

Division of Health Service Regulation



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2015
--	---	--	--

NAME OF PROVIDER OR SUPPLIER DANBY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3160 BURKE MILL ROAD WINSTON SALEM, NC 27103
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on October 28, 2015 and October 29, 2015.	D 000		
D 358	10A NCAC 13F .1004(a) Medication Administration 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, interviews, and record reviews, the facility failed to ensure medications were administered as ordered by a licensed prescribing practitioner for 2 of 2 sampled residents (Residents #3 and #6) with orders for sliding scale insulin. The findings are: A. Review of Resident #3's current FL-2 dated 07/22/15 revealed: -Diagnoses included diabetes mellitus II and dementia. -An order for fingerstick blood sugars (FSBSs) twice daily before breakfast and supper. -An order to administer Novolog insulin 10 units for FSBS greater than 200. Review of the August 2015 electronic Medication	D 358	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law. It is the policy of Danby House to assure the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with orders by a licensed prescribing practitioner which are maintained in the resident's record; and the facility policies and procedures. 1. The facility immediately reviewed and clarified all orders for all Diabetic residents including orders for FSBS and SSI and will continue to review ongoing. 2. RCM and MCM will review all pm insulin orders entered by pharmacy for accuracy and will clarify with MD as needed.	10/30/2015 10/30/2015

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jan C. Cantor

TITLE

Executive Director

(X6) DATE

11/30/2015

STATE FORM

0899

MTYJ11

If continuation sheet 1 of 10

Reviewed and Accepted
12/04/2015 *sfw*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER **DANBY HOUSE**
STREET ADDRESS, CITY, STATE, ZIP CODE **3150 BURKE MILL ROAD WINSTON SALEM, NC 27103**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 1</p> <p>Administration Record (eMAR) revealed: -The FSBS was scheduled daily at 7:30 am and 4:30 pm. -The FSBS ranged from 108 to 435, and was above 200 on 20 occasions. -There was no documentation Novolog 10 units was administered for 18 of 20 opportunities when the FSBS was above 200.</p> <p>Examples of FSBSs above 200 with no documentation of Novolog administered included: -On 08/03/15 at 4:30 pm, FSBS 262 with no documentation Novolog was administered. -On 08/09/15 at 7:30 am, FSBS 346 with no documentation Novolog was administered. -On 08/13/15 at 4:30 pm, FSBS 362 with no documentation Novolog was administered. -On 08/18/15 at 4:30 pm, FSBS 435 with no documentation Novolog was administered.</p> <p>Review of the September 2015 eMAR revealed: -The FSBS was scheduled daily at 7:30 am and 4:30 pm. -The FSBS ranged from 88 to 422, and was above 200 on 23 occasions. -There was no documentation Novolog 10 units was administered for 21 of 23 opportunities when the FSBS was above 200.</p> <p>Examples of FSBSs above 200 with no documentation of Novolog administered included: -On 09/05/15 at 7:30 am, FSBS 327 with no documentation Novolog was administered. -On 09/07/15 at 4:30 pm, FSBS 346 with no documentation Novolog was administered. -On 09/22/15 at 7:30 am, FSBS 288 with no documentation Novolog was administered. -On 09/27/15 at 4:30 pm, FSBS 422 with no documentation Novolog was administered.</p>	D 358	<p>3. Mandatory Diabetic training was conducted for all medication aides, which included training on following physician orders as written, and review of policies and procedures for insulin administration.</p> <p>4. RCM and MCM will randomly observe insulin administration by medication aides weekly for 30 days, monthly for 90 days and then periodically for accuracy of administration.</p> <p>5. RCM and MCM will monitor all Insulin orders weekly for 30 days, monthly for 90 days and then periodically for accuracy.</p> <p>6. ED will review/monitor Diabetic MARs weekly for 30 days, monthly for 90 days, and then periodically to assure orders are correct and policy and procedures are followed.</p> <p>It is the policy for Danby House to assure every resident receives care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations</p> <p>1.The ED and/or designee will conduct Residents rights training with all staff on 12/07/2015 and 12/08/2015.</p> <p>2. Ombudsman will conduct Resident Rights training for Danby House staff. Date to be determined.</p>	<p>11/4/2015</p> <p>12/15/2015</p> <p>12/15/2015</p> <p>12/15/2015</p> <p>12/15/2015</p> <p>12/15/2015</p> <p>12/15/2015</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2015
--	---	--	--

