



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL009027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/07/2015</b>
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NAME OF PROVIDER OR SUPPLIER  
**HIGHLAND GARDENS ASSISTED LIVING OF C**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**53 SOUTH SMITH STREET  
CLARKTON, NC 28433**

(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 131	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-The Administrator had checked with Staff A's previous employer for tuberculosis skin testing and there was no documentation of a two-step tbst.</li> <li>-The Administrator was responsible to ensure TB skin testing was done.</li> <li>-The current Resident Care Coordinator reviewed personnel files a few months ago and realized Staff A did not have a two-step tbst.</li> <li>-Staff A will have to get another tbst when the facility nurse is in the facility next week.</li> </ul> <p>Interview with Staff A on 05/07/2015 at 6:15pm revealed:</p> <ul style="list-style-type: none"> <li>-Staff A had been employed at the facility since December 2013.</li> <li>-Staff A thought it was time for a second tbst.</li> <li>-Staff A had a TB skin test about 3 weeks ago.</li> <li>-Staff A had not had a TB skin test since being employed at the facility until the tbst about 3 weeks ago.</li> <li>-Staff A did not keep up with when she was due for tb skin testing</li> </ul>	D 131	<p><u>D131 - Monitoring</u> The Quality Assurance Utilization Sub Committee, Chaired by the Resident Care Coordinator, will review "Employee Checklist" for all new hires, <u>bi-weekly</u>, and when there are issues, the committee will take action. Their actions will be placed on the "QAA action log" which shows who is to follow through, when and what the outcome was. Quarterly, the full QAA Committee meeting addresses issues in operations and steps taken for compliance with rules, regulations, policies and procedures. (See attachments I - II A (Employee Checklist) &amp; QAA-Action Log).</p> <p><u>D273</u> 1. No one will be admitted to the facility having a positive TB Test results. Positive TB Test results</p>	
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 Based on interview and record review, the facility failed to assure follow-up to meet the health care needs of 2 of 5 sampled residents who had an</p>	D 273		

