Review of Resident #3's current FL2 dated 2/23/15 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included Wernicke's encephalopathy, transient hypertension, and psychosis. -An admission date of 9/27/13. <p>Continued review of the Resident's Record revealed:</p> <ul style="list-style-type: none"> -A purified protein derivative (PPD) to test for tuberculosis (TB) was administered to Resident #3 on 10/01/13, and read as negative on 10/3/13. -No second step TB test performed on Resident #3 after his admission to the facility. <p>Telephone call to Resident #3's Primary Care Physician (PCP) on 5/14/15 at 9:50am was unsuccessful by exit.</p> <p>Refer to interview with the facility's Executive Director on 5/12/15 at 12:45pm.</p> <p>Refer to interview with Assistant Administrator on 5/14/15 at 10:30am.</p> <p>C. Review of Resident #2's current FL2 dated 1/23/15 revealed:</p>	C 202		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 202	<p>Continued From page 2</p> <p>-Diagnoses included Diabetes Mellitus Type II, hypertension, chronic obstructive pulmonary disease, and hyperplasia. -An admission date of 1/20/15.</p> <p>Continued review of the Resident's Record revealed: -A purified protein derivative (PPD) to test for tuberculosis (TB) was administered to Resident #2 on 1/9/15, and read as negative on 1/12/15. -No second step TB test performed on Resident #2 after his admission to the facility.</p> <p>Telephone call to Resident #2's Primary Care Physician (PCP) on 5/14/15 at 9:46am was unsuccessful by exit.</p> <p>Refer to interview with the facility's Executive Director on 5/12/15 at 12:45pm.</p> <p>Refer to interview with Assistant Administrator on 5/14/15 at 10:30am.</p> <p>_____</p> <p>Interview with the facility's Executive Director on 5/12/15 at 12:45pm revealed: - She was confused about the TB testing required for residents. - She thought residents had to have one TB test before admission to the facility, but was unaware of the required 2nd step TB test.</p> <p>Interview with the Assistant Administrator on 5/14/15 at 10:30am revealed: - The facility had ordered a vial of PPD from the pharmacy that should be in today. - The facility's Registered Nurse would be in later today to perform TB tests on Residents #2, #3, and #4.</p>	C 202		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 202	<p>Continued From page 3</p> <p>The facility provided a plan of protection on 5/12/15 and included the following:</p> <ul style="list-style-type: none"> -Administration will update the admission checklist to include verification of dates, administration, and signatures of PPD injection. -Assistant Administrator and Executive Director (ED) will sign off the checklist. -If a first step PPD is needed, documentation will be obtained prior to admission. -The second step PPD will be scheduled by the Assistant Administrator with the resident's PCP within 72 hours of admission to facility. -The ED will ensure, by utilizing the admission checklist, the first step PPD is done and proper documentation is obtained for the medical record prior to admission. -A copy of the checklist will be placed in the medical record and the original will be kept in the facility office files. <p>THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JUNE 28, 2015.</p>	C 202		
C 249	<p>10A NCAC 13G .0902(c)(3)(4) Health Care</p> <p>10A NCAC 13G .0902 Health Care</p> <p>(c) The facility shall assure documentation of the following in the resident's record:</p> <p>(3) written procedures, treatments or orders from a physician or other licensed health professional; and</p> <p>(4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the</p>	C 249		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 249	<p>Continued From page 4</p> <p>facility failed to assure implementation of blood pressure checks as ordered by a licensed prescribing practitioner for 2 of 3 sampled residents. (Residents #1 and #2.)</p> <p>The findings are:</p> <p>A. Review of Resident #1's current FL2 dated 10/28/14 revealed:</p> <ul style="list-style-type: none"> - Diagnoses of dementia, atrial fibrillation, hypertension, pacemaker, and diabetes. - Medication orders for Lotrel 5/20, 1 capsule daily, and Flomax 0.4mg, 1 capsule daily at bedtime. (Lotrel is a combination medication used to treat hypertension. Flomax is a medication used to treat enlarged prostate and has a side effect of lowering blood pressure.) - An order to check resident's blood pressure daily. - An admission date of 7/19/13. <p>Review of Resident #1's vital sign sheet in the resident's record revealed:</p> <ul style="list-style-type: none"> - Documentation of monthly blood pressures, pulse, temperatures, respirations, and weights. - The resident's blood pressure in January 2015 was 145/68. - The resident's blood pressure in February 2015 was 114/60. -No blood pressure was documented for March 2015. - The resident's blood pressure in April 2015 was 119/58. - No specific dates were noted on the vital sign sheet. <p>Continued review of the Resident's Record revealed no daily blood pressures documented.