NAME OF PROVIDER OR SUPPLIER DANBY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3160 BURKE MILL ROAD WINSTON SALEM, NC 27103
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 2</p> <p>Review of the October 2015 eMAR revealed: -The FSBS was scheduled daily at 7:30 am and 4:30 pm. -The FSBS ranged from 81-404, and was above 200 on 15 occasions. -There was no documentation Novolog 10 units was administered for 10 of 15 opportunities when the FSBS was above 200.</p> <p>Examples of FSBSs above 200 with no documentation of Novolog administered included: -On 10/11/15 at 4:30 pm, FSBS 359 with no documentation Novolog was administered. -On 10/14/15 at 7:30 am, FSBS 404 with no documentation Novolog was administered. -On 10/14/15 at 4:30 pm, FSBS 256 with no documentation Novolog was administered. -On 10/15/15 at 4:30 pm, FSBS 397 with no documentation Novolog was administered.</p> <p>Observation on 10/28/15 at 5:00 pm of Resident #3's medications on hand revealed there was Novolog available for administration for Resident #3.</p> <p>Interview on 10/28/15 at 4:30 pm with an evening shift Medication Aide (MA) revealed: -She always gave Novolog 10 units to Resident #3 when the FSBS was above 200. -She always documented the Novolog administration on the eMAR. -She did not know why the documentation was not showing up on the eMAR.</p> <p>Interview on 10/28/15 at 4:45 pm with a day shift MA revealed: -She knew she had given the Novolog every time Resident #3's FSBS was over 200. -Normally an "extra box" popped up to document the administration of the insulin, but sometimes</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DANBY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 3</p> <p>the box did not show up in order to document the administration of the insulin. -She did not document the administration of the insulin in the resident's record or elsewhere when the box did not show up.</p> <p>Interviews on 10/28/15 at 3:15 pm and 5:03 pm with the Special Care Coordinator (SCC) revealed: -She was not aware the Novolog was not being administered to Resident #3 as ordered by the physician. -She routinely reviewed random samples of eMARs at least twice monthly and sometimes once a week to ensure the physician orders matched the eMAR, but there was no specific monitoring system for missed pm (as needed) medications.</p> <p>Based on observations, record review, and interviews with staff, it was determined Resident #3 was not interviewable.</p> <p>B. Review of Resident # 6's current FL2 dated 9/23/15 revealed: -Diagnoses included diabetes mellitus and abnormal glucose. -An order for fingerstick blood sugars (FSBS) three times daily before meals. -An order for Novolog insulin (a fast acting insulin that lowers glucose in the blood) 6 units after meals if FSBS greater that 350.</p> <p>Review on 10/29/15 at 11:00 am of Resident #6's record revealed a signed physician order dated 10/22/15 to discontinue Novolog 6 units after meals and to start Novolog 8 units after meals as needed (PRN) for FSBS greater than 250.</p> <p>Review of Resident #6's September 2015</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2016
NAME OF PROVIDER OR SUPPLIER DANBY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 4</p> <p>electronic Medication Administration Record (eMAR) revealed: -FSBS were scheduled daily at 6:30 am, 11:30 am, and 5:00 pm. -FSBS were documented 11 times as rechecked after meals at 6:30 am, 11:30 am and 5:00 pm. -The FSBS ranged from 79-409. -Documentation on 4 of 20 opportunities Novolog Insulin was administered after meals using FSBS collected after the meal. -Documentation on 11 of 20 opportunities FSBS were collected after meals without an order.</p> <p>Review of the facility menu revealed breakfast was served at 8:00 am, lunch at 12:00 pm, and the dinner meal served at 5:00 pm.