

AUG 28 2015

PRINTED: 08/06/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ <i>2/3</i>	(X3) DATE SURVEY COMPLETED 07/23/2015
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NAME OF PROVIDER OR SUPPLIER AURORA OF STATESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1902 ORA DRIVE STATESVILLE, NC 28625 <i>County: Iredell</i>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Iredell County Department of Social Services conducted an annual survey on July 21, 22, and 23 of 2015, and a complaint investigation that was initiated on May 11, 2015 by the Iredell County Department of Social Services.	D 000		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;	D 139	In accordance to rule 10A NCAC 13F .0407(a)(7) Other Staff Qualifications, Aurora of Statesville has immediately assured that all employed staff has had a background check.	9-6-15
	This Rule is not met as evidenced by: Based on Interview and record review, the facility failed to assure two of six sampled staff persons (Staff F and Staff B) had a criminal background check in accordance with G.S. 114-19.10 and 131D-40 (A). The findings are: Review of the personnel record for Staff B revealed: -Staff B was hired on 4/8/15. -He was hired as a medication aide. -There was a criminal background check on 7/22/15. Interview on 7/22/15 at 2:50pm with the Business Office Manager revealed: -Criminal background checks were completed by her.		Aurora of Statesville will ensure all persons that will be staffed will have a background screen ran by management staff. The business office manager will assure that all screenings have been complete using the New Hire Checklist.	Immediately 3 ongoing
	-"Generally, [Name of Company] is the company contracted to complete the background checks." -"[Staff B's name] background check was not completed due to a past due account balance to		Attachment A	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Brian Roberts Administrator
TITLE
DATE
8-25-15
STATE FORM 1000 FFKV11 If continuation sheet 1 of 55

Appeal accepted to JFC 9-1-15

Division of Health Service Regulation

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D 139	Continued From page 1 the company who provided the service." -The Business Office Manager made the home office aware of the past due bill. -It was the responsibility of the home office to pay facility bills. -The business office manager was told on 7/22/15 of a second company to use, "[Name of Company]".	D 139		
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that three of six staff sampled (Staff B, Staff C, and Staff F) were competency validated for Licensed Health Professional Support (LHPS) tasks. X The findings are: A. Review of Staff B's personnel record revealed: -A hire date of 4/8/15. -He was hired as a medication aide.	D 161	In accordance to rule 10A NCAC 13F .0504(a) Competency Validation for LHPS Tasks, Aurora of Statesville has ensured that all staff have completed the competency validation for Licensed Health Professional Support Tasks with facility Registered Nurse. Aurora of Statesville will insure that non-licensed staff are competency validated by return demonstration for any personal care task during orientation or before accepting a care	9-6-15 Immediately? Ongoing

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AURORA OF STATESVILLE

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**1902 ORA DRIVE
STATESVILLE, NC 28625**

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D 161	<p>Continued From page 2</p> <p>-There was no documentation of the LHPS competency validation.</p> <p>-On 7/22/15 the Facility Nurse completed an LHPS competency validation sheet for Staff B.</p> <p>Refer to Interview with the Administrator on 7/23/15 at 9:15am.</p> <p>B. Review of Staff C's personnel record revealed:</p> <p>-A hire date of 7/2/15.</p> <p>-She was hired as a personal care aide.</p> <p>-There was no documentation of the LHPS validation.</p> <p>-On 7/22/15 the Facility Nurse completed an LHPS validation sheet for Staff C.</p>	D 161	<p>assignment. Management staff of Aurora of Statesville will utilize the New Hire Checklist- (Attachment A) and the Orientation Outline- (Attachment B) to assure Competency Validation for Licensed Health Professional Support Task are completed.</p>	
	<p>Refer to Interview with the Administrator on 7/23/15 at 9:15am.</p> <p>C. Review of Staff F's personnel record revealed:</p> <p>-A hire date of 5/6/15.</p> <p>-She was hired as a personal care aide.</p> <p>-There was no documentation of the LHPS competency validation in Staff F's personnel record.</p> <p>-On 7/22/15 the Facility Nurse completed an LHPS competency validation.</p> <p>Refer to Interview with the Administrator on 7/23/15 at 9:15am.</p> <p>Interview on 7/23/15 at 2:35pm with Staff F revealed:</p> <p>-Staff F was a Personal Care Aide.</p> <p>-Staff F had been working as a PCA for 15 years.</p> <p>-Staff F completed orientation training in three days, prior to working with residents at the facility.</p> <p>-Staff F stated that the Facility Nurse had completed the LHPS competency validation sheet on 7/22/15.</p>			

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D 161	Continued From page 3 Interview on 7/23/15 at 9:15am with the Administrator revealed: -The nurse completes the medication administration clinical skills checklist. -She was aware that medication aide qualification and training documents were not located in the personnel records on 7/16/15. -The nurse completed the LHPS competency validation on 7/22/15.	D 161		
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration.	D 164		

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D 164	Continued From page 4 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that three of three sampled medication aides (Staff A, Staff B, and Staff D) received training by a licensed health professional on the care of diabetic residents prior to administering insulin to residents. The findings are: A. Review of Staff A's personnel record revealed: -She was hired on 6/5/15. -She was hired as a medication aide. -She passed the medication exam on 5/25/11. -There was no documentation of training on the care of residents with diabetes. Refer to interview with the Personal Care Coordinator on 7/23/15 at 2:40 pm. B. Review of Staff B's personnel record revealed: -He was hired on 4/8/15. -He was hired as a medication aide. -He passed the medication exam on 8/28/13. -There was no documentation of training on the care of residents with diabetes. Refer to interview with the Personal Care Coordinator on 7/23/15 at 2:40 pm. C. Review of Staff D's personnel record revealed: -She was hired on 5/26/15. -She was hired as a medication aide. -She passed the medication exam on 9/24/14. -There was no documentation of training on the care of residents with diabetes. Interview with the Personal Care Coordinator on 7/23/15 at 2:40 pm revealed all medication aides	D 164	In accordance with rule 10A NCAC 13F .0505 Training on Care Of Diabetic Resident, Aurora of Statesville has provided all unlicensed staff, administering insulin, with training on care of Diabetic Resident from facility registered nurse. Aurora of Statesville has included a Training on Care of Diabetic Resident Form- (Attachment C) that has been added to the Orientation Outline- (Attachment B). Facility registered nurse has been made aware, and will train all unlicensed staff who will administer insulin during new hire orientation. To confirm compliance, the BOC will utilize the New Hire Checklist (Attachment A).	9-6-15 Immediate Ongoing

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D 164	Continued From page 5 administer Insulin. Interviews with two of the Medication Aides revealed they had previous training on diabetes at other assisted living facilities.	D 164		
D 166	10A NCAC 13F .0506 Training On Physical Restraints 10A NCAC 13F .0506 Training On Physical Restraints (b) Training shall be provided by a registered nurse and shall include the following: (1) alternatives to physical restraints; (2) types of physical restraints; (3) medical symptoms that warrant physical restraint; (4) negative outcomes from using physical restraints; (5) correct application of physical restraints; (6) monitoring and caring for residents who are restrained; and (7) the process of reducing restraint time by using alternatives. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide training on physical restraints for six of six sampled staff (Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F). The findings are: A. Review of Staff A's personnel record revealed: -A hire date of 6/5/15. -They were hired as a medication aide. -There was no documentation of restraint training in the personnel file.	D 166	In accordance with rule 10A NCAC 13F .0506 Training on Physical Restraints, Aurora of Statesville has provided all unlicensed care staff with Training on Physical Restraints. Aurora of Statesville has included a Training on Physical Restraints Form in the New Hire Checklist- (Attachment A), and orientation Outline- (Attachment B). All staff will receive training provided by facility registered nurse on physical restraints during orientation.	9-6-15 Immediate 3 Ongoing

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D 166	Continued From page 6 Refer to Interview with the Personal Care Coordinator on 7/23/15 at 2:40 pm. B. Review of Staff B's personnel record revealed: -A hire date of 4/8/15. -They were hired as a medication aide. -There was no documentation of restraint training in the personnel file. Refer to Interview with the Personal Care Coordinator on 7/23/15 at 2:40 pm. C. Review of Staff C's personnel record revealed: -A hire date of 7/2/15. -They were hired as a personal care aide. -There was no documentation of restraint training in the personnel file. Refer to Interview with the Personal Care Coordinator on 7/23/15 at 2:40 pm. D. Review of Staff D's personnel record revealed: -A hire date of 5/26/15. -They were hired as a medication aide. -There was no documentation of restraint training in the personnel file. Refer to Interview with the Personal Care Coordinator on 7/23/15 at 2:40 pm. E. Review of Staff E's personnel record revealed: -A hire date of 6/4/15. -They were hired as a personal care aide. -There was no documentation of restraint training in the personnel file. Refer to interview with the Personal Care Coordinator on 7/23/15 at 2:40 pm.	D 166		

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D 166	<p>Continued From page 7</p> <p>F. Review of Staff F's personnel record revealed: -A hire date of 5/6/15. -They were hired as a personal care aide. -There was no documentation of restraint training in the personnel file.</p> <p>Observation during the initial tour on 7/21/15 between 9:00am and 11:00am revealed there was one resident who used a lap buddy in a wheelchair.</p> <p>Review of a physician restraint order for the resident revealed: -The lap buddy was in place as an assistive device, rather than restrictive. -The order documented the restraint must be checked every 30 minutes and released every 2 hours.</p> <p>Observations on 7/21/15 through 7/23/15 revealed: -Facility staff checking on the resident. -Facility staff removing the lap buddy at meals, and group settings. -The resident using the lap buddy as a table top. -The resident was not trying to get the lap buddy off.</p> <p>Confidential interviews with 3 staff revealed: -They were aware that the lap buddy needed to be removed at meals. -They were aware that the device needed to be checked every 30 minutes. -They were not aware that the device was considered a restraint. -They did document when they checked and removed the device.</p>	D 166		

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D 166	Continued From page 8 Interview on 7/23/15 at 2:40 pm with the Personal Care Coordinator revealed: -The staff had not received "Specific restraint training". -When the staff have their three day orientation restraint usage is gone over with them.	D 166		
D 176	10A NCAC 13F .0601 (a) Management Of Facilities 10A NCAC 13F .0601 Management Of Facilities (a) An adult care home administrator shall be responsible for the total operation of an adult care home and shall also be responsible to the Division of Health Service Regulation and the county department of social services for meeting and maintaining the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term administrator also refers to co-administrator where it is used in this Subchapter. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews, and interviews, the facility failed to assure an administrator or administrator in charge was responsible for the total operation of the home, to meet and maintain rules responsible to the Division of Health Service Regulation and the	D 176	In accordance with rule 10A NCAC 13F .0601 (a) Management Of Facilities, Aurora of Statesville has appointed a Full-Time Administrator responsible to the total operation of the adult care home since 6-2-15. Administrator receives ongoing training and is working closely with Corporate Staff to bring, and keep the community in compliance with state regulations. In the absence of the administrator, a shift to shift supervisor in charge has been appointed. Departmental Management is available and on call 7 days a week.	Immediate and Ongoing