</p> <p>Review of Resident #1's Medication</p>	C 249		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 249	<p>Continued From page 5</p> <p>Administration Records (MARs) for March, April, and May 2015 revealed no entry for daily blood pressure readings.</p> <p>Interview with the Assistant Administrator at 11:50am on 5/12/15 revealed:</p> <ul style="list-style-type: none"> - They (staff) had not been doing daily blood pressures for Resident #1. - "We just missed it." <p>Interview with Resident #1 on 5/12/15 at 12:27pm revealed:</p> <ul style="list-style-type: none"> - Staff checked his blood pressure often, but was not sure how often. - He felt sure it was "more than once a month." <p>Interview at 4:09pm on 5/12/15 with the physician who signed Resident #1's FL2 revealed:</p> <ul style="list-style-type: none"> - The order to check the resident's blood pressure daily was due to low blood pressures more than high blood pressures. - Resident #1's blood pressure could be low and jump up unexpectedly. - Physician declined to speculate on the significance of missing the daily blood pressures. <p>On 5/12/15 at 4:30pm, the facility's physician changed Resident #1's blood pressure order from daily to monthly.</p> <p>Refer to facility's policy on implementation of physician's orders.</p> <p>B. Review of Resident #2's current FL2 dated 1/23/15 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included diabetes mellitus type II, hypertension, chronic obstructive pulmonary disease, and hyperplasia. -Medication orders for Coreg (used to treat hypertension) 6.25 mg twice daily, Lisinopril (used 	C 249		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 249	<p>Continued From page 6</p> <p>to treat hypertension) 20 mg daily, Avodart 0.5mg daily, and Norvasc (used to treat hypertension) 5mg daily. -An order to check resident's blood pressure weekly.</p> <p>Review of Resident #2's vital sign sheet in the resident's record revealed: -Documentation of monthly blood pressures, pulse, temperatures, respirations, and weights. -The resident's blood pressure in January 2015 was 149/68. -The resident's blood pressure in February 2015 was 168/86. -No blood pressure was documented for March 2015. -The resident's blood pressure in April 2015 was 163/70. -No specific dates were noted on the vital sign sheet.</p> <p>Continued review of the Resident's Record revealed no daily blood pressures documented.</p> <p>Review of Resident #2's Medication Administration Records (MARs) for March, April, and May 2015 revealed no entry for daily blood pressure readings.</p> <p>Interview with a second shift Medication Aide on 5/12/15 at 2:40pm revealed, "If blood pressures were done weekly they would be listed on the Medication Administration Record".</p> <p>Interview with the Assistant Administrator and Executive Director at 3:30pm on 5/12/15 revealed: -They (staff) had not been doing weekly pressures for Resident #2. -They did not realize the order was on the current</p>	C 249		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 249	<p>Continued From page 7</p> <p>FL2 dated 1/23/15.</p> <p>Telephone call to Resident #2's Primary Care Physician (PCP) on 5/14/15 at 9:46am was unsuccessful by exit.</p> <p>Refer to facility's policy on implementation of physician's orders.</p> <hr/> <p>Review of the facility's policy on implementation of physician's orders revealed:</p> <ul style="list-style-type: none"> - The vital signs for all residents will be checked at least once monthly unless changed by the physician. - The specific order for vital signs will be communicated on the FL2 upon admission and will be clarified after every readmission from hospital. 	C 249		
C 270	<p>10A NCAC 13G .0904 (c-7) Nutrition And Food Service</p> <p>10A NCAC 13G .0904 Nutrition And Food Service</p> <p>Menus in Family Care Homes:</p> <p>(7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure matching therapeutic menus (No added carbohydrate, Low sodium diet, Consistent carbohydrates, and 1.5 gram sodium/low fat/low cholesterol diet) were</p>	C 270		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 270	<p>Continued From page 8</p> <p>available for the guidance of food service staff for 3 of 3 sampled residents (#1, #2, and #3) with therapeutic diet orders.