</p> <p>Examples of FSBS and Novolog Insulin administered after meals are as followed: -On 9/16/15 at 5:00 pm FSBS was 283, after meal at 6:30 pm FSBS was 283 and 6 units of Novolog insulin was documented as administered. -On 9/15/15 at 5:00 pm FSBS was 287, after meal at 6:30 pm FSBS was 368 and 6 units of Novolog insulin was documented as administered. -On 9/21/15 at 5:00 pm FSBS was 255, after meal at 6:30 pm FSBS was 384 and 6 units of Novolog insulin was documented as administered. -On 9/28/15 at 5:00 pm FSBS was 217, after meal at 6:30 FSBS was 293 and 6 units of Novolog insulin was documented as administered.</p> <p>Review of the October 2015 eMAR revealed: -FSBS were scheduled daily at 6:30 am, 11:30 am, and 5:00 pm. -FSBS were documented as rechecked after</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER DANBY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 5</p> <p>meal at 6:30 am, 11:30 am, and 5:00 pm. -FSBS range from 98 to 393. -Documentation on 5 of 85 opportunities Novolog insulin was administered after meals using the FSBS collected after the meal. -Documentation on 15 of 85 opportunities FSBS were collected after meals without an order.</p> <p>Examples of FSBS documented and Novolog insulin administered after meals were as followed: -On 10/12/15 at 5:00 pm FSBS was 187, FSBS at 6:30 pm was 216 and 6 units of Novolog insulin documented as administered. -On 10/16/15 at 11:30 FSBS was 212, FSBS at 6:30 pm was 212 and 6 units of Novolog was documented as administered. -On 10/21/15 at 5:00 pm FSBS as 302, FSBS at 6:30 pm was 393 and 6 units of Novolog insulin was documented as administered. -On 10/23/15 at 6:30 am FSBS was 201, FSBS at 9:30 am was 318 and 8 units of Novolog insulin was documented as administered. -On 10/24/15 at 6:30 am FSBS was 158, FSBS at 9:30 am was 310 and 8 units of Novolog insulin was documented as administered.</p> <p>Interview on 10/29/15 at 11:00 am with first shift Medication Aide (MA) revealed: -She was aware Resident #6's had an order for FSBS three times daily before meals. -She was aware the order was to administer Novolog insulin after the meal to Resident #6 if the FSBS was greater than 250. -She never collected a FSBS after meals " It would always be higher after a resident had eaten a meal." -She was unaware MAs were rechecking FSBS after meals and administering Novolog using FSBS that were collected after Resident #6 had eaten.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER DANBY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 6</p> <ul style="list-style-type: none"> -She had trained several new MAs since she had been employed at the facility. -She just completed mandatory diabetic training that was taught by the facility nurse three weeks ago. <p>Interview on 10/29/15 at 11:10 am with the Resident Care Coordinator (RCC) revealed:</p> <ul style="list-style-type: none"> -She was aware Resident #6 had an order for FSBS three times daily before meals. -The order was changed 10/22/15 due to Resident #6 had several high FSBS. -She was unaware MAs had rechecked FSBS on Resident #6 after meals and administered Novolog insulin using the after meal FSBS. -"The FSBS will always be higher after the resident eats." -"I am not sure why they are repeating the FSBS after meals." -She was responsible for reviewing resident's eMAR's monthly, but had not noticed the administration of Novolog insulin using the FSBS collected after the meals. -A mandatory diabetic training class was scheduled 3 weeks ago for all MAs. <p>Interview on 10/29/15 at 11:30 am with the Administrator revealed:</p> <ul style="list-style-type: none"> -She was not familiar with the FSBS nor the Novolog insulin orders for Resident #6. -She relied on the RCC and the facility nurse to over-see nursing operations in the facility. -The eMARs are reviewed monthly by the RCC, "But I have looked over an eMAR if there was an issue." -She had not reviewed Resident #6's eMAR. -If there was an issue the RCC would come to her with concerns or problems. -Was not aware FSBS were collected after meals and Novolog insulin had been administered to 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2015	