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D 176	Continued From page 9 county department of social services. The findings are: 1) Based on observations, record reviews, and interviews, the facility failed to assure 1 of 4 sampled residents (#3) who had falls in the facility had not received supervision in accordance with the resident's needs in the area of fall prevention. [Refer to Tag 270 10A NCAC 13F .0901 (a) Personal Care and Supervision (Type B Violation)]. 2) Based on observations, record reviews, and interviews, the facility failed to assure medications (Humalog, Novolin R, Oxybutynin ER 10mg, and Hydralazine 25mg.) were administered as ordered by a licensed prescribing practitioner to 4 of 7 (#1, #2, #6, and #7 sampled residents. [Refer to Tag 358 10A NCAC 13F .1004 (a) Medication Administration (Type B Violation)]. 3) Based on observations, interviews, and record reviews, the facility failed to maintain an adequate supply of lancets for residents with orders for fingerstick blood sugars (FSBS) and sliding scale insulin. [Refer to Tag 370 10A NCAC 13F .1004 (m) Medication Administration (Type B Violation)]. 4) Based on interview and record review, the facility failed to assure two of six sampled staff persons (Staff F and Staff B) had a criminal background check in accordance with G.S. 114-19.10 and 131D-40 (A). [Refer to Tag 139 10A NCAC 13F .0407 (a)(7) Other Staff Qualifications]. 5) Based on interview and record review, the facility failed to assure one of three staff (Staff A)	D 176	

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D 176	<p>Continued From page 10</p> <p>reviewed, who administered medications, were clinically validated to administer medications. [Refer to Tag 934 G.S 131D-4.5B(a) Infection Prevention Requirements].</p> <p>6) Based on interview and record review, the facility failed to assure that three of six staff sampled (Staff B, Staff C, and Staff F) were competency validated for Licensed Health Professional Support (LHPS) tasks. [Refer to Tag 161 10A NCAC 13F .0504 (a) Competency Validation for LHPS Tasks].</p> <p>7) Based on interview and record review, the facility failed to assure that three of three sampled medication aides (Staff A, Staff B, and Staff D) received training by a licensed health professional on the care of diabetic residents prior to administering insulin to residents. [Refer to Tag 164 10A NCAC 13F .0505 Training Care of Diabetic Residents].</p> <p>8) Based on record review and interview, the facility failed to provide training on physical restraints for six of six sampled staff (Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F). [Refer to Tag 186 10A NCAC 13F .0506 Training on physical restraints].</p> <p>9) Based on observations, interviews, and record reviews, the facility failed to assure medication orders for Prilosec, Tricor, Trilafon, Elavil, Hydrocortisone Cream, Humalog Insulin for Sliding Scale, and Quetiapine, were clarified with the resident's prescribing practitioner for 1 of 5 sampled residents (Resident #1). [Refer to Tag 344 10A NCAC 13F .1002 (a) Medication Orders].</p> <p>10) Based on observations, record reviews, and interviews, the facility failed to assure accurate</p>	D 176	

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D 176	Continued From page 11 documentation of medication administration on 3 of 7 sampled residents' Medication Administration Records (MARs). (Residents #1, #2, #6.) [Refer to Tag 367 10A NCAC 13F .1004 (j) Medication Administration]. 11) Based on interview and record review, the facility failed to assure an examination and screening for the presence of controlled substances was performed for two of six sampled staff (Staff B and Staff F) who required pre-employment drug screening. [Refer to Tag 992 G.S. 131D-45 Examination and Screening]. Interview on 7/23/15 at 2:45pm with the facility's operational director revealed the facility had a new Administrator and she is working closely with her to get the facility to where it needs to be. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 6, 2015.	D 176		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE B VIOLATION	D 270		
	Based on observations, record reviews, and interviews, the facility failed to assure 1 of 4			

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D 270	Continued From page 13 awareness of physical environment. -The resident scored 2 points for being impulsive. -The resident scored 4 points for lack of understanding of one's physical and cognitive limitations. Continued review of an "Elopement Risk Assessment Form" dated 5/21/15 in Resident #3's record revealed: -She was able to ambulate independently without the use of an assistive device. -She was cognitively impaired with poor decision-making skills. -The summary of Assessment documented "Resident is at risk for elopement at this time". -Utilization of frequent monitoring; check every 30 minutes.	D 270	Aurora of Statesville will assure that all staff are aware of facility Fall Prevention Program- (Attachment F). Staff will be made aware of changes to resident care plans during shift "stand-up" care meetings, and memos from care coordinators indicating new changes.	
	Review of Resident #3's record revealed documentation of 2 falls in May 2015. Review of an incident/accident report of a fall for Resident #3 dated 5/20/15 at 3:00pm revealed "Family member was in room with [Resident #3 name] and said that she was walking and her feet got tangled up." Review of a "staffing note" in Resident #3's record dated 5/20/15 at 4:00pm after a fall documented "Resident was sent to [local hospital name]. Resident returned with steri-strips and arm sling. Resident has a humeral surgical neck fracture." Review of an incident/accident report for Resident #3 dated 5/20/15 at 7:15pm revealed "Resident was bleeding from site of previous incident. Bleeding from wound above right eye. C/O [complained of] pain due to fall from earlier today. EMS called, resident taken to [local hospital			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2015
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NAME OF PROVIDER OR SUPPLIER
AURORA OF STATESVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE
**1902 ORA DRIVE
STATESVILLE, NC 28825**

(X4) D 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)	(X6) COMPLETE DATE
D 270	<p>Continued From page 14 name] via ambulance."</p> <p>Continued review of the staffing note for Resident #3 dated 5/20/15 at 10pm documented "Resident was sent out again, she removed her steri-strips and wound opened and couldn't cease bleeding "</p> <p>Review of a staffing note in Resident #3's record dated 5/25/15 at 7:00am documented "Resident was coming out of her room door and she didn't see the MT [medication tech] coming down the hall. Resident walked into the medication tech and lost her balance and fell. Med Tech caught resident and lowered her to the floor."</p> <p>Review of Resident #3's record revealed documentation of 3 falls in June 2015.</p> <p>Review of a staffing note in Resident #3's record dated 6/10/15 at 1:30am documented "Resident fell out of bed, hit head on night stand, small cut bleeding on right side of head, Resident was sent to the ER at [local hospital name] to be checked out."</p> <p>Review of an incident/accident report for Resident #3 dated 6/10/15 revealed "Resident fell out of bed, hit her head, small cut on right side of head. Resident was sent out to ER at [local hospital name] to be checked out. Found lying on floor beside bed."</p> <p>Review of a staffing note in Resident #3's record dated 6/11/15 at 11:03am documented "Resident slid out of bed, didn't get hurt. Resident was checked over for bruises and cuts, none was found."</p> <p>Review of a "Physician Treatment Form" dated 6/11/15 revealed:</p>	D 270		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		HAL049028		
NAME OF PROVIDER OR SUPPLIER AURORA OF STATESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1902 ORA DRIVE STATESVILLE, NC 28625		
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D 270	Continued From page 15 -Resident slid out of bed. Resident was not hurt." -Physician response "Ok, Thank you." Review of an Incident/accident report dated 6/11/15 at 11:03am documented "Heard whimpering like sounds, entered her room. It appeared she had slid off of her bed onto her left side, resident was uninjured." Review of an incident accident report dated 6/30/15 at 10:00am documented "Was upset and slid to the floor, in the process hit her head on the rail." Review of a "Physician Treatment Form" dated 6/30/15 revealed: -Resident had fell to the floor and hit her head in the process." -Physician response "Send Pt to ED for evaluation." Review of Resident #3's record revealed documentallon of seven falls in July 2015. Review of an Incident/accident report dated 7/1/15 at 9:00pm documented "Roommate stated Resident #3 slid out of bed trying to sit up on side of bed." Review of an "In House Physician Treatment Form" dated 7/4/15 revealed: -Resident was walking into med office and tripped, fell into door, hitting her head. Resident was checked for injuries none found." -Physicians response was "Ok". Review of an Incident/accident report dated 7/4/15 at 6:20pm documented "Resident was walking into med office and fell coming through door, resident hit head on door."	D 270		

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D 270	Continued From page 16 Review of incident/accident report dated 7/5/15 at 10:55am revealed "Resident was going outside to see her roommate. Resident lost her balance and fell on her bottom, no injuries." Review of a "staffing note" in Resident #3's record dated 7/5/15 at 12:00pm documented "Resident walked outside to see her roommate and lost her balance and fell. Resident fell on her bottom. No apparent injuries other than a scrap on her elbow ..." Review of a "Physician Treatment Form" dated 7/5/15 revealed: -"Resident fell outside on her bottom no apparent injuries other than a small scrap on elbow." -No physician response. Review of a "Physician Treatment Form" dated 7/6/15 revealed: -"Resident fell twice over the weekend. She was sent to ER on Mon [Monday] to be checked ..." -No physician response. Review of a staffing note in Resident #3's record dated 7/8/15 at 3:30 pm revealed "Resident came out of kitchen. She looked like she was upset. She started stomping her feet, then threw herself against the wall. She fell to the floor and hit her head when she went to the floor." Review of a "Physician Treatment Form" communication from the facility to the physician dated 7/8/15 revealed: -The concern section "Resident fell in the floor while ambulating. Hit her head on side rail." -Physicians response "Ok. We are seeing her today."	D 270		

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D 270	<p>Continued From page 17</p> <p>Review of a "Physician Treatment Form" communication from the facility to the physician dated 7/9/15 revealed: - "Resident was sent out for a fall ..." - Physician response "Ok, we are seeing her today".</p> <p>Review of a physician order form dated 7/16/15 revealed: - Resident sent to ED [emergency department] for fall. - "Due to high fall risk I cannot order more meds or higher doses for her behaviors. Actually, her psyche meds should be tapered to some degree since none of them control her behaviors adequately since they are related to her severe autism and MR [mental retardation] especially at her age."</p> <p>Review of the "Resident Fall Policy and Procedure Interventions" provided by the facility during the survey revealed: - Assess environment for hazards and correct. - Notify physician for a review of medications and evaluation for repeat falls. - Refer to Home Health for PT evaluation for strengthening and balance training if a fall while ambulating. - If falling from bed, initiate a low bed situation with mattress on floor and mat beside it. - Alarms obtained for wheelchair and bed. - Encourage staff to anticipate needs of resident and act proactively before an incident occurs. - Anyone admitting with notation or suspicion of fall risk will be automatically referred to Home Health for evaluation.</p> <p>Interview on 7/22/15 at 10:02am with Resident #3's Responsible Person [a family member] revealed;</p>	D 270		

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D 270	<p>Continued From page 18</p> <ul style="list-style-type: none"> -Resident #3 had a pattern of falling when she did not get her way. -They felt like the facility was doing all they could for her. -Resident #3 was on medications that worked at one time until a doctor took her off of everything, and she got worse. -They could not remember which medications Resident #3 was on. -The facility called hlm when Resident #3 fell. -They had been made aware of the number of falls the resident had. -Resident #3's behaviors seemed to be getting worse as she got older. -Resident #3 fell with a family member and broke her arm on the day of admission. -They did not know what the facility could do to prevent Resident #3 from falling. <p>Confidential Interviews with four staff revealed:</p> <ul style="list-style-type: none"> -They felt that Resident #3 would fall on purpose. -It seemed that Resident #3 fell when she was told "No". -They had seen Resident #3 fall down without any cause. -Resident #3 had good days and bad days. -They monitor Resident #3 frequently, sometimes checking as often a 15 minutes. -Resident #3 falls at different times of the day-hard to tell if there is a pattern to the falls. -Sometimes they will walk with the resident holding her hand and that seems to calm her down. -They had never seen the resident try to leave the building without supervision. <p>Interview with the Assisted Living Resident Care Director (RCD) on 7/22/15 at 2:10pm revealed:</p> <ul style="list-style-type: none"> -When a resident had multiple falls they increased the frequency of checks from every 2 	D 270		