</p> <p>The findings are:</p> <p>Review of the facility menu for the facility for week 2 of summer revealed:</p> <ul style="list-style-type: none"> - This menu was for regular/NAS/NCS diets. (Standard definition of NAS is a therapeutic diet which restricts the amount of sodium in the diet to no more than 3 to 4 grams daily. Standard definition of a NCS diet excludes all sweetened foods and beverages and sources of refined sugar, allows seconds and does not include consistent carbohydrate for each meal and each day.) - The lunch meal for 5/12/15 called for a hamburger with lettuce and tomato, french fries, cole slaw, pears, and juice or milk. - An asterisk at the bottom of the menu called for water available at all meals, with a turkey/ham or peanut butter sandwich substitute for meals. - The menu had been signed by a registered dietician. <p>A. Review of Resident #2's current FL2, dated 1/23/15, revealed:</p> <ul style="list-style-type: none"> -Diagnoses which included diabetes mellitus type II, coronary artery disease, hypertension and chronic obstructive pulmonary disease. -A physician order for a No added carbohydrate, Low sodium diet. (There is no standard definition of a No added carbohydrate diet. Definition of a Low sodium diet is a diet which limits sodium to 1500 to 2400 mg sodium daily.) <p>Review of a medication clarification request to Resident #2's physician, dated 1/23/15, revealed the physician wrote the following:</p>	C 270		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 270	<p>Continued From page 9</p> <p>-"He has diet controlled type II diabetes mellitus for now."</p> <p>-No accuchecks needed at this time.</p> <p>Review of the therapeutic diet list posted in kitchen revealed Resident #2's diet was listed as Regular.</p> <p>Observation of Resident #2's lunch meal on 5/12/15 at 12:05pm revealed:</p> <ul style="list-style-type: none"> - Resident was served a hamburger with lettuce and tomato on a bun, fries, and canned pears in heavy syrup. - Resident had a glass of milk as his beverage of choice. - Resident #2 ate 100% of his meal. <p>Review of the facility menus revealed no combination menu for a "No added carbohydrate, Low sodium diet" was available for the guidance of food service staff.</p> <p>Interview with second shift kitchen staff on 5/12/15 at 2:40pm revealed she was unaware that the facility's therapeutic diet list was incorrect for Resident #2.</p> <p>Refer to interview with facility's Executive Director on 5/12/15 at 2:45pm.</p> <p>Refer to facility's policy on physician's order for therapeutic diets.</p> <p>Refer to interview with second shift kitchen staff on 5/12/15 at 2:40pm.</p> <p>Refer to interview with facility's Assistant Administrator on 5/12/15 at 3:30pm.</p> <p>B. Review of Resident #3's current FL2, dated</p>	C 270		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 270	<p>Continued From page 10</p> <p>2/23/15, revealed diagnoses which included Wernicke's encephalopathy, transient hypertension, and psychosis.</p> <p>Continued review of Resident #3's record revealed a hospital discharge summary dated 10/8/14 with the following dietary orders:</p> <ul style="list-style-type: none"> - 1.5 gram sodium daily. - Low fat/Low cholesterol. - Avoid salt substitute. <p>Review of the facility's therapeutic diet list revealed Resident #3's therapeutic diet was noted as LCS/NAS (low concentrated sweets/no added salt).</p> <p>Review of the facility menus revealed no combination menu for a "1.5 gram sodium/low fat/low cholesterol diet" was available for the guidance of food service staff.</p> <p>Observation of Resident #3's lunch meal on 5/12/15 at 12:15pm revealed:</p> <ul style="list-style-type: none"> - Resident was served a hamburger with coleslaw, lettuce and tomato on a bun, fries, and canned pears in heavy syrup. - Resident had a glass of water as his beverage of choice. - Resident #3 ate 100% of his meal. <p>Interview with second shift kitchen staff on 5/12/15 at 2:40pm revealed she was unaware that the facility's therapeutic diet list was incorrect for Resident #3.</p> <p>Refer to interview with facility's Executive Director on 5/12/15 at 2:45pm.</p> <p>Refer to facility's policy on physician's order for therapeutic diets.</p>	C 270		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 270	<p>Continued From page 11</p> <p>Refer to interview with second shift kitchen staff on 5/12/15 at 2:40pm.</p> <p>Refer to interview with facility's Assistant Administrator on 5/12/15 at 3:30pm.</p> <p>C. Review of Resident #1's current FL2 dated 10/28/14 revealed:</p> <ul style="list-style-type: none"> - Diagnoses of dementia, atrial fibrillation, hypertension, pacemaker, and diabetes. - A date of admission of 9/19/13. - A diet order for Consistent carbohydrates (The standard definition of a consistent carbohydrate diet is a menu which has the same amount of carbohydrates at each meal and each day.) - A medication order for Metformin 500mg daily before a meal. (Metformin is a medication used to treat diabetes.) <p>The consistent carbohydrate meal plan can help stabilize your carbohydrate intake by creating uniformity. The goal is for the amount of carbohydrates you eat each day and at each meal to remain the same. In this sense, the consistent carbohydrate diet is a carb-counting program.