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D 273	<p>Continued From page 2</p> <p>order for stool specimen (Resident #3) and who had a positive tuberculin skin test (Resident #4). The findings are:</p> <p>1. Review of Resident #4's current FL-2 dated 4/15/15 revealed diagnoses which included chronic obstructive pulmonary disease (COPD), hypoglycemia, chronic hypertension, glaucoma and seizure disorder.</p> <p>Review of the resident's Resident Register revealed an admission date of 10/30/14.</p> <p>Review of the resident's "Record of Tuberculosis testing" document revealed:</p> <ul style="list-style-type: none"> <li>- The resident received a PPD (purified protein derivative), 0.1 ml, in his left forearm on 10/28/14.</li> <li>- The results were read as positive (10 mm) on 10/30/14 (refer to health department if positive).</li> <li>- "Date Referred" was blank.</li> </ul> <p>Review of "Record of Tuberculosis Screening" document dated 6/6/14 revealed:</p> <ul style="list-style-type: none"> <li>- Resident #4 had loss of appetite with unexplained weight loss.</li> <li>- The document was completed at a long term care nursing facility before the resident was admitted to the facility.</li> </ul> <p>Record review revealed Resident #4 had no other TB skin tests or no chest x-rays to rule out TB disease.</p> <p>Interview with the facility's Administrator on 5/06/15 at 3:50pm revealed:</p> <ul style="list-style-type: none"> <li>- Resident #4 was admitted to the facility on 10/30/14</li> <li>- The resident had a TB skin test when admitted to the facility.</li> <li>- The positive results (10mm) did not "jump</li> </ul>	D 273	<p><i>will be reported to area Health Department for intervenance and instructions to the facility. The facility will contact the applicant's Primary Care Physician, to assist with the technicality of the issue and to obtain health history. (See attachment II B)</i></p> <p><i>- Resident's chest x-ray. The facility will request an order from PCP for a chest x-ray. Chest x-ray results will determine outcomes.</i></p> <p><i>As of the writing of this "Plan of Correction," the TB results and other evaluations done by Health Department along with PCP signed statements have been provided for facility documentation (See attachment III).</i></p>	5/6/15
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D 273	<p>Continued From page 3</p> <p>out at me".</p> <ul style="list-style-type: none"> <li>- The facility has not followed-up with the resident's primary care provider or reported positive TB skin test to the local health department.</li> <li>- Per facility's policy, if any resident has a positive TB skin test, the facility is to obtain an order for a chest x-ray to rule out active TB disease immediately.</li> <li>- Residents who have a positive TB skin test before admission are not admitted until a negative chest x-ray which ruled out active TB disease was sent to the facility.</li> <li>- The Administrator stated she called a mobile x-ray provider used by the facility and was informed the resident did not have a chest x-ray in their system on or after 10/30/15.</li> <li>- The facility will follow-up today and obtain a chest x-ray to rule out active TB.</li> </ul> <p>Interview with Resident #4 on 5/07/15 at 5:15pm revealed:</p> <ul style="list-style-type: none"> <li>- He had 1 TB skin test when he came to the facility, but did not know if results were positive or negative.</li> <li>- The resident stated he had 2 TB skin tests 3 or 4 years ago and was told both were ok.</li> <li>- A chest x-ray was done last night at the facility but the resident did not know the results.</li> </ul> <p>Interview with the TB/infection control nurse at the local health department on 5/07/15 at 6:40pm revealed:</p> <ul style="list-style-type: none"> <li>- In 2002, Resident #4 had a positive TB skin test and completed 6 weeks of oral medication for prophylactic treatment (INH 300mg along with Vitamin B6, 50mg every day for 6 months).</li> <li>- The resident was also ordered a chest x-ray which was negative.</li> <li>- There was no record of the facility reporting a</li> </ul>	D 273  2	<p><i>D 273 Monitoring</i></p> <p><i>The AIC/REC will review resident's files monthly for compliance with PPD requirements and protocol. The QAA Sub-Committee - "Health Services/Personal Care" will monitor for compliance and take action, when necessary. The Committee will convene bi-weekly, take immediate action, if necessary, and report issues on their "Action Log". The full Quarterly Quality Assurance and Assessment Meeting. See Scope of Sub Committee's review areas (Attachment II C). See Resident's Admissions Checklist (Attachment II B).</i></p>	6/6/11
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D 273	<p>Continued From page 4</p> <p>positive TB skin test on or after 10/30/15.</p> <ul style="list-style-type: none"> <li>- The TB nurse will follow-up with the resident.</li> </ul> <p>Review of the impression of Resident #4's chest x-ray radiology report dated 5/6/15 revealed:</p> <ul style="list-style-type: none"> <li>- "Suggestion of minimal infiltrate in the inferior right hilar [the root of the lungs] region".</li> <li>- "Active [TB] cannot definitely be excluded. A lateral view would be helpful for further evaluation along with comparison with prior films".</li> </ul> <p>2. Review of Resident #3's current FL-2 dated 01/13/2015 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included Hyperlipidemia, Hypothyroidism, Anemia, Esophageal Reflux, Regional Enteritis of small intestine, Diabetes without complication Type II, Renal Failure, Diverticulosis - small intestine, Vomiting, Diarrhea, and Intestinal Infections due to Clostridium Difficile</li> <li>-Resident #3 was incontinent of bowel and bladder.</li> <li>-Resident #3 was intermittently disoriented.</li> <li>-The FL-2 was generated by a skilled nursing facility (SNF)</li> </ul> <p>Review of a Discharge Summary from the SNF revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 was being discharged from the facility on 01/15/2015 after completing therapy for weakness.</li> <li>-Resident #3 had a history of "c-dif" [Clostridium Difficile].</li> <li>-Resident #3 had no abdominal pain, nausea, vomiting, or change in bowel habits.</li> </ul>	D 273	<p><u>D 273</u></p> <p>2. Highland Gardens will continue to partner with the selected Home Health Agency. The AIC/RCC will communicate with HHA in a timely manner and insistently follow up with all tasks to be done and documented as ordered. Personal care staff will assist HHA when requested; if necessary.</p>	5/8/15