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D 270	<p>Continued From page 19</p> <p>hours to 30 minutes to 15 minutes.</p> <p>-We have residents on 2 hour, 1 hour, 30 minute, and 15 minute checks.</p> <p>-Resident #3 has had Physical Therapy (PT) working with her.</p> <p>-The Physical Therapy (PT) was started as a result of Resident #3's falls.</p> <p>-The PT does not seem to help much.</p> <p>-PT works with her 2 to 3 times per week.</p> <p>-She believed that Resident #3's falls had a lot to do with her behavior.</p> <p>-The staff had given Resident #3 more frequent attention and that seemed to help some.</p> <p>-Resident #3 did not seem to have any problems walking.</p>	D 270		
	<p>Interview on 7/23/15 at 2:45pm with Resident #3's primary care physician revealed:</p> <p>-She felt that the resident, due to her diagnoses of Autism and Mental Retardation, purposely would fall to the ground when she did not get her way.</p> <p>-She had seen the resident fall down on the floor and act out when staff were trying to redirect her.</p> <p>-The resident did not have the ability to make sound decisions and could fall and hurt herself by accident.</p> <p>-The resident's falls were related to behavioral issues rather than health issues.</p> <p>-Because of the resident's diagnoses she was limited to the medications she could take.</p> <p>-She felt like the facility was doing everything they could for the resident.</p> <p>-The facility made her aware of all the falls and concerns about the resident.</p> <p>-She felt that regardless of where the resident was living the same issues would still exist.</p> <p>-As the resident got older she was going to have more behavioral issues and it would be harder to adjust the medications.</p>			

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D 270	<p>Continued From page 20</p> <ul style="list-style-type: none"> -Assistive devices would not work with the resident since her falls were related to behaviors. -Interventions you would normally put into place with medically related falls would not work with falls that were behavioral in nature, and may cause even more falls. -The staff should continue to monitor, and check on the resident "like they are doing now". -The Physical Therapy had not helped much, and was put in place to protect the facility. <p>Observation between 7/22/15 and 7/23/15 at various times revealed:</p> <ul style="list-style-type: none"> -Staff from first and second shift walking with resident #3. -Resident #3 ambulating by herself with no difficulty. -Resident #3's gait was steady and she did not appear to have any trouble ambulating. <p>The facility provided the following plan of protection:</p> <ol style="list-style-type: none"> 1) All residents who have had a fall within the last 14 days will be assessed for further interventions. 2) All residents who present as a risk will have additional interventions implemented. <p><u>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 6, 2015.</u></p>	D 270		
D 344	<p>10A NCAC 13F .1002(a) Medication Orders</p> <p>10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for</p>	D 344		

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D 344	<p>Continued From page 21</p> <p>medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure medication orders for Prilosec, Tricor, Trilafon, Elavil, Hydrocortisone Cream, Humalog Insulin for Sliding Scale, and Quetiapine, were clarified with the resident's prescribing practitioner for 1 of 5 sampled residents (Resident #1).</p> <p>The findings are: Review of Resident #1's current FL2 dated 7/10/15 revealed no documented diagnoses. Review of the resident's prior FL2 dated 6/5/14 revealed diagnoses of diabetes, schizoffective disorder, bipolar disorder, vascular dementia, elevated lipids, and gastroesophageal reflux disease (GERD.) Record review revealed an admission date for Resident #1 of 6/5/14. Review of Resident #1's 7/10/15 FL2 revealed medication orders that included: - Prilosec 40mg, 1 twice daily before meals, (Prilosec is a medication used to treat GERD).</p>	D 344	<p>In accordance with rule 10A NCAC 13F .1002(a), Aurora of Statesville will assure all medication orders are clarified or verified upon admission or readmission to the facility, if orders are not complete, or if there are multiple forms that do not reflect the same orders. All resident orders needing clarification will be have been clarified by the appropriate physician or prescribing practitioner utilizing the medical ordering process procedure (Attachment G).</p>	<p>Immediately 3 Ongoing</p>

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D 344	<p>Continued From page 22</p> <ul style="list-style-type: none"> - Tricor 144mg, 1 daily. (Tricor is a medication used to treat elevated blood lipids.) - Trilafon 6mg, three times a day. (Trilafon is a medication used to treat psychosis.) - Elavil 75mg, 1 tablet at bedtime. (Elavil is a medication used to treat depression.) - Hydrocortisone 1% cream, apply every six hours. (Hydrocortisone is a steroid cream used to treat various skin conditions including redness and itching.) <p>Review of a signed physician's order sheet dated 6/3/15 for Resident #1 revealed medication orders included:</p> <ul style="list-style-type: none"> - Pantoprazole 40mg, 1 twice daily each morning and at bedtime. (Pantoprazole is a medication in the same family as Prilosec and is used to treat GERD.) - Tricor 180mg, 1 tablet daily. - Perphenazine (Generic Trilafon) 4mg, 1 tablet three times a day. - No order for Elavil. - Hydrocortisone 0.5% cream, apply as small amount to affected area every 6 hours as needed. - Humalog, sliding scale insulin (SSI) before meals, 150-200= 2 units, 201-250= 4 units, 251-350= 6 units, 351-400=8 units, above 400, call MD. (Humalog is a quick acting insulin used to treat elevated blood sugar levels around mealtimes.) - Quetiapine 400mg, 1 tablet at bedtime. (Quetiapine is a medication used to treat psychosis.) <p>Review of Resident #1's medication administration records (MARs) for June and July 2015 revealed the resident's medications were being administered per the 6/3/15 medication orders.</p>	D 344		

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D 344	<p>Continued From page 23</p> <p>Review of Resident #1's record revealed no documentation the facility attempted to contact the resident's physician to clarify the discrepancies between Resident #1's 6/3/15 orders and the medication orders on the 7/10/15 FL2.</p> <p>Observation of Resident #1's medications on hand on the morning of 7/22/15 revealed the medications available to administer matched the 6/3/15 orders.</p> <p>Observation of a medication pass on 7/21/15 at 11:58am revealed Resident #1 received SSI per the 6/3/15 orders with a fingerstick blood sugar of 270.</p>	D 344		
	<p>Interview with the Resident Care Coordinator (RCC) on 7/23/15 revealed:</p> <ul style="list-style-type: none"> - It is the responsibility of the medication aide on duty to fax new orders to the pharmacy. - The medication aides, supervisors, and the RCC all check the MARs monthly for accuracy with the current medication orders. <p>Interview with the pharmacy of contract on 7/22/15 at 3:02pm revealed:</p> <ul style="list-style-type: none"> - The most recent orders they had for Resident #1 were dated 6/3/15, and they did not have the 7/10/15 FL2 medication orders. - They usually receive medication orders from the facility via fax. <p>Continued review of Resident #1's record revealed:</p> <ul style="list-style-type: none"> - An order from the resident's primary care physician dated 7/23/15 that clarified Resident #1's current medications to match the 6/3/15 medication order list. 			

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D 344	Continued From page 24 The facility waited 13 days to clarify Resident #1's active medication orders. Interview with Resident #1 on 7/21/15 at 10:25am revealed: - He believed he received his medications as ordered by his physician. - The facility never ran out of his medications. Attempts to reach Resident #1's primary care physician prior to exit were unsuccessful.	D 344		
D 358	10A NCAC 13F .1004(a) Medication Administration	D 358		
	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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews, and interviews, the facility failed to assure medications (Humalog, Novolin R, Oxybutynin ER 10mg, and Hydralazine 25mg,) were administered as ordered by a licensed prescribing practitioner to 4 of 7 (#1, #2, #6, and #7 sampled residents).			
	The findings are:			

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D 358	Continued From page 26 that day from a local pharmacy. - The residents always get their FSBS, but on the days they ran out of lancets, they are performed late, including the FSBS necessary for SSI administration. Per observation, there were no lancets in this medication cart available for use to obtain FSBS at this time. Per observation, the Administrator gave the MA a box of 25 disposable lancets at 9:30am at 7/22/15, and the MA proceeded to obtain FSBS at that time, one and one-half hours after breakfast was served.	D 358	Aurora of Statesville staff will be trained on documentation using the resident MAR Documentation Policy and Procedure (Attachment I). Medication Aides will be trained on how to document and notify the physician following a residents refusal of medications or dosage omission using the MAR Documentation Policy & Procedure-(Attachment I), and the Physician Notification of Resident Refusal of Medication form- (Attachment J).	9-6-15
	Interview with Resident #1 on 7/22/15 at 9:15am revealed: - He believed he had received his SSI that morning before breakfast. Interview with the MA confirmed this resident received his SSI insulin after breakfast this morning instead of before breakfast as ordered by his physician. Record review revealed Resident #1 received 2 types of insulin in the morning, Novolog and Levemir. (Levemir is an long acting Insulin used as a basal dose to control blood sugars throughout the day.) Review of physician order dated 7/23/15 revealed Resident #1's current order for Levemir called for 10 units administered twice daily. Review of Resident #1's July 2015 Electronic Medication Administration Record (eMAR) on the afternoon of 7/22/15 revealed no entry for a morning FSBS or administration of Levemir or SSI.			Immediate 3 Ongoing

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2015	
NAME OF PROVIDER OR SUPPLIER AURORA OF STATESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1902 ORA DRIVE STATESVILLE, NC 28625		
(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 27</p> <p>Review of Resident #1's eMAR for June 2015 revealed a FSBS range of 91-489.</p> <p>Review of Resident #1's eMAR for July 2015 revealed a FSBS range of 149-364.</p> <p>Interview with the MA at 9:32am on 7/22/15, she confirmed Resident #1 received his SS1 and Levemir on the morning of 7/22/15, but she did not know how to alter the eMAR to reflect the administration.</p> <p>2. Continued review of Resident #1's record revealed a subsequent medication order for Resident #1 dated 7/17/15 for Oxybutynin 10mg ER, 1 tablet every morning for bladder. (Oxybutynin is a medication used to treat overactive bladder.)</p>	D 358	<p>Medication Aide Staff will be retrained on cart audit policy. The care coordinators will also conduct cart audit checks to assure medication availability and use. Care Coordinators and</p>	9-6-15 3 Ongoing
	<p>Review of Resident #1's July 2015 Electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> - An entry for Oxybutynin 10mg ER, 1 tablet each morning with a scheduled administration time of 8am. - The Oxybutynin 10mg ER had been documented as administered on 7/19/15, 7/20/15, 7/22/15, 7/23/15, and refused on 7/21/15. <p>Observation of the resident's medications on hand revealed:</p> <ul style="list-style-type: none"> - On 7/22/15 at 4:40pm, Resident #1 had no Oxybutynin 10mg ER available to administer. - On 7/23/14 at 2:22pm, Resident #1 had a bottle of Oxybutynin 10mg ER available to administer, with a label that noted a dispense date of 7/22/15 for a quantity of 7 from the pharmacy of contract. - The bottle of Oxybutynin 10mg ER contained 6 tablets. 		<p>Medication Aids will use Weekly Cart Audit Policy Procedure- (Attachment K) to conduct audits.</p> <p>Care Coordinators will audit facility medical supplies and give a weekly report of facility inventory, using the Monthly Inventory form- (Attachment H) to Administrator every Wednesday. Administrator will be responsible for medical</p>	7-23-15 3 Ongoing

Division of Health Service Regulation		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2015
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028		

