

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL019018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/03/2016
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NAME OF PROVIDER OR SUPPLIER COVENTRY HOUSE OF SILER CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 260 VILLAGE LAKE ROAD SILER CITY, NC 27344
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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	D 000		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>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:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure ordered medication (Ativan) was administered as ordered by licensed prescribing practitioner for 1 of 5 sampled residents (Resident #5).</p> <p>The findings are:</p> <p>Review of Resident #5's current FL-2 dated 6/15/15 revealed diagnoses included dementia with sundowning, renal failure, history of dehydration, and history of falls.</p> <p>Review of documentation on a psychiatric assessment dated 02/10/16 revealed:</p> <ul style="list-style-type: none"> - [Resident #5] seen in her room in the locked memory care unit for initial psych evaluation of dementia, anxiety, insomnia and agitation/aggressive behavior towards staff. They relate it has gotten worse over past 1-2 months. - The following symptoms are associated with 	D 358	<p>① Review all orders + compare to meds in the cart to be done by SIC/MT on 1st shift weekly and random audits</p> <p>Completed by RCB and/or ED</p>	4/1/16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **SO** (X6) DATE **4/1/16**

STATE FORM **Adm (A needed 1st page) 4/20/15 REVIEWER & APPROVED [Signature]**

If continuation sheet 1 of 6

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on 03/01/16 - 03/03/16.	D 000		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>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:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure ordered medication (Ativan) was administered as ordered by licensed prescribing practitioner for 1 of 5 sampled residents (Resident #5).</p> <p>The findings are:</p> <p>Review of Resident #5's current FL-2 dated 6/15/15 revealed diagnoses included dementia with sundowning, renal failure, history of dehydration, and history of falls.</p> <p>Review of documentation on a psychiatric assessment dated 02/10/16 revealed:</p> <ul style="list-style-type: none"> - [Resident #5] seen in her room in the locked memory care unit for initial psych evaluation of dementia, anxiety, insomnia and agitation/aggressive behavior towards staff. They relate it has gotten worse over past 1-2 months. - The following symptoms are associated with 	D 358	<p>① Review all orders + compare to meds in the cart to be done by SIC/MT on 1st shift weekly and random audits completed by RCB and/or ED</p> <p>TC to FAC. on 4/20/16 I spoke Dustin Elledge re: NO signature & date on 1st page. Mr. Elledge to correct & email POC today Jesse Huley RN 4/20/16</p>	4/11/16

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Reviewed - No signature (PD)

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D 358	<p>Continued From page 1</p> <p>the patient's chief complaint: paranoid delusions, verbal aggression, physical aggression toward staff, physical aggression toward peers, irritability, confusion, and multiple awakenings.</p> <ul style="list-style-type: none"> - Medication orders: Please institute the following orders: Ativan 0.5mg every 6 hours as needed for anxiety/agitation. <p>Review of documentation on Resident #5's medication administration records from February 10, 2016 through March 15, 2016 revealed:</p> <ul style="list-style-type: none"> - On 02/10/16, Lorazepam (generic for Ativan) 0.5mg, take 1 tablet by mouth every 6 hours as needed for agitation (hard copy of prescription required) was added to the resident's MAR. - No documentation of administration of the Ativan in February or March. <p>Review of facility's "Nurse's Notes" revealed:</p> <ul style="list-style-type: none"> - On 2/14/16, 3rd shift [staff] reported Resident [#5] had black eye and swelling above eyebrow this [morning]. Found resident like that when went to check on resident. Stated don ' t know how the black eye occurred. - On 2/16/16 (no time), resident refused to eat breakfast, Took medications well. Resident was in a mood all day. - On 2/16/16, resident ate very little dinner, took medications, and has been up and down out of bed all evening, refuses to use her walker. - On 2/17/17, resident has been in a terrible mood all day today. Resident refused medications, morning and afternoon, refused breakfast and lunch. Resident threw her alarm across the room 3 times today. Resident asking to go home. <p>Review of Resident #5's medications in the facility on 3/3/16 at 3:15pm revealed no Ativan was in the facility.</p>	D 358		

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D 358	<p>Continued From page 2</p> <p>Interview with the 1st and 2nd shift medication aides (MA) on 03/03/16 at 3:35pm revealed:</p> <ul style="list-style-type: none"> - Resident #5 has never had Ativan in the facility and has never been administered Ativan. - The MA's was not aware of a physician's order for Ativan. - The resident continued to be agitated at times and combative at times with the staff during care. <p>Interview with the facility's pharmacist on 03/03/16 at 3:50pm revealed:</p> <ul style="list-style-type: none"> - The pharmacy received an order for Ativan on 3/10/15 and updated the resident's MAR. - The pharmacy informed the facility an original written prescription was needed from the physician to dispense the medication. - The pharmacy never received a prescription for the Ativan and never dispensed the medication. <p>Interview with the facility's Resident Care Coordinator (RCC) on 03/03/16 at 4:00pm revealed:</p> <ul style="list-style-type: none"> - The facility has not followed up and requested a written prescription for Resident #5's Ativan. - The medication has never been dispensed for the resident by the pharmacy. - The resident may not need the Ativan. - The psychiatric nurse practitioner will be at the facility on Monday (03/07/16) and will decide whether to write a prescription for the Ativan. - Resident #5 continues to be agitated and aggressive at times with the staff and other residents. 	D 358		