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D 273	<p>Continued From page 5</p> <p>Review of the Resident Register for Resident #3 revealed Resident #3 was admitted to the facility on 01/20/2015.</p> <p>Review of a physician progress note for Resident #3 dated 01/28/2015 revealed: -A handwritten note for "needs abt [antibiotic] for recurring cdiff". -A physician's order for stool for "C &amp; S" [culture and sensitivity]. -A physician's order for Flagyl (used to treat bacterial infections of the stomach like clostridium difficile) 250mg one tablet two times a day for 14 days</p> <p>Review of Resident #3's record revealed no lab results for a stool specimen for culture and sensitivity</p> <p>Review of a physician's order sheet for Resident #3 dated 04/02/2015 revealed: -The Administrator sent a communication to the physician documenting "Resident is having loose stool not sure if its recurring cdiff, please advise". -The physician handwritten response to the facility was to "start Flagyl 250mg one po [by mouth] tid [three times a day] x 7 days".</p> <p>Interview with a Medication Aide (MA) on 05/07/2015 at 12:10pm revealed: -The MA was not aware of an order for a stool specimen to be collected from Resident #3 for culture and sensitivity. -The facility normally received the order from the physician and was responsible to fax the order to the home health agency who collected the specimen. -The MA was not aware of Resident #3 having diarrhea -Resident #3's stools have been "normal".</p>	D 273	<p><u>Monitoring</u></p> <p>2. The Quality Assurance Sub-Committee of "Health Services / Personal Care" will monitor issues in their area, for compliance with rules, regulations, policies and procedures. See Attachment II-C for Sub-Committee - "Health Services / Personal Care".</p>	
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D 273	<p>Continued From page 6</p> <p>Interview with the Resident Care Coordinator/Office Manager (RCC/OM) on 05/07/2015 at 12:20pm revealed:</p> <ul style="list-style-type: none"> <li>-The RCC/OM was not sure about the 01/28/2015 physician's order for a stool specimen from Resident #3 for culture and sensitivity.</li> <li>-The RCC/OM had not collected a stool specimen from Resident #3.</li> <li>-The MAs normally collected the stool specimens.</li> </ul> <p>Interview with the Administrator on 05/07/2015 at 12:25pm revealed:</p> <ul style="list-style-type: none"> <li>-The local Home Health Agency Nurse (HHN) would either collect the stool specimen or leave a specimen cup for the facility staff to obtain the stool specimen. The facility staff would then contact the HHN letting them know the specimen had been collected.</li> <li>-The Administrator was aware of the order for the stool specimen for culture and sensitivity to be collected from Resident #3.</li> <li>-The Administrator did not know if the HHN or facility staff had been able to collect the stool specimen from Resident #3 because Resident #3 kept having diarrhea.</li> <li>-The lab results would be in Resident #3's record if the facility had received a copy of any lab results for a stool specimen from Resident #3 for culture and sensitivity.</li> <li>-The HHN did not always provide a copy of lab results to the facility for resident records.</li> <li>-The Administrator remembered speaking to the physician about the stool specimen and that was how the facility got an order for antibiotics for Resident #3.</li> <li>-The Administrator thought the physician said "don't worry because she [Resident #3] was on antibiotics".</li> </ul>	D 273		
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D 273 Continued From page 7

Telephone interview with the HHA Patient Care Coordinator (PCC) on 05/07/2015 at 12:35pm and 1:07pm revealed:

- The HHN was responsible for collecting specimens at the facility "with the help of facility staff."
- The PCC was not sure if Resident #3 was able to give a stool specimen.
- The HHA had received the 01/28/2015 order for the stool specimen but the order had been missed.

Based on record review and observation of Resident #3, she was determined not to be interviewable regarding the collection of stool specimen.

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According to the facility's Plan of Protection dated 5/07/15, the facility has contacted the resident's physician and received an order for a chest x-ray. The Chest x-ray was completed on 5/06/15. The Administrator or Resident Care Coordinator will review all resident files to ensure that all residents have a 2 step PPD in their files. If any sin tests are abnormal, the facility will follow the TB protocol. Upon admission, the resident's PPD record will be reviewed within 24 hours.