NAME OF PROVIDER OR SUPPLIER AURORA OF STATESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1902 ORA DRIVE STATESVILLE, NC 28625
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D 358	<p>Continued From page 28</p> <p>Confidential interview with staff revealed she had administered Resident #1's Oxybutynin 10mg ER this morning (7/23/15), but was not sure about the other days it was documented as administered.</p> <p>Interview with the Resident Care Coordinator (RCC) on 7/23/15 at 10:00am revealed the medication aide or supervisor on duty was responsible for faxing all orders to the pharmacy.</p> <p>Interview with the RCC on 7/23/14 at 2:40pm revealed she was unaware of any other source of Oxybutynin 10mg ER for Resident #1.</p> <p>Interview with the pharmacist at the dispensing pharmacy on 7/23/15 at 3:45pm revealed:</p> <ul style="list-style-type: none"> - They received the Oxybutynin 10mg ER order for Resident #1 late on 7/17/15. - They did not dispense the Oxybutynin 10mg ER until 7/22/15, and only for a weeks supply. - The pharmacist believed the delay was due to Resident #1 receiving his medications from the Veteran's Administration (VA) pharmacy, i.e. they didn't know whether to send the medication or just profile it on the eMAR. <p>Based on review of Resident #1's July 2015 eMAR, Oxybutynin 10mg ER was documented as administered on 7/19/15, 7/20/15 and 7/22/15, and once refused on 7/21/15, 4 days prior to the medication being available in the facility to administer.</p> <p>Interview with Resident #1 on 7/23/15 at 11:15am revealed he believed he received his medications as ordered by his physician.</p> <p>B. Review of Resident #6's FL2 dated 6/16/14 revealed:</p> <ul style="list-style-type: none"> - Diagnoses of Insulin dependent diabetes, 	D 358	<p>supply ordering using a medical supply vendor monthly or as needed to assure that medications are accurately and safely measured. Administrator will assure that there is at least an 8 day supply of lancets in the facility.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		HAL049028		
NAME OF PROVIDER OR SUPPLIER AURORA OF STATESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1902 ORA DRIVE STATESVILLE, NC 28625		
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D 358	<p>Continued From page 29</p> <p>anxiety, depression, and below the knee amputation.</p> <ul style="list-style-type: none"> - A medication order for Novolin R SSI twice daily, 160-200= 4 units, 201-250= 6 units, 251-300= 8 units, 301-350= 10 units, 351-400= 12 units, and above 400, 14 units and call MD. <p>Review of Resident #8's July 2015 Electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> - An entry for Novolin R, FSBS twice daily with SSI, and scheduled administration times of 7:00am and 4:00pm. - The 7:00am FSBS and Novolin R SSIs were circled as not administered on 7/21/15 and 7/22/15. - The 4:00pm FSBS and Novolin R SSIs were documented as administered on 7/21/15 with a FSBS of 306 and SSI dose of 10 units, and a FSBS of 267 on 7/22/15 with a SSI dose of 8 units. - Resident #8's FSBS for July 2015 ranged from 64 to 346. <p>Interview with a Medication Aide (MA) on 7/21/15 at 8:05am revealed:</p> <ul style="list-style-type: none"> - She did not have any lancets available to perform fingerstick blood sugars (FSBS) this morning (7/22/15). - FSBS were not performed on any of the 8 residents on her hall with orders for FSBS including 2 residents (#1 and #5) with SSI orders. - Over the past 6 weeks, she ran out of lancets 3 times. - When they (the MAs) ran out of lancets, they told the administrator or business office manager, and the administrator picked up lancets that day from a local pharmacy. - The residents always get their FSBS, but on the days they run out of lancets, they are performed 	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2015
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NAME OF PROVIDER OR SUPPLIER
AURORA OF STATESVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE
**1902 ORA DRIVE
STATESVILLE, NC 28625**

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D 358	<p>Continued From page 30</p> <p>late, including the FSBS necessary for SSI administration.</p> <p>Per observation, there were no lancets in this medication cart available for use to obtain FSBS at this time.</p> <p>Per observation, the Administrator gave the MA a box of 25 disposable lancets at 9:30am on 7/22/15, and the MA proceeded to obtain FSBS at that time, two and one-half hours after the scheduled administration time.</p> <p>Interview with Resident #8 on 7/23/15 at 11:25am revealed:</p> <ul style="list-style-type: none"> - On 7/22/15 he got his FSBS and SSI late that day, after breakfast and not before as he usually does. - He could not recall what his FSBS was on the morning of 7/22/15. - He was not sure about the morning 7/21/15 SSI and FSBS. <p>Interview with MA revealed:</p> <ul style="list-style-type: none"> - Resident #8 got his FSBS and SSI on the morning of 7/22/15 after the Administrator brought some disposable lancets to the facility at 9:30am. - She did not know how to change to eMAR to reflect the administered dose of insulin. - She was not sure about the 7am FSBS and SSI on 7/21/15. <p>C. Review of Resident #2's current FL2 dated 3/25/15 revealed:</p> <ul style="list-style-type: none"> - Diagnoses which included dementia, congestive heart failure, and coronary artery disease. - A physician's order for Hydralazine (used to treat high blood pressure) 25mg three times daily, hold if systolic blood pressure is less than 140, and 	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2015
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D 358	<p>Continued From page 31</p> <p>Carvedilol (used to treat high blood pressure and congestive heart failure) 6.25mg twice daily.</p> <p>Review of the Resident Register for Resident #2 revealed she was admitted to the facility on 3/25/15.</p> <p>Review of the resident's electronic Medication Administration Records (eMARs) for June 2015 revealed:</p> <ul style="list-style-type: none"> -Hydralazine 25mg was documented as administered on the eMAR 33 times in June 2015 when the systolic blood pressure was less than 140. - Examples of blood pressure results were: 6/10 = 110/62 at 9am, 6/15 = 108/64 at 9am and 106/62 at 1pm, 6/26 = 108/68 at 1pm, 6/29 = 108/64 at 9am, 108/64 at 1pm and 103/66 at 9pm. -Blood pressure checks were not documented on the eMAR 7 occurrences (6/3, 6/5, 6/8, 6/9, 6/11, 6/13, and 6/14) for the 9:00am dose. -Blood pressure checks were not documented on the eMAR 7 occurrences (6/3, 6/4, 6/8, 6/13, 6/17, 6/23, and 6/27) for the 1:00pm dose. -Blood pressure checks were not documented on the eMAR 2 occurrences (6/9 and 6/10) for the 9:00pm dose. - Documentation was absent regarding why the blood pressures were not done. <p>Review of the resident's eMARs for July 2015 revealed:</p> <ul style="list-style-type: none"> - Hydralazine 25mg was documented as administered on the eMAR 22 times from July 1st through the 22nd at 1:00pm, when the systolic blood pressure was less than 140. - Examples of blood pressure results were: 7/1 = 126/56 at 9am, 7/9 = 120/68 at 9am, 7/11 = 110/70 at 1pm, 7/14 = 120/56 at 9am, and 7/17 = 126/56 at 1pm. 	D 358		

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D 358	Continued From page 32 -Blood pressure checks were not documented on the eMAR 11 occurrences (7/2, 7/7, 7/8, 7/10, 7/12, 7/13, 7/15, 7/16, 7/18, 7/20, and 7/21) for the 9:00am dose. -Blood pressure checks were not documented on the eMAR 6 occurrences (7/4, 7/5, 7/8, 7/16, 7/18, and 7/19) for the 1:00pm dose -Blood pressure checks were not documented on the eMAR 3 occurrences (7/2, 7/8, and 7/15) for the 9:00pm dose. - Documentation was absent regarding why the blood pressures were not done. Confidential interview with staff revealed: - The blood pressure checks on Resident #2 were performed but were not documented on the eMAR. - "They [blood pressures] were not documented because the medication was held." Interview with Resident #2's Primary Care Provider (PCP) on 7/23/15 at 3:10pm revealed: - She was unaware that Resident #2 had been administered Hydralazine 25mg a total of 33 occurrences in June and a total of 22 occurrences in July when the blood pressure readings were below the ordered parameters. - She was unaware that staff had not checked blood pressure readings for 36 occurrences from June 3rd 2015 to July 22nd 2015. - She was going to decrease the dose of Hydralazine 25mg to twice daily, and continue the orders to hold if the systolic blood pressure is less than 140. Interview with Resident #2 on 7/23/15 at 2:30pm revealed: - She did not have any issues with her medications. - She received her medications on time.	D 358		

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D 358	<p>Continued From page 33</p> <ul style="list-style-type: none"> - She has never ran out of any medications. <p>D. Review of Resident #7's FL2 dated 8/26/14 revealed:</p> <ul style="list-style-type: none"> - Diagnosis of dementia. - No documented diagnosis of Diabetes. - A physician's order for finger stick blood sugar (FSBS) before meals and at bedtime. - A physician's order for Novolog slding scale insulin (SSI): 0-149= 0 units, 150-199= 4 units, 200-249= 6 units, 250-299= 8 units, 300-349=12 units, 350-399= 16 units, 400 and above= 20 units. (Novolog is a quck acting insulin used to treat elevated blood sugar levels around meallimes). - A physician's order for Levemlr inject 12 units subcutaneous at bedtime. (Levemlr is a long acting insulin used to treat elevated blood sugar levels). <p>A signed physician's order for Novolog dated 1/23/15 revealed FSBS before meals and at bedtime SSI: 151-200 = 2 units, 201-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, 351-400 = 10 units, greater than 400 call MD and give 12 units, daily at 8:00am, 12:00pm, 4:30pm, and 9:00pm.</p> <p>A subsequent physclan's order dated 3/2/15 revealed:</p> <ul style="list-style-type: none"> - Discontinue FSBS and Novolog coverage at bedtime. - Continue Novolog SSI three times a day before meals. - Continue Levemlr 12 units at bedtime. <p>Review of the Resident #7's electronic Medication Administration Records (eMARs) for July 2015 revealed:</p> <ul style="list-style-type: none"> - An entry for Novolog 100 units/ml FSBS before 	D 358		

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D 358	<p>Continued From page 34</p> <p>meals, SSI: 151-200 = 2 units, 201-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, 351-400 = 10 units, greater than 400 call MD and give 12 units, with scheduled administration times of 8:00am, 12:00pm, and 5:00pm.</p> <ul style="list-style-type: none"> - The 8:00am FSBS and Novolog SSIs were circled as not administered on 7/22/15. - A documented exception dated 7/22/15 at 8:51am of "physically unable to take" regarding Novolog 100 units/ml. - Resident #7's FSBS for July 2015 ranged from 85 to 300. <p>Confidential interview with staff revealed:</p> <ul style="list-style-type: none"> - They had missed performing Resident #7's FSBS this morning because they did not have any lancets available. - "It [FSBS] was due at 8am, I will do it now [10:00am]." - The Administrator delivered 12 disposable lancets to the medication cart at 10:00am and told staff there were more lancets available if needed. <p>Observation of FSBS performed on Resident #7 at 10:00am on 7/22/15 revealed:</p> <ul style="list-style-type: none"> - A blood glucose level of 266. - Resident #7 received an injection of Novolog 6 units per SSI orders. - FSBS and administration of Novolog was 2 hours past the scheduled time of administration [8:00am]. <p>Based on observation and record review, it was determined Resident #7 was not interviewable.</p> <p>-----</p> <ul style="list-style-type: none"> -The facility provided the following plan of protection: -The Resident Care Coordinators will monitor the 	D 358		

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D 358	Continued From page 35 eMARs for missed entries and assure the medication aides are administering medications as ordered. -An 8 day supply of lancets have been obtained and are in the facility. -The facility will maintain at least an 8 day supply of lancets. -A system has been put into place to generate an order for any lancets or other supplies that drop below an 8 day supply. -The Administrator will be responsible to assure that diabetic supplies including lancets are available in the facility for use with diabetic residents. -The Resident Care Coordinators will do inventory every Wednesday and reorder as needed.	D 358		
D 367	CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 6, 2015. 10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004. Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration;	D 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2015
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STATESVILLE, NC 28625**

