

Division of Health Service Regulation				DATE SURVEY COMPLETED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL006007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		11/20/2015
NAME OF PROVIDER OR SUPPLIER HILL VIEW FAMILY CARE HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 523 MILT HOUCK ROAD TODD, NC 28684			
(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)	(X3) COMPLETE DATE	
C 000	Initial Comments The Adult Care Section and the Ashe County Department of Social Services conducted an annual survey on November 19 & 20, 2015 with an exit conference via telephone on November 20, 2015.	C 000			
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family 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: Based on observations, record review and interviews, the facility failed to administer medications as ordered for 1 of 3 sampled residents (Lovastatin, used to lower cholesterol for Resident #1). The findings are: Review of Resident #1's most current FL2 dated 09/04/15 revealed: -Diagnosis that included diabetes. -An order for Lovastatin 20mg once a day. Review of Resident #1's Medication Administration Record (MAR) for October and November 2015 revealed the Lovastatin had been documented as given at 8:00am every day through 11/18/15.	C 330	Inservice will be given for ALL staff on importance of going by MAR when giving medication. Inservice is last week in Jan. 2016 By R.N	1/30/16	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Debbie Hart
TITLE
Administrator
(X5) DATE
12/20/15
CNEW11
If continuation sheet 1 of 4

Reviewed and accepted/RW 01/19/16
Rita Wilson, RN, BSN

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FORM APPROVED

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL005007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2015
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NAME OF PROVIDER OR SUPPLIER HILL VIEW FAMILY CARE HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 523 MILT HOUCK ROAD TODD, NC 28684
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C 330	<p>Continued From page 1</p> <p>Observation of Resident #1's medications on 11/19/15 at 12:30pm revealed no Lovastatin was available for administration.</p> <p>Interview with the Supervisor in Charge (SIC) on 11/19/15 at 12:40pm revealed: -She thought she may have given the last Lovastatin to Resident #1 "yesterday morning", but could not "honestly say". -She thought the night staff had given the Lovastatin to Resident #1 "this morning" (since it had been documented on the MAR as given when she got to work at 7:15am). -Medication refill request were phoned to the pharmacy each Monday when 3-5 pills remained. The medication would then be delivered on Wednesdays. -She did not know when the Lovastatin had been reordered for Resident #1 and showed the surveyor an undated note from the pharmacy that read: "MD (Medical Doctor) called regarding Lovastatin, MD has still not called in refill."</p> <p>Interview with staff at the local pharmacy on 11/19/15 at 1:00pm revealed: -The last refill of Lovastatin for Resident #1 had been for 30 pills on 09/15/15, which would only be enough for "about 4 weeks". -The pharmacy had sent 2 electronic requests to the physician, one on 10/13/15 and again on 10/26/15 in attempts to get a refill order for the Lovastatin but had still not received a response. -The facility usually called in medication refills to the pharmacy about a week before the resident ran out.</p> <p>Review of Resident #1's record on 11/19/15 revealed no current laboratory lipid levels.</p> <p>Review of a Clinical Summary dated 11/17/15</p>	C 330	<p>Administrator will check meds weekly and staff will check daily. Notebook will list all meds ordered and staff will check off meds brought in and call drug store if med isn't in bag and notify Administrator. If Pharmacy has note on bag that they are having trouble getting New Rx Administrator will call Dr. Office.</p>	<p>11/22/15</p> <p>12/20/15</p>
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C 330	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> -Resident #1 had been seen by the physician for a follow-up visit. -Labs were to be done "today". -Current medication list included Lovastatin 20mg (how often was not indicated). -List of current problems included hyperlipidemia. <p>Interview with the Administrator on 11/19/15 at 2:00pm revealed:</p> <ul style="list-style-type: none"> -She thought she could trust staff to make sure medications were available for residents. -She did not know why Resident #1's Lovastatin had not been refilled. -She did not know why staff would document a medication as given when it was not available. <p>Follow-up telephone interview with the Administrator on 11/20/15 at 2:30pm revealed:</p> <ul style="list-style-type: none"> -She had called and requested the results of the lab work from 11/17/15. -Resident #1's Triglyceride level was 118 (normal range is less than 150). -Resident #1's Cholesterol was 171 (normal range is ideally less than 170 for persons with diabetes). -Resident #1's HDL ("good cholesterol") was 79 (normal range is greater than 39). -Resident #1's LDL ("bad cholesterol") was 67 (normal range is ideally less than 100 for persons with diabetes.) <p>Interview with Resident #1 on 11/19/15 at 9:30am revealed he had no problems or concerns regarding his medications.</p> <p>Telephone interviews were attempted with Resident #1's physician on 11/19/15 at 1:35pm and 11/20/15 at 9:25am but the calls were not returned.</p>	C 330	<p>Administrator will check all med list sent back after Resident appointments w/ current FCLs and will verify any changes and how many times a day to be taken if not listed.</p>	12/20/15

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