THE CORRECTION DATE FOR TYPE A2 VIOLATION SHALL NOT EXCEED JUNE 6, 2015

D 273

D912 G.S. 131D-21(2) Declaration of Residents' Rights

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

D912

*D 912  
The facility's Administrator will have a staff meeting with Personal Care Workers to Review Plan of Corrections and to discuss corrective procedures to be followed*

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D912	<p>Continued From page 8</p> <p>relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and staff and resident interviews, the facility failed to assure every resident had the right to receive care and services which were adequate, appropriate and in compliance with rules and regulations as related to healthcare.</p> <p>The findings are:</p> <p>Based on interview and record review, the facility failed to assure follow-up to meet the health care needs of 2 of 5 sampled residents who had an order for stool specimen (Resident #3) and who had a positive tuberculin skin test (Resident #4) [Refer to Tag 0273, 10A NCAC 13F 0902(b) (Type A2 Violation)].</p>	D912	<p><i>(to be taken) to maintain compliance with rules regulations, policies and procedures. Supervisors (Personal Care) will receive copies of POC to review prior to meeting for preparation for discussion. President's Rights will be focus upon in the meeting.</i></p> <p><i>D912 Montroy</i></p> <p><i>The QAA Sub-Committee on Health Care / Personal Care Services will monitor Resident's Rights and relevant issues, bi-weekly. The Sub-Committee will take action to correct any injustice / neglect / exploitation etc.</i></p>	6/6/15
D935	<p>G.S. § 131D-4.5B(b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements</p> <p>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p>	D935	<p><i>D935 - Highland Gardens will contact RN consultant and request that training be provided, as needed, to employees who are personal care employees and who must meet requirements to pass medication. Our request will be made readily, if needed, and</i></p>	6/6/15

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D935	Continued From page 9 a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.  This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 1 staff (Staff A) who began performing medication aide duties after October 1, 2013 met the requirements to administer medications.  The findings are:  Review of Staff A, Supervisor-in-Charge/Medication Aide's	D935	<i>as often as needed; and (as personal care staff changes); A copy of D935 in this Plan of Correction will be provided to RN Consultant.</i>	6/6/15

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D935	<p>Continued From page 10</p> <p>personnel file revealed:</p> <ul style="list-style-type: none"> <li>-Staff A was hired on 12/12/2013 as a Supervisor-in-Charge/Medication Aide</li> <li>-Staff A passed the medication aide test on 12/12/2008</li> <li>-Staff A completed the Medication Clinical Skills Checklist on 02/10/2015.</li> <li>-Documentation of a Certificate of Completion on 07/24/2014 which included medication administration 3 hours, HIPAA 1 hour, bloodborne pathogens 1 hour, PPE .25 hour, and infection control 1 hour, totaling 6.25 hours</li> <li>-There was no documentation of employment verification as a medication aide.</li> <li>-There was no documentation of completing the 10 hour medication training within 60 days of the 5 hour training, or completion of a 15 hour medication training</li> </ul> <p>Observation of Staff A on 05/05/2015 and 05/06/2015 at intervals revealed Staff A administered medications to nine residents in the facility which included oral medications, injectables, and obtaining finger stick blood sugar samples.</p> <p>Interview with Staff A on 05/05/2015 at 11:20am revealed:</p> <ul style="list-style-type: none"> <li>-Staff A worked at the facility as a Medication Aide.</li> <li>-Staff A usually worked five days each week and also worked when needed.</li> <li>-Staff A had been employed at the facility since 2013.</li> <li>-Staff A had been a medication aide for two years.</li> <li>-Staff A was previously employed at a "group home".</li> </ul> <p>Interview with the Administrator on 05/07/2015 at 12:50pm revealed:</p>	D935	<p><i>Highland Gardens Assisted Living of Clarkton recognized a need to "train workers", in the area. The facility's RN Consultant is approved by HHS to provide extensive training for adult care homes.</i></p> <p><i>The RCC will check training documentation in each personnel file, discuss training needs with RCAs and initiate the training.</i></p> <p><i>Note: Staff A is no longer employed.</i></p> <p><i>D935-Monitoring</i></p> <p><i>RCC will monitor personnel files and personnel needs for training, monthly. Training will be scheduled by A/C/RCC/RN Consultant, as needed.</i></p>	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL009027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/07/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHLAND GARDENS ASSISTED LIVING OF C</b>	STREET ADDRESS CITY STATE ZIP CODE <b>53 SOUTH SMITH STREET CLARKTON, NC 28433</b>
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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
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D935	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>-The Administrator thought the additional 10 hour medication training was not required for medication aides who had taken the 5 hour medication training course.</li> <li>-The Administrator did not receive documentation of verification of previous medication aide employment for Staff A until 05/7/2015.</li> <li>-The Administrator tried to get employment verification from Staff A's prior employer but had not received any employment verification.</li> <li>-The facility nurse would be responsible to provide medication aide training.</li> </ul> <p>Review of the Facility Medication Aide Verification dated 05/07/2015 for Staff A revealed:</p> <ul style="list-style-type: none"> <li>-Staff A had previously worked at a mental health (MH) facility.</li> <li>-Staff A's most recent date of work as a medication aide at the MH facility was 01/15/2015.</li> </ul> <p>Interview with the facility nurse on 05/07/2015 at 3:55pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility nurse had done a 5 hour medication training course at the facility.</li> <li>-The facility nurse did not remember who had attended the 5 hour medication training course she had done at the facility.</li> <li>-The facility nurse was not aware of any medication aides employed by the facility needing the 10 hour medication training.</li> </ul> <p>Interview with Staff A on 05/07/2015 at 6:15pm revealed:</p> <ul style="list-style-type: none"> <li>-Staff A completed the medication training course at a community college.</li> <li>-Staff A only had the medication clinical skills competency evaluation performed at the facility by the facility nurse.</li> <li>-Staff A used to work on the night shift at the</li> </ul>	D935	<p><i>Training and Instruction provided will be documented by RN (employee participating, the training outline, &amp; the credit hours).</i></p> <p><i>The QA Sub Committee "Utilization" will monitor <sup>monthly</sup> Employee Checklist, for compliance, and ensure documentation of training for personal care employees is in individual personnel folders.</i></p>	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL009027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/07/2015</b>
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NAME OF PROVIDER OR SUPPLIER  
**HIGHLAND GARDENS ASSISTED LIVING OF C**