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D 367	<p>Continued From page 36</p> <p>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,</p> <p>(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure accurate documentation of medication administration on 3 of 7 sampled residents' Medication Administration Records (MARs). (Residents #1, #2, #6.)</p> <p>The findings are:</p> <p>A. Review of Resident #1's current FL2 dated 7/10/15 revealed no documented diagnoses.</p> <p>Review of the resident's prior FL2 dated 6/5/14 revealed diagnoses of diabetes, schizoaffective disorder, bipolar disorder, and vascular dementia.</p> <p>Record review revealed an admission date for Resident #1 of 6/5/14.</p> <p>Review of Resident #1's 7/10/15 FL2 revealed no medication order for sliding scale insulin (SSI).</p> <p>Review of a signed physician's order sheet dated 6/3/15 for Resident #1 revealed medication orders that included: - Humalog, sliding scale insulin (SSI) before meals, 150-200= 2 units, 201-250= 4 units, 251-350= 6 units, 351-400=8 units, above 400, call MD. (Humalog is a quick acting insulin used to treat elevated blood sugar levels around mealtimes.)</p>	D 367	<p>In accordance to rule 10A NCAC 13F .1004(j) Medication Administration, Aurora of Statesville staff will be trained on documentation using the resident MAR Documentation Policy and Procedure (Attachment I).</p> <p>Medication Aides will be trained on electronic MAR functions and operations immediately and as needed. Medication Administration Record software generates monthly trainings accessible to medication aids and management staff.</p>	<p>9-6-15</p> <p>3</p> <p>Ongoing</p>

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER AURORA OF STATESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1902 ORA DRIVE STATESVILLE, NC 28625		
(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)	(X6) COMPLETE DATE
D 367	Continued From page 37 Record review revealed subsequent clarification orders dated 7/23/15 that confirmed the SSI insulin order from the 6/3/15 orders. Review of Resident #1's eMAR for June 2015 revealed a FSBS range of 91-489. Review of Resident #1's eMAR for July 2015 revealed a FSBS range of 149-364. Interview with a Medication Aide (MA) 8:05am on 7/22/15 revealed: - She did not have any lancets available to perform fingerstick blood sugars (FSBS) this morning (7/22/15). - FSBS were not performed on any of the 8 residents on her hall with orders for FSBS on the morning of 7/22/15, including 2 residents (#1 and #6) with SSI orders. Per observation, there were no lancets in this medication cart available for use to obtain FSBS at this time. Per observation, the administrator gave the MA a box of 25 disposable lancets at 9:30am at 7/22/15, and the MA proceeded to obtain FSBS at that time, one and one-half hours after breakfast was served. Interview with Resident #1 on 7/22/15 at 9:15am revealed: - He believed he had received his SSI that morning before breakfast. Confidential interview with staff confirmed this resident received his SSI insulin after breakfast this morning instead of before breakfast as ordered by his physician.	D 367	Medication Aides will be trained on how to document and notify the physician following a residents refusal of medications or dosage omission using the MAR Documentation Policy & Procedure-(Attachment I), and the Physician Notification of Resident Refusal of Medication form-(Attachment J).	9-6-15 3 Ongoing

Division of Health Service Regulation		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2015
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028		

NAME OF PROVIDER OR SUPPLIER AURORA OF STATESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1902 ORA DRIVE STATESVILLE, NC 28625
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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)	(X6) COMPLETE DATE
D 367	Continued From page 38 Review of Resident #1's electronic Medication Administration Record (eMAR) on the afternoon of 7/22/15 revealed no entry for a morning FSBS or administration of SSI. Interview with the MA on 7/22/15 at 9:42am revealed: - Resident #1 received his SSI on the morning of 7/22/15 after breakfast, but she did not document it on the MAR. - She did not know how to alter the eMAR after an exception was entered to reflect the SSI administration on the morning of 7/22/15. Interview with the Resident Care Coordinator (RCC) on 7/23/15 at 2:40pm revealed: - The MA could not alter the eMARs after an entry was made. - Only the RCC and Special Care Coordinator (SCC) could make those changes. - The MA did not ask her to change Resident #1's MAR to reflect the administration of his morning SSI on 7/22/15. 2. Continued review of Resident #1's record revealed a subsequent medication order for Resident #1 dated 7/17/15 for Oxybutynln 10mg ER, 1 tablet every morning for bladder. (Oxybutynln is a medication used to treat overactive bladder.) Review of Resident #1's July 2015 Electronic Medication Administration Record (eMAR) revealed: - An entry for Oxybutynln 10mg ER, 1 tablet each morning with a scheduled administration time of 8am. - The Oxybutynln 10mg ER had been documented as administered on 7/19/15, 7/20/15,	D 367	Aurora of Statesville will assure all medication orders are clarified or verified upon admission or readmission to the facility, if orders are not complete, or if there are multiple forms that do not reflect the same orders. All resident orders needing clarification will be have been clarified by the appropriate physician or prescribing practitioner utilizing the medical ordering process procedure (Attachment G).	Immediate 3 Ongoing

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2015
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NAME OF PROVIDER OR SUPPLIER
AURORA OF STATESVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE
**1902 ORA DRIVE
STATESVILLE, NC 28625**

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D 367	<p>Continued From page 39</p> <p>7/22/15, 7/23/15, and refused on 7/21/15.</p> <p>Observation of the resident's medications on hand revealed:</p> <ul style="list-style-type: none"> - On 7/22/15 at 4:40pm, Resident #1 had no Oxybutynin 10mg ER available to administer. - On 7/23/14 at 2:22pm, Resident #1 had a bottle of Oxybutynin 10mg ER available to administer, with a label that noted a dispense date of 7/22/15 for a quantity of 7 from the pharmacy of contract. - The bottle of Oxybutynin 10mg ER contained 6 tablets. <p>Confidential interview with staff revealed she had administered Resident #1's Oxybutynin 10mg ER this morning (7/23/15), but was not sure about the other days it was documented as administered.</p> <p>Interview with the RCC on 7/23/14 at 2:40pm revealed she was unaware of any other source of Oxybutynin 10mg ER for Resident #1.</p> <p>Interview with the pharmacist at the dispensing pharmacy on 7/23/15 at 3:45pm revealed:</p> <ul style="list-style-type: none"> - They received the Oxybutynin 10mg ER order for Resident #1 late on 7/17/15. - They did not dispense the Oxybutynin 10mg ER until 7/22/15, and only for a weeks supply. - Pharmacy deliveries to the facility are made late in the evening. <p>Based on review of Resident #1's July 2015 eMAR, Oxybutynin 10mg ER was documented as administered on 7/19/15, 7/20/15 and 7/22/15, and once refused on 7/21/15, 4 days prior to the medication being available in the facility to administer.</p> <p>Interview with Resident #1 on 7/23/15 at 11:15am revealed he believed he received his medications</p>	D 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2015
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D 367	<p>Continued From page 40 as ordered by his physician.</p> <p>B. Review of Resident #6's FL2 dated 6/16/14 revealed: - Diagnoses of insulin dependent diabetes, anxiety, depression, and below the knee amputation. - A medication order for Novolin R SSI twice daily, 150-200= 4 units, 201-250= 6 units, 251-300= 8 units, 301-350= 10 units, 351-400= 12 units, and above 400, 14 units and call MD.</p> <p>Review of Resident #6's July 2015 Electronic Medication Administration Record (eMAR) revealed: - An entry for Novolin R, FSBS twice daily with SSI, and scheduled administration times of 7:00am and 4:00pm. - The 7:00am FSBS and Novolin R SSIs were circled as not administered on 7/21/15 and 7/22/15. - The 4:00pm FSBS and Novolin R SSIs were documented as administered on 7/21/15 with a FSBS of 306 and SSI dose of 10 units, and a FSBS of 267 on 7/22/15 with a SSI dose of 8 units. - Resident #6's FSBS for July 2015 ranged from 64 to 346.</p> <p>Interview with a Medication Aide (MA) on 7/22/15 at 8:05am revealed: - She did not have any lancets available to perform fingerstick blood sugars (FSBS) this morning (7/22/15). - FSBS were not performed on any of the 8 residents on her hall with orders for FSBS including 2 residents (#1 and #6) with SSI orders.</p>	D 367		
	<p>Per observation, there were no lancets in this medication cart available for use to obtain FSBS</p>			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2015
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D 367	<p>Continued From page 41 at this time.</p> <p>Per observation, the Administrator gave the MA a box of 25 disposable lancets at 9:30am on 7/22/15, and the MA proceeded to obtain FSBS at that time, two and one-half hours after the scheduled administration time of 7:00am.</p> <p>Interview with Resident #6 on 7/23/15 at 11:25am revealed:</p> <ul style="list-style-type: none"> - On 7/22/15 he got his FSBS and SSI late that day, after breakfast and not before as he usually does. - He could not recall what his FSBS was on the morning of 7/22/15. - He was not sure about the morning 7/21/15 SSI and FSBS. 	D 367		
	<p>Interview with MA revealed:</p> <ul style="list-style-type: none"> - Resident #6 got his FSBS and SSI on the morning of 7/22/15 after breakfast. - She did not know how to change to eMAR to reflect the administered dose of insulin on the morning of 7/22/15. - She was not sure about the 7am FSBS and SSI on 7/21/15. <p>Interview with the RCC on 7/23/15 at 10:00am revealed:</p> <ul style="list-style-type: none"> -The RCC, MAs, and the supervisors were responsible for checking the MARs for accuracy against the original physician's orders. <p>Interview with the Resident Care Coordinator (RCC) on 7/23/15 at 2:40pm revealed:</p> <ul style="list-style-type: none"> -The MA could not alter the eMARs after an entry was made. 			
	<ul style="list-style-type: none"> -Only the RCC and Special Care Coordinator (SCC) could make those changes. -The MA did not ask her to change Resident #6's 			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2015
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AURORA OF STATESVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE
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D 367	<p>Continued From page 42</p> <p>MAR to reflect the administration of his morning SSI on 7/22/15.</p> <p>C. Review of Resident #7's current FL2 dated 8/26/14 revealed: - Diagnosis of dementia. - No documented diagnosis of Diabetes. - A physician's order for finger stick blood sugar (FSBS) before meals and at bedtime. - A physician's order for Novolog sliding scale insulin (SSI): 0-149= 0 units, 150-199= 4 units, 200-249= 6 units, 250-299= 8 units, 300-349=12 units, 350-399= 16 units, 400 and above= 20 units. (Novolog is a quick acting insulin used to treat elevated blood-sugar levels around mealtimes).</p>	D 367		
	<p>A signed physician's order dated 1/23/15 for Novolog FSBS before meals and at bedtime SSI: 151-200 = 2 units, 201-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, 351-400 = 10 units, greater than 400 call MD and give 12 units, daily at 8:00am, 12:00pm, 4:30pm, and 9:00pm.</p> <p>A subsequent physician's order dated 3/2/15 revealed: - Discontinue FSBS and Novolog coverage at bedtime. - Continue Novolog SSI three times a day before meals.</p> <p>Review of the Resident #7's electronic Medication Administration Records (eMARs) for July 2015 revealed: - An entry for Novolog FSBS before meals, SSI: 151-200 = 2 units, 201-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, 351-400 = 10 units, greater than 400 call MD and give 12 units, with scheduled administration times of 8:00am,</p>			

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D 367	<p>Continued From page 43</p> <p>12:00pm, and 5:00pm.</p> <ul style="list-style-type: none"> - The 8:00am FSBS and Novolog SSIs were circled as not administered on 7/22/15. - A documented exception dated 7/22/15 at 8:51am of "physically unable to take" regarding Novolog 100 units/ml. - Documentation was absent for FSBS of 266 performed at 10:00am. - Documentation was absent for Novolog 6 units administered at 10:00am on 7/22/15. - The FSBS and Novolog SSIs were documented as administered on 7/22/15 at 12:00pm with a FSBS of 163 and SSI dose of 2 units, and on 7/22/15 at 5:00pm with a FSBS of 190 with a SSI dose of 2 units. - Resident #7's FSBS for July 2015 ranged from 85 to 300. 	D 367		
	<p>Confidential interview with the Medication Aide (MA) revealed:</p> <ul style="list-style-type: none"> - She had missed performing Resident #7's FSBS this morning because she did not have any lancets available. - "It [FSBS] was due at 8am, I will do it now [10:00am]." - She performed the FSBS at 10:00am on 7/22/15 and administered Novolog 6 units at that time. - The information was not on the MAR because "it won't let us chart after an entry is made." <p>Based on observation and record review, it was determined Resident #7 was not interviewable.</p> <p>Interview with the Resident Care Coordinator (RCC) on 7/23/15 at 2:40pm revealed:</p> <ul style="list-style-type: none"> - The MA could not alter the eMARs after an entry was made. - Only the RCC and Special Care Coordinator (SCC) could make those changes. 			