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D 438 D 438	<p>Continued From page 3</p> <p>10A NCAC 13F .1205 Health Care Personnel Registry</p> <p>10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to report injuries of unknown cause (bruise above right eye and contusion on forehead above right eye) to the North Carolina Health Care Personnel Registry (NCHCPR) for 1 of 1 resident (# 5) within 24 hours of facility becoming aware of injuries along with any investigation by facility within 5 working days. The findings are:</p> <p>Review of Resident #5's current FL-2 dated 6/15/15 revealed: - Diagnoses included dementia with sundowning, renal failure, history of dehydration, and history of falls.</p> <p>Review of documentation on a facility's "Accident/Incident Report" dated 2/14/16 at 5:50am revealed: - A nursing assistant (NA) went into Resident [#5] room to get her dressed for breakfast and found the resident with a bruise above her right eye. - The resident had a blood shot eye and a contusion on forehead above her right eye. - The NA called the medication aide (MA) into the room to show her the incident. Asked the</p>	D 438 D 438	<p>① 24 hour & 5 Day report completed and filed 3/16/16</p> <p>② Review with Doo, RCB & ED on complete 24 hour 5 Day reports for injuries of unknown source.</p>	4/1/16

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COVENTRY HOUSE OF SILER CITY 260 VILLAGE LAKE ROAD
SILER CITY, NC 27344

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D 438	<p>Continued From page 4</p> <p>resident and the resident has Alzheimer's so she did not remember what happened and did not even know that she had the injury.</p> <ul style="list-style-type: none"> - Reported [injury] to supervisor-in-charge. - Resident went to emergency room with [family member]. No fractures or problems reported except to watch carefully for changes. <p>Review of facility's "Nurse's Note" revealed:</p> <ul style="list-style-type: none"> - On 2/14/16, 3rd shift [staff] reported Resident [#5] had black eye and swelling above eyebrow this [morning]. Found resident like that when went to check on resident. Stated don ' t know how the black eye occurred. - Called [facility's] registered nurse to inform of situation. <p>Interview with MA/supervisor on 3/2/16 at 2:30pm revealed:</p> <ul style="list-style-type: none"> - A 3rd shift NA assisted Resident #5 out of bed and noted a bruise on the resident's face, above her right eye. No one knew how the resident got the bruise. - The resident normally was up and down throughout night and could have injured self. - An incident/accident report was completed and the resident was evaluated at a local urgent care on 2/14/16. - The MA did not know if a report was sent to HCPR. <p>Interview with the facility's Administrator on 3/02/16 at 3:00pm revealed:</p> <ul style="list-style-type: none"> - He was aware Resident #5 had sustained an injury of unknown cause on 2/14/16. - He and the supervisors had followed up and could not determine how the resident was injured. - He was not aware resident injuries of unknown cause were required to be reported to the HCPR. - He will complete a report and send to the 	D 438		

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D 438	Continued From page 5 HCPR today.	D 438			

[Handwritten signature]

Kirby, Linda H

From: Dustin Elledge <dustinelledge@hotmail.com>
Sent: Friday, March 25, 2016 9:25 AM
To: Kirby, Linda H
Subject: Re: Coventry House of Siler City 2016-03-16 SODBL/SOD U7U811
Attachments: DHS.tif

Dustin Elledge

PS I may have sent this to both Judith and yourself.

From: Kirby, Linda H <linda.kirby@dhhs.nc.gov>
Sent: Thursday, March 17, 2016 2:38 PM
To: cgross2606@aol.com; dustinelledge@hotmail.com
Cc: margaret.kirkman@chathamnc.org; dhsr.adultcare.email_east2; Oakley, Eva; Rackley, Bridget W; DHHS.DHSR.AdultCare.Star
Subject: Coventry House of Siler City 2016-03-16 SODBL/SOD U7U811

Dear Mr. Gross:

Please find the Statement of Deficiencies and accompanying letter for the annual and follow-up survey on March 03, 2016 attached to this e-mail. If the Statement of Deficiencies includes citations or violations for which a plan of correction is required, please read the attached letter carefully for instruction on completing the plan of correction. **PLEASE NOTE: WE WILL NOT ACCEPT A FAXED PLAN OF CORRECTION! We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted.** A response to the plan of correction will be sent ONLY if the plan of correction is not approved. Please retain a copy for your files.

The attached letter also contains information regarding your right to request an Informal Dispute Resolution (IDR) of any cited deficiencies or violations. For more information about the IDR process please visit our website at <http://www.ncdhhs.gov/dhsr/acls/idr.html>.

If you have any questions regarding the information provided in or attached to this email, please call me at <Surveyor's work cell number>. Please be aware that information sent via electronic mail is immediately available for release to the public. Therefore, the information contained in and attached to this e-mail is now public information.

Sincerely,

Linda Kirby, RN

Licensure Consultant

Adult Care Licensure Section
Division of Health Service Regulation

STAR RATING

If the Statement of Deficiencies attached to this email is a result of an annual, follow-up or complaint inspection a star rating certificate and worksheet will be issued within 45 days of the date of this email. If you would like to know more information about the NC Star Rated Certificate Program or view facility ratings, please visit the star rating website at <http://www.ncdhhs.gov/dhsr/acls/star/index.html>. If you have questions about this facility's star rating or the rating program in general, please send an email with your questions to the star rating customer service email address at DHSR.AdultCare.Star@lists.ncmail.net.

Linda H. Kirby, RN
Facility Survey Consultant, Southeast Region
Division of Health Service Regulation, Adult Care Licensure Section
North Carolina Department of Health and Human Services

910-305-4819 (office)
919-733-9379 (fax)
linda.kirby@dhhs.nc.gov

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Raleigh, NC 27699-2708



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