STREET ADDRESS CITY STATE ZIP CODE  
**53 SOUTH SMITH STREET  
CLARKTON, NC 28433**

(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
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D935 Continued From page 12

facility and was unable to come to the facility for additional training.  
-Staff A relied on the facility to keep up with documentation and requirements to work at the facility.

D935

D992 G.S. § 131D-45 Examination and screening

G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.

(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult

D992

D 992

Highland Gardens 5/7/15

will comply with the Controlled Substance and Screening requirements. Applicants for employment will have to consent and be tested, prior to working at facility. Drug screening will remain with an independent professional examiner. Results will be secured, at facility.

D.992 Monitoring

AICIRCC will monitor this area. Employee checklist will verify compliance.

The QAA Subcommittee on "Utilization" will monitor this area monthly and report to the full QAA Committee, Quarterly.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL009027</b>	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____  B WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/07/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHLAND GARDENS ASSISTED LIVING OF C</b>	STREET ADDRESS CITY STATE ZIP CODE <b>53 SOUTH SMITH STREET CLARKTON, NC 28433</b>
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D992	<p>Continued From page 13</p> <p>care home may require a second examination and screening to verify the results of the prior examination and screening.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure examination and screening for the presence of controlled substances was performed for 1 of 5 staff (Staff A) hired after 10/01/2013</p> <p>The findings are: Review of the personnel file for Staff A on 05/06/2015 revealed: -Staff A was hired to work at the facility on 12/12/2013 -Staff A's position title was Supervisor-in-Charge/Personal Care Aide Supervisor -There was no documentation of completion of controlled substance examination and screening.</p> <p>Interview with the Administrator on 05/07/2015 at 12:30pm revealed: -The Administrator had not been able to locate a copy of the controlled substance examination and screening for Staff A. -The Administrator had called the lab where controlled substance examination and screenings were done and was told the lab only kept a copy of the report for one year. -Staff A's controlled substance examination and screening was done in 2013. -It was worrying her that she could not locate a copy of the drug screen report for Staff A.</p> <p>Interview with the Staff A on 05/07/2015 at 6:15pm revealed:</p>	D992		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL009027</b>	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____  B WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/07/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHLAND GARDENS ASSISTED LIVING OF C</b>	STREET ADDRESS CITY STATE ZIP CODE <b>53 SOUTH SMITH STREET CLARKTON, NC 28433</b>
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D992	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>-Staff A could not provide an exact date of hire but stated had been working at facility a good while.</li> <li>-Staff A had just had a drug screening at another agency where she worked just before beginning employment at the facility.</li> <li>-Staff A had contacted the previous employer this week and requested they send any information requested by the current employer to the facility.</li> <li>-Staff A had not been requested by the facility to have an examination for screening of controlled substances since employment at the facility.</li> </ul>	D992		
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Attachment I.