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D 370	<p>10A NCAC 13F .1004 (m) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration</p> <p>(m) Medication administration supplies, such as graduated measuring devices, shall be available and used by facility staff in order for medications to be accurately and safely administered.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to maintain an adequate supply of lancets for residents with orders for fingerstick blood sugars (FSBS) and sliding scale insulin.</p> <p>The findings are:</p> <p>Review of facility provided census records on 7/23/15 revealed:</p> <ul style="list-style-type: none"> - 23 of 65 residents in the facility had orders for FSBS monitoring. - All 23 of those residents with FSBS orders were identified as diabetics by the facility. - 10 of those 23 residents had medication orders for sliding scale insulin (SSI). - The number of lancets required per day to obtain the physician ordered FSBS was 46. <p>A. Interview with a Medication Aide (MA) on 7/22/16 at 8:05am revealed:</p> <ul style="list-style-type: none"> - She was out of lancets on her medication cart. - None of the 8 residents on her hall with orders for FSBS had FSBS performed this morning, including 2 residents with medication orders for 	D 370	<p>In Accordance to rule 10A NCAC 13F .1004(m) Medication Administration, Care Coordinators will audit facility medical supplies and give a weekly report of facility inventory, using the Monthly Inventory form- (Attachment H) to Administrator every Wednesday.</p> <p>Administrator will be responsible for medical supply ordering using a medical supply vendor monthly or as needed to assure that medications are accurately and safely measured. Administrator will assure that there is at least an 8 day supply of lancets in the facility.</p>	<p>7-23-15</p> <p>§</p> <p>Ongoing</p> <p>Immediately</p> <p>§</p> <p>Ongoing</p>

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D 370	Continued From page 45 SSI. - Over the past 6 weeks, she ran out of lancets 3 times. - When they ran out of lancets, the MAs told the Administrator or Business Office Manager, and the Administrator picked up lancets that day from a local pharmacy. - The residents always receive their FSBS monitoring, but on the days "we ran out" of lancets, they were performed late, including the FSBS with SSI. Per record reviews, one of the residents on that hall had orders for SSI to be given before breakfast (8:00am), and the other resident had SSI scheduled at 7:00am.	D 370		
	(Per observation, there were no lancets in this medication cart available for use to obtain FSBS at this time.) Per observation, the Administrator gave this MA a box of 25 disposable lancets at 9:30am, and the MA proceeded to obtain FSBS at that time, one and one-half hours after breakfast was served. Confidential interview with the 2 residents with SSI orders revealed: - One resident stated he believed he received his SSI this morning before breakfast. (Interview with the MA confirmed this resident received his SSI insulin after breakfast this morning instead of before breakfast as ordered by his physician.) - The other resident stated he had received his SSI insulin this morning after breakfast instead of before, and this had happened twice in the past month.			
	Refer to interview with the facility Administrator on 7/22/15 at 10:07am.			

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D 370	<p>Continued From page 46</p> <p>B. Interview with a second Medication Aide (MA) this same morning on the second medication cart revealed:</p> <ul style="list-style-type: none"> - She had 1 (one) facility provided disposable lancet in her medication cart. - All of her 10 residents on this MA's hall with orders for FSBS got their FSBS this morning, including including 4 residents with SSI. - The MA had a personal supply of 19 lancets she kept in a bag in the bottom of her medication cart. - The facility ran out of lancets "frequently" (no time specified), and she had to buy a box of 100 lancets per week with her own funds in order to obtain FSBS for the residents on her end of the hall. - She had shared her lancets with other MAs, but this morning, none of the other MAs had asked her for any lancets. <p>Confidential Interview with a resident with ordered FSBS and SSI revealed she obtained her FSBS a little late this morning, but still before breakfast as ordered by her physician.</p> <p>Observation of the second medication cart at the time of this interview with the MA confirmed the number of lancets available on the cart to be 20.</p> <p>Refer to interview with the facility Administrator on 7/22/15 at 10:07am.</p> <p>C. Confidential interview with a third Medication Aide (MA) revealed:</p> <ul style="list-style-type: none"> - She was out of disposable lancets. - She had performed FSBS this morning on 4 out of 5 residents on her hall with orders for FSBS. - In the past, she ran low on the supply of lancets, but would always get more before the next FSBS were due. 	D 370		

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D 370	Continued From page 47 Observation of a third medication cart revealed: - There was only one disposable lancet in the drawer. - An opened bag of lancet needles that were to be used with a lancet pen. Per record reviews, five of the residents on that hall with orders for SSI called for SSI to be given before breakfast, which was served at 8:00am. Per observation, the Administrator gave the MA 12 disposable lancets at 10:00am, and the MA proceeded to obtain one FSBS at that time, two hours after breakfast was served (this FSBS was due at 8:00am).	D 370		
	Refer to interview with the facility Administrator on 7/22/15 at 10:07am. Interview with the facility Administrator on 7/22/15 at 10:07pm revealed: - She was not sure of a specific facility policy on obtaining medical supplies such as lancets. - The MAs told her when they ran out of lancets and "I go and get them." - The facility did not currently have a contract with a medical supply company to supply items such as lancets. - The facility was trying to secure a contract with a large medical supply company. - The facility ran out of lancets weekly, and she would buy 2 boxes of 100 lancets weekly. (Per calculation, with no waste, it would take 322 lancets per week to obtain the FSBS ordered for all the residents in the facility.) - She had been working with the facility owners to get petty cash with which to buy supplies, such as lancets.			

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D 370	Continued From page 48 - The MAs usually tell her far enough in advance to buy lancets so the facility would not run completely out and residents would not miss their FSBS monitoring. ----- The facility provided the following plan of protection: -An 8 day supply of lancets have been obtained and are in the facility. -The facility will maintain at least an 8 day supply of lancets. -A system has been put into place to generate an order for any lancets or other supplies that drop below an 8 day supply. -The Administrator will be responsible to assure that diabetic supplies including lancets are available in the facility for use with diabetic residents. -The Resident Care Coordinators will do inventory every Wednesday and reorder as needed.	D 370		
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 relevant federal and state laws and rules and regulations.	D912	In accordance to G.S. 131D-21(2) Declaration of Residents' Rights, Aurora of Statesville provided staff and residents on a residents' rights presentation facilitated by regional ombudsman.	7-23-15
	This Rule is not met as evidenced by: Based on observations, interviews and record			

Immediately
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Ongoing
7-23-15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2015
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NAME OF PROVIDER OR SUPPLIER AURORA OF STATESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1902 ORA DRIVE STATESVILLE, NC 28625
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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
D912	<p>Continued From page 49</p> <p>reviews, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to management of facility, personal care and supervision, and medication administration.</p> <p>The findings are:</p> <p>A. Based on observations, record reviews, and interviews, the facility failed to assure an administrator or administrator in charge was responsible for the total operation of the home, to meet and maintain rules responsible to the Division of Health Service Regulation and the county department of social services. [Refer to Tag 176 10A NCAC 13F .0601 Management of Facilities (Type B Violation)].</p>	D912	<p>Aurora of Statesville has appointed a Full-Time Administrator responsible to the total operation of the adult care home since 6-2-15. Administrator receives ongoing training and is working closely with Corporate Staff to bring, and keep the community in compliance with state regulations. In the absence of the administrator, a shift to shift supervisor in charge has been appointed. Departmental Management is available and on call 7 days a week.</p>	<p>Immediately Ongoing</p>
	<p>B. Based on observations, record reviews, and interviews, the facility failed to assure 1 of 4 sampled residents (#3) who had falls in the facility had not received supervision in accordance with the resident's needs in the area of fall prevention. [Refer to Tag 270 10A NCAC 13F .0901 (a) Personal Care and Supervision (Type B Violation)].</p>			
	<p>C. Based on observations, record reviews, and interviews, the facility failed to assure medications (Humalog, Novolin R, Oxybutynin ER 10mg, and Hydralazine 25mg.) were administered as ordered by a licensed prescribing practitioner to 4 of 7 (#1, #2, #6, and #7 sampled residents. [Refer to Tag 358 10A NCAC 13F .1004 (a) Medication Administration (Type B Violation)].</p>			
	<p>D. Based on observations, interviews, and record reviews, the facility failed to maintain an adequate supply of lancets for residents with orders for</p>			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2015
NAME OF PROVIDER OR SUPPLIER AURORA OF STATESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1902 ORA DRIVE STATESVILLE, NC 28625		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D912	Continued From page 50 fingerstick blood sugars (FSBS) and sliding scale insulin. [Refer to Tag 370 10A NCAC 13F .1004 (m) Medication Administration (Type B Violation)].	D912	Aurora of Statesville has identified all residents at a high fall risk, and has made changes to each residents care plan to reflect current assessed needs, and have worked with the facility RN and Care coordinators . All residents have been re-assessed using the Fall Risk Assessment-(Attachment E). All residents at a high fall risk have been referred to their primary care physician for further fall prevention interventions and orders. Care Coordinators will track falls to identify trends, or hazards.	9-6-15 3 Ongoing
D934	G.S. 131D-4.5B. (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure one of three staff (Staff A) reviewed, who administered medications, were clinically validated to administer medications. The findings are: Review of the personnel record for Staff A revealed: -A hire date of 6/5/15.	D934		

Division of Health Service Regulation

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D934	Continued From page 51 -She was hired as a medication aide. -She passed her medication test on 5/26/11. -No documentation in the record where the medication administration clinical skills check list had been completed. Interview on 7/23/15 at 9:15 am with the Administrator revealed: -The Facility Nurse completes the medication administration clinical skills checklist. -She was aware of a pending complaint investigation regarding medication aide qualifications. -She was aware that the medication aide qualification and training documents were not located in the personnel records upon review on 7/16/15. -The Facility Nurse completed the medication administration clinical skills checklist on 7/22/15.	D934	Aurora of Statesville will assure that all staff are aware of facility Fall Prevention Program- (Attachment F). Staff will be made aware of changes to resident care plans during shift "stand-up" care meetings, and memos from care coordinators indicating new changes. Care Coordinators will audit facility medical supplies and give a weekly report of facility inventory, using the Monthly Inventory form- (Attachment H) to Administrator every Wednesday. Administrator will be responsible for medical supply ordering using a medical supply vendor monthly or as needed to assure that medications are accurately and safely measured. Administrator will assure that there is at least an 8-day supply of lancets in the facility.	9-6-15 3 Ongoing
	Interview on 7/23/15 at 2:00pm with the Business Office Manager revealed: -Prior to the Facility Nurse being hired, a Registered Nurse was contracted to complete the medication aide clinical skills checklist. -The contracted nurse ended services due to nonpayment by the home office. -The last billing statement from the contracted nurse was March 2015. -The current Facility Nurse was hired on 6/18/15. A confidential interview with staff on 7/22/15 at 4:00pm revealed: -They were hired as a medication aide around a month ago. -They had previously worked as a medication aide in other assisted living facility. -The nurse did not complete the medication administration clinical skills checklist on them. -The only medication aide training they received			Immediately 3 Ongoing!