</p> <p>A subsequent order dated 1/28/15 revealed the Metformin was increased to 500mg twice daily before a meal.</p> <p>Continued review of Resident #1's record revealed a hospital discharge FL2 dated 10/27/14 with the following dietary orders:</p> <ul style="list-style-type: none"> - 1.5 gram sodium daily. - 8 cups/2 quarts fluid daily. - Avoid salt substitute. - Diabetic restrictions. 	C 270		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 270	<p>Continued From page 12</p> <p>Review of the facility's list of resident diet requirements revealed Resident #1's therapeutic diet was noted as NAS/NCS (no added salt/no concentrated sweets.)</p> <p>Review of the facility menus revealed no menu for a consistent carbohydrate diet for the guidance of food service staff.</p> <p>Observation of Resident #1's lunch meal on 5/12/15 at 12:05pm revealed:</p> <ul style="list-style-type: none"> - Resident was served a hamburger with lettuce and tomato on a bun, fries, and canned pears in heavy syrup. - Resident had 1/2 of a bottled diet soda as his beverage of choice. - Resident #1 ate 90% of his meal. <p>Interview on 5/12/15 at 12:20pm with staff who prepared the lunch meal revealed:</p> <ul style="list-style-type: none"> - She rinsed the pears for Resident #1 to reduce the sugar content. - She did not rinse the pears for any other residents. <p>Review of the label on the can of pears in heavy syrup revealed a 1/2 cup serving of the pears contained 100 calories, 25 grams of carbohydrates, 21 grams of fiber, and 2 grams of fiber.</p> <p>Review of Resident #1's Medication Administration Records (MARs) for April and May 2015 revealed:</p> <ul style="list-style-type: none"> - Fingerstick blood sugars were documented as performed 3 times a week at alternating times, notify MD if blood sugar is 301 or above. - Fingerstick blood sugars in April 2015 ranged from 106 to 236. - Fingerstick blood sugars in May 2015 ranged 	C 270		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 270	<p>Continued From page 13 from 118-192.</p> <p>Review of the resident's labs revealed:</p> <ul style="list-style-type: none"> - A hemoglobin A1C of 6.5 on 1/5/15, normal range 4.8 to 6.0. - A serum glucose level of 128mg/dl on 3/5/15, normal range of 74-118. <p>Record review also revealed a separate fluid intake sheet for Resident #1 attached to the MARs. (The resident's documented fluid intake for April and May 2015 did not exceed 2 liters at any time.)</p> <p>Interview with Resident #1 on 5/12/15 at 12:27pm revealed:</p> <ul style="list-style-type: none"> - He doesn't use regular salt on his food, although he has used salt substitute on his food. - He doesn't have any salt substitute available to use. - He doesn't believe he is on a special diet, but staff do keep track of my fluid intake. <p>Interview with the facility's Executive Director on 5/12/15 at 2:45 revealed she believed the facility met the intent of Resident #1's diet by:</p> <ul style="list-style-type: none"> - Not adding salt when food was prepared. - Serving him an NCS diet. - Keeping track of his fluid intake. - Facility does not keep salt substitute for residents to use. <p>Interview with the facility's house physician on 5/12/15 at 3:45pm revealed:</p> <ul style="list-style-type: none"> - The facility cannot follow the hospital diet orders. - The resident was doing fine on his present diet. - The facility should continue Resident #1's current diet of NAS/NCS and continue to limit his fluid intake to 2 liters per day. 	C 270		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 270	<p>Continued From page 14</p> <p>Refer to interview with facility's Executive Director on 5/12/15 at 2:45pm.</p> <p>Refer to facility's policy on physician's order for therapeutic diets.</p> <p>Refer to interview with second shift kitchen staff on 5/12/15 at 2:40pm.</p> <p>Refer to interview with facility's Assistant Administrator on 5/12/15 at 3:30pm.</p> <p>_____</p> <p>Interview with facility's Executive Director on 5/12/15 at 2:45pm revealed:</p> <ul style="list-style-type: none"> - Dietary orders for newly admitted residents are clarified with resident's physicians. - The facility attempted to get dietary orders for residents that match the diets offered by the facility on admission. <p>Review of the facility's policy on physician's orders for therapeutic diets revealed:</p> <ul style="list-style-type: none"> - Therapeutic diets will be established upon admission. - Therapeutic diets will be clarified after each readmission or medication change that may affect resident's food and/or liquid intake. - The FL2 will be updated with any change made to the diet plan. <p>Interview with second shift kitchen staff on 5/12/15 at 2:40pm revealed:</p> <ul style="list-style-type: none"> - "The facility makes sure that diet orders are correct by following the physician orders, updating the list in the book, and making arrangements for special diets as needed". - "I don't add any salt to the food while cooking it, 	C 270		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 270	Continued From page 15 only the residents without restrictions can have salt". Interview with the facility's Assistant Administrator on 5/12/15 at 3:30pm revealed: -She was responsible for updating the facility's therapeutic diet list. -"I messed it up."	C 270		