NAME OF PROVIDER OR SUPPLIER DANBY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 7</p> <p>Resident #6 using the after meals FSBS.</p> <p>Telephone interview on 10/29/15 at 11:45 am with the facility Licensed Prescribing Practioner revealed:</p> <ul style="list-style-type: none"> -She had seen Resident #6 on 10/22/15 and changed the Novolog insulin order. -FSBS were ordered three times daily before meals for Resident #6. -She was not aware FSBS were being obtained after meals for Resident #6 and had been used to administer Novolog insulin. -She was unsure why the MAs were collecting FSBS after meals and administering Novolog insulin to Resident #6 using the FSBS collected after the meal. -"Novolog is a fast acting insulin and our practice was not administer Novolog till after the meals." -"The FSBS will always be increased after a meal." -I expect the staff to follow the orders for Resident #6 for FSBS before meals and administer 8 units of Novolog insulin after the meals if FSBS greater than 250. <p>Interview on 10/29/15 at 1:30 pm with Resident #6 revealed:</p> <ul style="list-style-type: none"> -She had been a diabetic for 2 years. -She "took shots" if her FSBS were high. -The staff collected FSBS before she eats her meals, and sometimes after she had eaten. <p>Telephone interview on 10/29/15 at 1:40 pm with the facility nurse revealed:</p> <ul style="list-style-type: none"> -She thought an annual review diabetic training class at the facility on 9/17/15 at 10:00 am and 2:00 pm. -The training was for the MAs. -She did not review resident records, but completed the Licensed Health Professional 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2015
NAME OF PROVIDER OR SUPPLIER DANBY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3150 BURKE MILL ROAD WINSTON SALEM, NC 27103		
(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 8</p> <p>Support (LHPS) evaluations.</p> <p>-If an issue related to a resident's LHPS tasks occurred she would bring this to the RCC's attention.</p> <p>-She was aware Resident #6 had an order for FSBS before meals and Novolog insulin 8 units after the meal for FSBS greater than 250.</p> <p>-She was not aware MAs were collecting FSBS after meals and administered Novolog insulin to Resident #6 using the FSBS collected after meals.</p> <p>-"The order is very confusing how it is written".</p> <p>Telephone interview on 10/29/15 at 2:10 pm with a second shift MA revealed:</p> <p>-He was aware Resident #6 had an order for FSBS three times daily before meals and to administer Novolog insulin if FSBS was greater than 250.</p> <p>-He had given Resident #6 Metformin tablet prior to meals, but had not administered Novolog Insulin prior to the meal.</p> <p>-He collected FSBS for Resident #6's after meals and would administer the Novolog insulin according to the FSBS after Resident #6 had eaten her meal.</p> <p>-He collected Resident #6's FSBS after the meals to see if Resident #6 was to have the additional 8 units on Novolog insulin administered.</p> <p>Telephone interview on 10/29/15 at 2:20 pm with another second shift MA revealed:</p> <p>-Resident #6's FSBS was collected around 4:30 pm and again after she had eaten her meal around 6:30 pm or 7:00 pm.</p> <p>-If after the meal Resident #6's FSBS was greater than 250 she would administer 8 units of Novolog insulin.</p> <p>-She took the FSBS prior to Resident #6 eating meals to see if she needed insulin, and had taken</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2016
NAME OF PROVIDER OR SUPPLIER DANBY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3160 BURKE MILL ROAD WINSTON SALEM, NC 27103		
(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	Continued From page 9 Resident #6's FSBS after the meal to see how much Novolog insulin to administer. Review on 10/29/15 of the Annual Review training on care of the diabetic residents revealed neither second shift MA attended the mandatory class.	D 358		
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. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to medication administration. The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered by a licensed prescribing practitioner for 2 of 2 sampled residents (Residents #3 and #6) with orders for sliding scale insulin.[Refer to Tag 0358, 10A NCAC 13F .1004(a) Medication Administration (Type B Violation).]	D912		