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2015
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D934	Continued From page 52 at the facility was on the new computerized Medicallion Administration Records/Quick MAR. -The nurse had done no training with them.	D934	In accordance with G.S. 131D-4.5B. (a) ACH Infection Prevention Requirements, Aurora of Statesville has immediately provided the required infection control training to all medication aides.	9-6-15 3 Ongoing
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 care home may require a second examination and screening to verify the results of the prior	D992	Aurora of Statesville has assured that infection control training is a part of the New Hire Checklist- (attachment A), and the Orientation Outline- (Attachment B). Aurora of Statesville will require train on infection control during orientation for new hires, and at least annually for all staff.	Immediately 3 Ongoing

Division of Health Service Regulation

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D092	Continued From page 53 examination and screening. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure an examination and screening for the presence of controlled substances was performed for two of six sampled staff (Staff B and Staff F) who required pre-employment drug screening. The findings are: A. Review of Staff B's personnel record revealed: -A hire date of 4/8/15. -Hired as a medication aide. -No documentation of pre-employment drug screening. -A controlled substance screening was completed on 7/23/15. Interview on 7/22/15 at 3:15 pm with Staff B medication aide revealed: -Staff B began working without a controlled substance screening. -Staff B has previously worked with assisted livings and a home health agency. Refer to interview with the Business Office Manager on 7/22/15 at 2:50 pm. Refer to interview with the Business Office Manager on 7/23/15 at 2:00 pm. B. Review of Staff F's personnel record revealed: -A hire date of 5/6/15. -Hired as a personal care aide. -No documentation of pre-employment drug screening. -A controlled substance screening was completed	D092	In accordance to G.S. 131D-45 Examination and Screening, In accordance to rule 10A NCAC 13F .0407(a)(7) Other Staff Qualifications, Aurora of Statesville has immediately assured that all employed staff has had a Controlled Substance Examination and Screening.	9-6-15
			Aurora of Statesville will ensure all persons that will be staffed will have a Controlled Substance Examination and Screening Before assuming a responsibility within the facility. The business office manager will assure that all screenings have been complete using the New Hire Checklist. Attachment A	Immediately 3 Ongoing

Division of Health Service Regulation

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D992	<p>Continued From page 54 on 7/23/15.</p> <p>Interview on 7/23/15 at 2:35 pm with Staff F revealed: -Staff F began working without a controlled substance screening. -Staff F has worked as a PCA for 15 years in assisted living facilities.</p> <p>Refer to interview with the Business Office Manager on 7/22/15 at 2:50 pm. Refer to interview with the Business Office Manager on 7/23/15 at 2:00 pm.</p> <hr/> <p>Interview on 7/22/15 at 2:50 pm with the Business Office Manager revealed: -She does the controlled substance screenings with " Before You Hire " -Staff B and Staff F were not completed due to past due account balances with " Before You Hire ". -The Business Office Manager made home office aware of past due bill. -It is the responsibility of the home office to pay facility bills.</p> <p>Interview with the Business Office Manager on 7/23/15 at 2:00 pm revealed: -A controlled substance screening was completed on Staff B and Staff F on 7/23/15.</p>	D992		

New Hire Checklist

Employee Name _____ Position _____

Date of Birth _____ Hire Date _____

ALL EMPLOYEES

W-4 _____

NC 4 _____

1-9 _____

E-verify Verification _____

Copy of Drivers License/Picture ID – (Expires) _____ (State) _____

Copy of Social Security Card _____

Employee Information Sheet _____

Direct Deposit/Rapid Pay Card Form _____

Time System P&P _____

Healthcare Registry Check _____

Criminal Background Information/Disclosure
Release Form _____

Criminal Background Confirmation _____

Signed Application _____

3 References (written on application) _____

Team Member Handbook Acknowledgement _____

Team Member Emergency Notification Form _____

Job Description (s) _____

Disaster Plan Review Acknowledgement _____

Resident Rights _____

Bad Weather Policy & Procedure _____

Infection Control Training _____

(Med. Aides, Resident Care and Dem. Care Coor. Training yearly)

Diabetic Training _____

(Med. Aides, Resident Care and Dem. Care Coor. Training yearly)

6 Hour Dementia Orientation **Date Completed** _____

20 Hour Dementia Training Certificate _____

Orientation Acknowledgement _____

Dietary Orientation or Assessment Orientation _____

HEALTH FILE ON ALL EMPLOYEES

HEP B Acceptance/Declination _____ accept _____ decline

Two Step TB **Dates** _____

Pre-Employment Drug Test _____

Dietary Health Policy Agreement _____

RESIDENT CARE

Personal Care Assistant/ CNA

PCA or CNA Certificate _____

(or name on Health Care Registry verifying
CNA Training)

Skills Checklist _____

LHP Checklist _____

PCA Agreement _____

CPR Certification (good for 2 yrs.) _____

Med. Techs

PCA or CNA Certificate _____

(or name on Health Care Registry verifying
CNA Training)

Skills Checklist _____

LHP Checklist _____

CPR Certification (good for 2 years) Expiration Date _____

Job Description for MT/SIC (Indicate which one) _____

MT License or proof of license _____

Medication Adm. Clinical Skills Checklist
(RN signs off before they work Med. Cart) _____

Facility Med. Aide Verification _____

(Verification worked as Med Aide in last 24 Months Form)

Med. Aide 15 hour Training Certificate _____

(15 hr. class and Med Aide test needed if Facility Med. Aide Verf. Not provided)

Motor Vehicles Consent _____

pg 2 of 2 Attachment A

Orientation Program Employee Acknowledgement

AUG 28 2015

At the conclusion of orientation, all new hires must have completed all facility employment paperwork, training, supplied all Training Certificates and /or licenses, have proof of negative TB and have a negative drug screening.

Welcome & Introductions

History & Mission

Tour of Building and Grounds

Time clock operation, Break room & OSHA posters
Staff smoking areas, Med Room which contains Infection Control
Supplies, resident cigarettes, Locations of MSDS books
Exit Doors Alarms; Locks; Team Member Responsibilities

Handbook/Policy Review

Infection Control Training

Diabetic Training

Restraint Training

Blood borne Pathogens/MSDS/OSHA /Infection Control

Mental Health Intervention Review

Resident Rights

Disaster/Fire Safety Review

Staff Responsibilities

Supervised Smoking; Mandatory In service Training; Resident Security

Housekeeping Chemical Review

Skills Checklist/LHPS

My orientation has been completed per this schedule.

Employee Signature

Date

Witness

Physical Restraints Training

AUG 28 2015

10A NCAC 13F .0506 TRAINING ON PHYSICAL RESTRAINTS

(a) An adult care home shall assure that all staff responsible for caring for residents with medical symptoms that warrant restraints are trained on the use of alternatives to physical restraint use and on the care of residents who are physically restrained.

(b) Training shall be provided by a registered nurse and shall include the following:

- (1) alternatives to physical restraints;
- (2) types of physical restraints;
- (3) medical symptoms that warrant physical restraint;
- (4) negative outcomes from using physical restraints;
- (5) correct application of physical restraints;
- (6) monitoring and caring for residents who are restrained; and
- (7) the process of reducing restraint time by using alternatives.

Print

Sign & Date

Print	Sign & Date

Instructed By: _____

Attachment D

Fall Assessment Tool

Completed at time of Admissions & with any significant change.

Fall Risk Factor Category

Scoring not completed for the following reasons (check any that apply). Enter risk category (i.e. Low/High) based on box selected.

- Complete paralysis or completely immobilized. Implement basic safety (low fall risk) interventions.
- Patient has a history of more than one fall within 6 months before admission. Implement high fall risk interventions throughout stay at Brookstone Terrace
- Patient has experienced a fall during stay at Brookstone Terrace. Implement high fall risk interventions throughout stay at Brookstone Terrace.

Complete the following and calculate fall risk score. If no box is checked, score for category is zero.

Age (single select)

- 60-69 years old
- 70-79 years old
- > 80 years old

Fall History (single select)

- One fall within 6 months before admission (5 points)

Elimination, Bowl and Urine (single select)

- Incontinence (2 points)
- Urgency or frequency (2 points)
- Urgency/frequency and incontinence (4 points)

Medications: Includes PCA/Opiates, anti-convulsants, anti-hypertensives, diuretics, hypnotics, laxatives, sedatives, and psychotropics (single select)

- On 1 high fall risk drug (3 points)
- On 2 or more high fall risk drugs (5 points)

Patient Care Equipment: In-dwelling catheter.

- One present (1 point)

Mobility (Multi-select, choose all that apply and add points together)

- Requires assistance or supervision for mobility, transfer, or ambulation (2 points)
- Unsteady gait (2 points)
- Visual or auditory impairment affecting mobility (2 points)

Cognition (Multi-select, choose all that apply and add points together)

- Altered awareness of immediate physical environment (1 point)
- Impulsive (2 points)
- Lack of understanding of one's physical and cognitive limitations (4 points)

Moderate risk = 6-13 Total Points, High Risk = >13 Points

Assessment Performed by:

Date:

Attachment E

Fall Intervention Protocol

1. Investigation etiology of fall. Assess environment for hazards and correct.
2. Obtain vital signs - checking BP lying, sitting and standing to assess for postural hypotension.
3. Notify physician for a review of medications and evaluation for repeat falls.
4. Refer to Home Health for PT evaluation for strengthening and balance training if a fall while ambulating.
5. If a fall from wheelchair, refer to Home Health for PT evaluation for balance training and positioning.
6. If falling from bed, initiate a low bed situation with mattress on floor and matt beside it. Place bed with one side against the wall. IF resident is competent mentally and physically able to raise and lower side rails, consider installation of side rails on existing bed or obtaining an order for a hospital bed.
7. Alarms obtained for wheelchair and bed.
8. Encourage staff to anticipate needs of resident and act proactively before an incident occurs.
9. Anyone admitting with notation or suspicion of fall risk will be automatically referred to Home Health for evaluation.

Resident Name: _____

Date of Incident: _____ Time: _____ AM PM Shift 1st 2nd 3rd

Type of Incident: (Check all that apply)		
<input type="checkbox"/> Fall	<input type="checkbox"/> Sudden Illness	<input type="checkbox"/> Elopement
<input type="checkbox"/> Skin Tear	<input type="checkbox"/> Disruptive Behavior	<input type="checkbox"/> Equip. Related
<input type="checkbox"/> Alleged Abuse from Employee	<input type="checkbox"/>	<input type="checkbox"/> Alleged Abuse
<input type="checkbox"/> Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/> from resident

Describe Incident: _____

Describe the action taken in response to the incident: _____

Location of Incident:

<input type="checkbox"/> Resident Room	<input type="checkbox"/> Resident Bathroom	<input type="checkbox"/> Hallway
<input type="checkbox"/> Living Room	<input type="checkbox"/> Common Restroom/Bath	<input type="checkbox"/> Dining Rm
<input type="checkbox"/> Activity Room	<input type="checkbox"/> Outdoors at facility	
<input type="checkbox"/> Off Premises (describe) _____		
<input type="checkbox"/> Other (describe) _____		

Vital Signs: B/P _____ / _____ Pulse: _____ Respirations: _____

If fall - document B/P Lying/Sitting/Standing B/P _____ / _____ B/P _____ / _____

Was EMS called: YES NO Was resident transported to hospital YES NO

Physician Notified: _____ Date: _____ Time: _____

Family Member Notified: _____ Date: _____ Time: _____

Licensure Agency Notified: _____ Date: _____ Time: _____

Staff Completing Report: _____ Date: _____ Time: _____

Resident Care Director Signature: _____

Executive Director Signature: _____

Resident Name _____

Room # _____

Injury Discovered _____ AM PM By (name & position) _____

Type of Injury (check all that apply) _____ Bruising _____ Skin Tear _____
Scratch _____ Abrasion _____ Swelling _____ Redness _____
Other (explain) _____

Describe Injury (size, color, appearance, bleeding, etc.) _____

Resident Interview (check all that apply) Interviewable _____ Non-Interviewable _____