Employee Checklist  
I

## Attachment II - A

- Utilization QAA Sub-Committee's  
Scope of Operations
- Action Log (QAA)
- QAA Sub-Committee (Health  
Services / Personal Care

*Attachment II-A*

*Utilization Co.*

QUALITY ASSURANCE  
OPERATIONAL REPORT

TOTAL DELINQUENT MONIES			
Over 30 days			
Over 60 days			
Over 90 days			
RESIDENT FUND			
Personal Fund Sheet on each resident			
Personal Fund Sheet signed by resident for each transaction	Yes	No	
Two witnesses w/resident making mark (x)	Yes	No	
Resident account balances and made available	Yes	No	
PERSONNEL RECORDS			
Application			
* Two Step TB Test (90 days before or 7 days after)	Yes	No	
Job Description	Yes	No	
W-4, NC-4, I-9, SS card	Yes	No	
Criminal Record/SBI for PCA's	Yes	No	
Personnel Policy & Procedure Manual signed	Yes	No	
** <i>Drug Screening</i>	Yes	No	
ADMINISTRATOR			
Certified as licensed Administrator			
21 years or older	Yes	No	
State & National criminal report if resident less than 5 yrs	Yes	No	
3 letters of reference	Yes	No	
15 hours of CEU's	Yes	No	
Copy of HS Diploma	Yes	No	
MANAGER/CO-ADMINISTRATOR			
Complete application DSS 1862			
21 yrs or older	Yes	No	
State & National criminal report if resident less than 5 yrs	Yes	No	
3 letters of reference	Yes	No	
15 hours of CEU's	Yes	No	
Copy of HS Diploma	Yes	No	
PERSONAL CARE SUPERVISOR			
CPR certified			
21 yrs or older	Yes	No	
Copy of HS Diploma	Yes	No	
Completed 80 hr pc competency training & evaluation	Yes	No	
12 hrs of CEU's	Yes	No	
Training & competency validation for all medical care	Yes	No	
example: Administering insulin, ulcer treatment, restraints, etc.	Yes	No	
** <i>5 hr. Training</i>			
** <i>10 hr. Training</i>			



Attachment  
II-B

Residents' Admissions  
Checklist  
Attachment II-B

# ADMITTING POLICIES OF HIGHLAND GARDENS ASSISTED LIVING

Listed are the items new residents need to be admitted to  
HIGHLAND GARDENS ASSISTED LIVING OF RED SPRINGS

1. Current FL-2 (make sure FL-2 includes how often blood pressure must be taken, if they are diabetic how often does the finger stick need to be done, specific diet? Specify how often physician visit needs to be done).
2. Current TB Skin test with results. ✓✓
3. Current History and Physical ✓✓
4. Prescriptions- med orders, orders of special services or needs.
5. Receive Medicaid, if so Medicaid Card
6. Receive Disability or Social Security, if not call Social Security to verify income and amount.
7. If coming from another county, take FL-2 to County DSS to begin SA (Special Assistance) process.
8. As of March 1, 2013 PASRR Number required