C 274	10A NCAC 13G .0904(d)(3)(B) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall include the following: (B) Fruit: Two servings of fruit (one serving equals 6 ounces of juice; ½ cup of raw, canned or cooked fruit; 1 medium-size whole fruit; or ¼ cup dried fruit). One serving shall be a citrus fruit or a single strength juice in which there is 100% of the recommended dietary allowance of vitamin C in each six ounces of juice. The second fruit serving shall be of another variety of fresh, dried or canned fruit. This Rule is not met as evidenced by: Based on observation, review of menus, and interviews, the facility failed to assure the daily menus served for regular diets included 2 servings of fruit, with one being of citrus fruit or a single strength juice daily. The findings are: Tour of the facility on 5/12/15 at 9:30am revealed: - A main refrigerator in the kitchen and a backup refrigerator in a storage/breakroom. - Seven half gallon containers of a sweetened	C 274		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 274	<p>Continued From page 16</p> <p>fruit flavored beverage were in the two refrigerators.</p> <ul style="list-style-type: none"> - No 100% juice of any variety in either refrigerator. <p>Review of the nutritional information on the side of the sweetened fruit flavored beverage revealed:</p> <ul style="list-style-type: none"> - A serving size of 8 ounces contained 90 calories, 24 grams of carbohydrate, and 22 grams of sugar. - The product contained no fruit juice. - The two main ingredients were water and high fructose corn syrup, with the other ingredients comprising less than 2%. - Ascorbic acid was added to the drink to equal 100% of the recommended daily allowance of Vitamin C per 8 ounce serving. <p>Review of a menu for the facility for week 2 of summer revealed:</p> <ul style="list-style-type: none"> - Juice was a beverage choice 15 times out of 21 meals. - Juice was offered as a beverage choice at various breakfasts, lunches, and suppers throughout the week. - No other citrus fruits were listed on the menu for week 2 of summer. <p>Interview with the Executive Director on 5/12/15 at 10:45am revealed:</p> <ul style="list-style-type: none"> - They do not have 100% juice of any variety in the facility. - They had tried 100% juice products in the past, but they just be wasted because "the residents will not drink it." - The residents prefer the "juice blends." <p>Observation of the lunch meal at 12:15pm on 5/12/15 revealed none of the residents receive</p>	C 274		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 274	<p>Continued From page 17</p> <p>the sweetened juice flavored beverage as their beverage of choice.</p> <p>Review of resident's records revealed all 4 residents in the facility have some degree of cognitive impairment.</p> <p>Interview with Resident #1 on 5/12/15 at 12:27pm revealed:</p> <ul style="list-style-type: none"> - The facility served "juice" with meals. - He didn't have juice today at lunch because he wanted a diet soda. - He wasn't sure of the brand or type of juice the facility served, but he liked it. - The facility has several different flavors of juice including orange, grape, and apple. <p>Observation of the backup refrigerator on 5/14/15 at 9:30am revealed 2 half gallons of 100% orange juice in two unopened containers.</p>	C 274		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights:</p> <p>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 record reviews and interviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations in the area of tuberculosis testing for residents.</p>	C 912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL036032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYNERGY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S WELDON STREET GASTONIA, NC 28052
--	--

(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 912	Continued From page 18 The findings are: Based on record review and interview, the facility failed to assure 3 of 4 sampled residents (Resident #2, #3 and #4) were tested for tuberculosis (TB) disease upon admission to the facility in compliance with the control measures adopted by the Commission for Health Services. [Refer to Tag C 202 10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination, (Type B Violation.)]	C 912		