1. Date of Injury _____ Time of Injury _____ AM PM
2. How did injury occur _____ Fall _____ Fell/Hit against _____
_____ Was hit by _____
_____ Other (explain) _____
3. Location that injury occurred (check all that apply) _____ Hallway _____ Resident Room
_____ Shower/bath _____ Dining Area _____ Activity Room _____ Outside
_____ Other (Identify) _____
4. Witnesses to injury (name & position) _____

STAFF INTERVIEW (name & position) _____

1. Description of Resident at time of discovery _____
2. Description of Resident at last observation prior to injury _____
3. Location that injury occurred (check all that apply) _____ Hallway _____ Resident Room
_____ Shower/bath _____ Dining Area _____ Activity Room _____ Outside
_____ Other (Identify) _____
4. If investigating a Bruise (check all that apply) _____ Recent Injection _____ Recent Venipuncture
_____ Resident on Anticoagulant _____ Prolonged Use of Aspirin _____ Recent Fall
_____ Resident has spastic/uncontrollable movements _____ Resident thrashes about
_____ Fell/Hit area on _____ Was hit by _____
_____ Other (explain) _____
5. If investigating a Skin Tear, Scratch, Abrasion, Redness or Swelling (check all that apply)
_____ Fell/Hit area on _____ Self inflicted
_____ Was hit by _____
_____ Other (explain) _____
_____ Unusual Behavior (describe) _____
6. Notifications (enter date time for each that applies) Physician _____ R/P _____
Supervisor _____ Emergency Personnel _____ Other _____
7. Recommendations/Interventions to prevent recurrence: _____
8. Date Care plan Revised: _____

7/15/2009

Signature of Staff Member conducting investigation: _____

24 Hour Post Fall Checklist

Resident Name: _____

Date & Time of Fall: _____

1. Always keep this 24-Hour Post Fall Checklist with the 24-Hour Report Book until completion.
2. The SIC must make entries in the resident care notes a minimum of every 8 hours post fall for 24 hours.
3. Circle Y or N each 8, 16, and 24 hours and follow the directions.
4. The 24-Hour Post Fall Checklist will be filed with the Accident form and the post fall checklist.

8-Hour Documentati Date: _____ Time: _____

16-Hour Documentati Date: _____ Time: _____

24-Hour Documentati Date: _____ Time: _____

1. Does the resident have new or unusual complaints of pain/discomfort?	8 Hours	16 Hours	24 Hours
	Y N	Y N	Y N
<p>If yes: Have the SIC assess or call the doctor for direction and notify the family or responsible party. Document these contacts in the resident care notes.</p> <p>If no: Document Post Fall check-up with date/time in resident care notes</p>	Initials:	Initials:	Initials:
2. Does the resident have a change in walking ability (i. e. limp)?	8 Hours	16 Hours	24 Hours
	Y N	Y N	Y N
<p>If yes: Have the SIC assess or call the doctor for direction and notify the family or responsible party. Document these contacts in the resident care notes.</p> <p>If no: Document Post Fall check-up with date/time in resident care notes</p>	Initials:	Initials:	Initials:
3. Does the resident have any outward rotation of the leg(s) or arm(s)?	8 Hours	16 Hours	24 Hours
	Y N	Y N	Y N
<p>If yes: Have the SIC assess if or call the doctor for direction and notify the family or responsible party. Document these contacts in the resident care notes.</p> <p>If no: Document Post Fall check-up with date/time in resident care notes</p>	Initials:	Initials:	Initials:
4. Does the resident have increased drowsiness?	8 Hours	16 Hours	24 Hours
	Y N	Y N	Y N
<p>If yes: Have the SIC assess or call the doctor for direction and notify the family or responsible party. Document these contacts in the resident care notes.</p> <p>If no: Document Post Fall check-up with date/time in resident care notes</p>	Initials:	Initials:	Initials:
5. Does the resident have trouble or is reluctant to get out of bed?	8 Hours	16 Hours	24 Hours
	Y N	Y N	Y N
<p>If yes: Have the SIC assess or call the doctor for direction and notify the family or responsible party. Document these contacts in the resident care notes.</p> <p>If no: Document Post Fall check-up with date/time in resident care notes</p>	Initials:	Initials:	Initials:

Investigation of Bruises, Skin Tears, Scratches, ETC.

To Determine Etiology or Origin of Injury

Resident Name _____ Room # _____
Injury Discovered _____ AM/PM By: (name & position) _____
Type of Injury (Check all that apply) _____ Bruising _____ Skin Tear
_____ Abrasion _____ Scratch _____ Swelling _____ Redness
_____ Other Explain: _____

Describe Injury (Color, size, appearance, bleeding, etc.)

Resident Interview (Check all that apply)

_____ Interview able _____ Non- Interview able
1. Date of Injury _____
2. How did injury occur?
_____ Fall _____ Fell/Hit Against _____
_____ Was hit by _____
_____ Other (explain) _____
3. Location that injury occurred (check all that apply). _____ Res. Room
_____ Hallway _____ Dining Room _____ Shower/Bath
_____ Activity Rm _____ Outside
_____ Other - please identify _____
4. Witness to injury (name & Position). _____

Staff Interview (Name & Position)

1. Description of Resident at time of discovery _____
2. Description of Resident at last observation prior to injury. _____
3. Location that injury occurred (check all that apply).
_____ Hallway _____ Dining Room _____ Shower/Bath
_____ Activity Rm _____ Outside _____ Res. Room
_____ Other - please identify _____
4. If investigating a Bruise (answer/check all that apply). _____ Recent Injection
_____ Recent Venipuncture _____ Resident on Anticoagulant _____ Recent Fall
_____ Prolonged Aspirin use _____ Res. has spastic/uncontrollable movements
_____ Resident thrashes about _____ Was hit by: _____
_____ Self - Inflicted _____ Fell/Hit area on: _____
_____ Other (explain): _____
5. If investigating a Skin Tear, Scratch, Abrasion, Redness or Swelling (answer/check all that apply):
_____ Fell/Hit area on: _____ Self-Inflicted
_____ Was hit by: _____
_____ Other (explain): _____
_____ Unusual Behavior (explain): _____
6. Notifications (enter date/time for each that applies): _____ Physician _____ R/P
_____ Supervisor _____ Emergency Personnel _____ Other (explain)
7. Note recommendations/interventions to prevent reoccurrence on back of page.
8. Date Care Plan Revised: _____

Investigation of Bruises, Skin Tears, Scratches, ETC.

Resident Medical Order Processing Procedure

There will be two mail boxes in the Med room for this process.

Box One will be labeled: New Orders.

Box Two will be labeled Orders awaiting 24 – 48 Hour Verification

- All new orders coming into the facility go into the New Order Box – including FL2's; telephone orders, fax orders, prescriptions and orders written on anything else (hospital discharge summaries etc).
- **Any** staff member receiving orders will put orders in the New Order Box.
- Each Supervisor is responsible for checking the box frequently throughout their shift and will process the orders.
 - Order processing will include:
 - faxing orders to the pharmacy of the resident's choice.
 - Transcribing the order to the MAR.
 - Ensuring that medications have come in.
- Every order processed will be dated and initialed by the SIC processing the order indicating that the order has been faxed to the pharmacy of the resident's choice and transcribed to the MAR.
- Once the order has been transcribed, the order is then placed in the 24 – 48 Hour Verification Box.
- The SIC will document that there is a new order in the Documentation Notebook and indicate it on the front page.
- On a daily basis first thing upon arriving at work, the RCD/SCC will pull the orders out of the 24 – 48 Hour Verification Box and checks to be sure that the orders are correct and complete; and that they were transcribed to the MAR correctly. The RCD/SCC will ensure that the medication has been delivered and follow up on any needed issues pertaining to the order.
- If there is a transcription error, the RCD/SCC will correct the error and council the staff member who did the transcription.
- If the medication has not arrived, the RCD/SCC will ensure delivery.
- While checking the MAR, the RCD/SCC will check for any holes or circles and address issues as needed.

- The RCD/SCC will date and initial the order to show that he/she has verified it and then he/she will put the signed order in the resident's chart. If the order is not signed by the physician, the RCD takes responsibility for getting it signed and into the chart.

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Weekly Inventory Sheet

Inventory to be taken every Wednesday by the RCC/SCC and/or designee. Inventory to be turned into the Administrator when complete.

ITEM	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Gloves Medium																
Gloves Large																
Gloves Extra Large																
Alcohol Prep Pads																
Bandages - Sheer - 1X3																
Medicine Cups 1 oz																
Souffle Cups																
Drinking Cups																
Hand Sanitizer																
Shampoo & Body Wash																
Toothettes																
Razor Blades																
Wipes																
Facial Tissue																
Saniwipes																
Lancets																
Colostomy Bage																
Supplements/Yougurt																

Attachment H

AUG 28 2015

Resident MAR Documentation Policy & Procedure

POLICY

SIC's & MT's will document required information on resident MAR's routinely to ensure accurate medication administration. Documentation will include but are not limited to noting blood sugar levels, blood pressures, weights, etc.

PROCEDURE

All resident information required on an MAR that helps determine medication administration will be documented on the MAR prior to administering related medications.

Attachment I

Physician Notification of Residents Refusal of Medications or Dosage Omissions Policy & Procedure

Policy

All medication that is refused by residents and/or doses that are omitted will be reported to the physician to ensure that all healthcare providers are kept informed as to the health and wellbeing of their patients.

Procedure

1. Based on the MAR Review, all occurrences of omitted or refused medications will be reported to the physician based on the following criteria.
 - One dose of Coumadin missed or refused
 - One dose of insulin missed or refused
 - 3 doses of any other medication not consecutive within a 30 day period.
2. The information will be reported to the physicians utilizing the Physician Notification of Resident's Refusal of Medications or Dosage Omissions Form. The completed form will be faxed to the physician. Once faxed, the faxed copy will be maintained in a notebook along with the confirmation of faxing until the form is returned with the physician's signature. The signed fax will be placed in the resident chart and the copy with the fax confirmation will be destroyed.

Weekly Cart Audit Policy & Procedure

Policy

The Supervisor and/or designee will audit four residents each shift for medication availability. If the medication is not available, the medication will be ordered immediately. Any problems getting a medication from the pharmacy in a timely manner will be reported to the RCD and/or Administrator immediately.

Procedure

Medication availability will be audited by comparing each ordered medication on the MAR to the labels on the medication card verifying accuracy of the order and the presence of the medication in the med cart.

If the medication is not available the medication will be ordered immediately. If there are problems getting the medication in a timely manner, the RCD and/or the Administrator will be notified immediately.

VA residents must be audited along with all other residents. If an antibiotic or pain medication is ordered for a VA resident, it is unacceptable to wait until the medication is delivered from the VA pharmacy. Orders for pain medication and/or antibiotics must be obtained immediately.

The audit will be conducted by room as follows:

A-Hall Med Tech

Monday 7a - 7p	Monday 7p - 7a
Room 24 A Room 24 B Room 25A Room 25B	Room 26A Room 26B Room 27A Room 27 B
Tuesday 7a - 7p	Tuesday 7p - 7a
Room 28 A Room 28 B Room 29 A Room 29 B	Room 30 A Room 30 B Room 31 A Room 31B
Wednesday 7a - 7p	Wednesday 7p - 7a
Room 32 A Room 32 B Room 33 A Room 33 B	Room 34 A Room 34 B Room 35 A Room 35 B
Thursday 7a - 7p	Thursday 7p - 7a
Room 36 A Room 36 B Room 37 A Room 37 B	Room 38 A Room 38 B Room 39 A Room 39 B
Friday 7a - 7p	Thursday 7p - 7a
Room 40 A Room 40 B Room 41 A Room 41 B	Room 42 A Room 42 B Room 43 A Room 43 B