Attachment  
II-C

QAA Sub-Committee Health Services  
• Personal Care  
II-C

*Attachment 1-6*

QUALITY ASSURANCE  
OPERATIONAL REPORT

<i>Personal Care Co.</i>			
<b>RESIDENT PERSONAL APPEARANCE</b>			
Resident clean, including hair, fingernails & toenails		Yes	No
Dressed appropriate for time of day		Yes	No
Clothes are clean		Yes	No
Bath schedule being completed		Yes	No
Resident concerns being addressed by staff & management		Yes	No
<b>DOCUMENTATION "Other Area" under Pharmacy Co.</b>			
ADL forms complete w/initials & signatures on back		Yes	No
Resident assessments complete w/in 72 hrs		Yes	No
Resident reassessments are complete w/in 10 days example: significant diagnosis change		Yes	No
Evaluation of assessment to be completed w/in 30 days		Yes	No
Care Plan signed by MD w/in 15 days of completed assessment		Yes	No
Quarterly assessments complete, up-to-date & correct		Yes	No
Communication notes documented properly & in a timely manner		Yes	No
Bed security checks signed & completed by each shift properly		Yes	No
Wanderers' checklist signed & completed by each shift properly		Yes	No
Restraint checklist signed & completed by each shift properly		Yes	No
Behavioral or physical aggression by resident documented		Yes	No
Case Manager contacted when resident was aggressive		Yes	No
Significant change documented & reassessment completed 72 hrs		Yes	No
Incident/Accident reports documented properly & sent to DSS w/in 24 hours		Yes	No
Incident/Accidents reported to responsible parties immediately		Yes	No
Residents sign-out sheet being used appropriately (resident signs form every exit & entrance to facility property)		Yes	No
<b>HEALTH SERVICES</b>			
<i>Personal Care Co.</i>			
Total residents w/pressure sores... What stage?			
New assessment complete with pressure sore development		Yes	No
Total residents with catheters			
Total incontinent residents			
Current # of restraint orders			
Current # of tied restraints			
Current # of chemical restraints			
* Lab results received in a timely manner		Yes	No
Management involved w/significant abnormalities		Yes	No
# of residents being treated for UTI's			
Any resident isolated for the fiscal year		Yes	No
Facility TB protocol followed for all new admissions		Yes	No
Staff follow procedure for hazardous waste disposal		Yes	No
* Date of last staff training regarding infection control	<i>Infection Control</i>		
* Physician visits facility at least monthly		Yes	No
* Physician documents in residents' charts		Yes	No
* Physician meeting the needs of the residents' & facility		Yes	No
* Home Health cooperates with facility staff		Yes	No

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Documentation  
of  
Negative TB Results  
For Resident # 4

**Columbus Regional Healthcare System**  
 Imaging Department  
 500 JEFFERSON STREET  
 WHITEVILLE, NC 28472  
 910-642-8011 ext 2224

Patient Name: PARKER, LEVY ✓

Procedure #: 1161590

Med Rec #: 10417146

Visit ID: 20007263298

Patient Location: CAT Scan

Patient Type: OUTPATIENT

DOB: 11/20/1950

Gender: M

Age: 64Y

Phone: (910)647-0509

Exam Reason: Other Reason, See Instructions

Read By: KOTZAN MD, JEFFREY M

Order Phys: FISCHL PA, LORI

Procedure: 05/19/15 12:00 CT Chest w IV Contrast

\*Final\* ✓✓✓

INDICATION:  
COPD

COMPARISON:  
None.

Intravenous contrast: Administered 79.8 ml of Contrast - mg/ml  
Radiation Dose:

FINDINGS:

Computed tomography was performed through the chest utilizing consecutive axial sections. IV contrast was administered for the exam. Lungs are hyperexpanded consistent with COPD. There are chronic appearing interstitial changes. No evidence of parenchymal infiltrate or nodule. ✓✓

IMPRESSION:

Chronic changes consistent with COPD.

Dictated: 5/19/2015 12:48 PM by Jeffrey M Kotzan (POS: MEDVIEW2)

Electronically Signed: 5/19/2015 12:52 PM by Jeffrey M Kotzan

Read By: KOTZAN MD, JEFFREY M.

Transcribed: 05/19/2015 12:55 By: KOTZAN MD, JEFFREY M.

Visit ID: 20007263298

Confidentiality Notice: The information contained in this facsimile may be privileged and confidential. It is intended only for the use of the individual or entity to whom it was sent. If the recipient of this transmittal is not the intended recipient, employee, or agent responsible to deliver it to the intended recipient, any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via U.S. Postal Service.

North Carolina Electronic Disease Surveillance System

Edit Lab Result - Levy Parker - TB - LTBI

Search

Save

Cancel

**Lab Results**

Printer: Levy Parker  
Entry Method: Automatic

**Specimen Info**  
 Specimen Date: 05/14/2015  
 Specimen Number: MB051415-0027  
 Specimen Source: Sputum  
 Specimen Collection Volume: Specimen Collection Volume Units: Specimen Received Date: 05/14/2015  
 Report Status: Preliminary  
 Report Change Date: 05/14/2015

**Tests**

**Test\***  
 Acid fast Stn XPR // Microscopic observation: AFB  
 Result Value:  Positive  Negative  
 Result Units: Ref Range:  
 Test Local Code: Result Status:  
 Result Local Code: Final Results:  
 Result Date: 05/14/2015  
 Comments: Not found (No AFB seen on smear)

**Test\***  
 Mycobacterium GGC Cult // Mycobacterium sp ID  
 Result Value: Pending  
 Result Units: Ref Range:  
 Test Local Code: Result Status:  
 Result Local Code: Specimen in Lab - Pending  
 Result Date: 05/14/2015  
 Comments: (Because the volume of the specimen was less than 5 ml, a negative result may be less reliable. Culture in Progress. This test is not cleared / approved by the U.S. Food and Drug Administration)

**Susceptibilities**

Method\*: Test\*: Result\*  
 Result Value: Result Units:  
 Result Status: Test Local Code: Comments: Result Date:

**Lab Facility**  
 Lab Facility: NC State Lab of Public Health  
 Lab Facility (Other):  
 CLIA: 9400652899  
 Ordering Facility: BLADEN COUNTY HEALTH DEPT, PO BOX 148, ELIZABETH TOWN, NC, 28327, 910-862-6900  
 Ordering Facility (Other):  
 CLIA:  
 Ordering Provider:  
 Name:  
 Address:  
 City:  
 State:

https://ncedss.ncpublichealth.com/editInvestigation.do?currentTab=1&currentRow=0&inv... 5/28/2015

Attachment  
III

# Physician Report of Health Services

Facility Name Highland Gardens  
Name of Client Leroy Parker ✓  
Client's Physician Peggy Baerbill

DATE  
5-26-15

ORDERS

CT Scan shows emphysematous  
Δ's, but no evidence of  
recurrent TB.

VVV

Rec: yearly CXR, avoid PPD testing  
as this will always be positive

*[Signature]*

Highland Gardens  
Peggy Barnhill, M.D.  
PROGRESS NOTE

PATIENT NAME Levy Parker B/P: \_\_\_\_\_ HR: \_\_\_\_\_ RESP: \_\_\_\_\_ TEMP: \_\_\_\_\_

ALLERGIES:  
NURSE STATEMENT / REASON FOR VISIT:

SUBJECT: Nausea

PAST MEDICAL HISTORY:

CHART REVIEWED REGARDING:  
MEDICATIONS REVIEWED:  
WEIGHS REVIEWED:

DIAGNOSTIC FORM REVIEWED:

CLINICAL STAFF COMMENTS:

ROS:

OBJECTIVE: Well developed, well nourished, no apparent distress  
HEENT: NOSE: mucosa erythematous, mucous clear, yellow-green  
THROAT: normal, tonsils acutely inflamed  
NECK: supple, no masses, NODES: not enlarged, enlarged tenders  
CHEST: clear to auscultation, no wheezes, crackles  
HEART: no murmurs, no gallops, S2 normal  
ABDOMEN: soft, no tenderness, no masses, no organomegaly  
EXT: no edema, no cyanosis, no edema  
NEURO: normal to xray, normal cerebellar, normal reflexes, disoriented  
SKIN: intact, no lesions  
MOBILITY: wheelchair, walks, bed bound

AD ORDER:

All tests came back  
negative for TB

✓✓

LABS:

DR. Barnhill SIGNATURE: [Signature] DATE: 5/20/14

Dr. Barnhill Progress Note Form 1-1-11