

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 Craven County Department of Social Services conducted an initial survey on May 23-24, 2016.	D 000		
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observation, interview, and record review the facility failed to notify the primary practitioner regarding a medication (Advair Discus) not being available for administration for 1 of 3 sampled residents (Resident #3).</p> <p>The findings are:</p> <p>Review of Resident #3's current FL-2 dated for 04/22/16 revealed: -Diagnosis of Vascular Dementia, Pacemaker, history of Breast Cancer, Hearing Loss, Mitral Stenosis, and no blood pressures in the arm of cancer site. -A physician's order for Advair Discus (a bronchodilator used to relax muscles in the airways to help with breathing) 100/50 micrograms take 1 puff every 12 hours and then rinse mouth and spit after use. -Resident #3 was admitted to the facility on 04/29/16.</p> <p>Review of Resident #3's April 2016 Medication</p>	D 273		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 273	<p>Continued From page 1</p> <p>Administration Record revealed the Advair Discus was administered to Resident #3 for 04/29/16 8:00 PM dose and both the 8:00 AM and 8:00 PM doses for 4/30/16.</p> <p>Review of Resident #3's May 2016 Medication Administration Record (MAR) revealed additional diagnoses listed on the MAR that were not on the FL-2 including Asthma and Chronic Obstructive Pulmonary Disease.</p> <p>Review of Resident #3's Medication Administration Record(MAR)for May 1-23, 2016 revealed:</p> <ul style="list-style-type: none"> <li>-An entry for Advair Discus 100/50 micrograms to be administered every 12 hours at 8:00 AM and 8:00 PM take 1 puff and then rinse and spit after use.</li> <li>-On May 18 2016 Resident #3 did not receive her 8:00PM dose of Advair Discus, documentation on the MAR revealed the medication was not available in the facility.</li> <li>-On May 19 2016 Resident #3 did not receive her 8:00 AM or her 8:00PM dose of Advair Discus, documentation on the MAR revealed the medication was not available in the facility.</li> <li>-On May 20 2016 Resident #3 did not receive her 8:00AM dose of Advair Discus, documentation on the MAR revealed the medication was not available in the facility.</li> <li>-On May 20 2016 Resident #3 MAR's documentation showed she did receive her 8:00PM dose of Advair Discus.</li> <li>-On May 21 2016 Resident #3 MAR's documentation showed she did receive her 8:00AM dose of Advair Discus.</li> <li>-On May 21 2016 Resident #3 did not receive her 8:00PM dose of Advair Discus, documentation on the MAR revealed the medication was not available in the facility.</li> </ul>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 273	<p>Continued From page 2</p> <p>-On May 22 2016 Resident #3 did not receive her 8:00 AM or her 8:00PM dose of Advair Discus, documentation on the MAR revealed the medication was not available in the facility.</p> <p>-On May 23 2016 Resident #3 did not receive her 8:00AM dose of Advair Discus, documentation on the MAR revealed the medication was not available in the facility.</p> <p>Review of the facility's policy and procedure for re-ordering medication revealed:</p> <p>-All medication should be reordered when there is only a 5 day supply of the medication remaining.</p> <p>-The staff will peel off the reorder label from the package or write the medication to be refilled on the medication reorder form and fax the form to the pharmacy.</p> <p>-When medications are ordered the staff will document the residents name, date, medication ordered, and pharmacy or family contacted.</p> <p>-When medications are received staff will document date and quantity of medication received.</p> <p>-Resident Care Coordinator will review log daily and call pharmacy or responsible party if any medication orders have not been received.</p> <p>Review of Resident #3's care notes revealed:</p> <p>-There was a note dated for 05/20/16 that a fax came from the pharmacy stating that the Advair medication was ordered too soon and the original date to send in a refill order would be on 05/22/16.</p> <p>-There were no other notes regarding ordering or notifying the medical doctor that the medication had run out and was not available.</p> <p>Interview with a Medication Aide (MA) on 05/23/16 at 12:10 PM revealed:</p> <p>-The medication aides are responsible for</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 273	<p>Continued From page 3</p> <p>contacting the medical doctor if a medication runs out.</p> <p>-When a medication is low she contacts the pharmacy either by phone or fax to re-order the medication or see if it needs to be reordered.</p> <p>-She would document a care note that the medical doctor and pharmacy had been notified.</p> <p>-Resident #3's Advair was out when she returned to work after being off for a couple of days.</p> <p>-The last day she remembers that she administered the medication was on 05/17/16.</p> <p>-When she returned on 05/20/16 the medication was out and she was unable to administer on this day.</p> <p>-She could not remember if she contacted the pharmacy or if another MA had contacted the pharmacy.</p> <p>-She did notify the Memory Care Coordinator that the medication was not in the facility.</p> <p>-She did not notify the medical doctor she had been out and assumed that another MA had already called the medical doctor and made him aware of the situation.</p> <p>-When a medication is missing and not given then there must be a note put in the chart documenting why the medication was not given.</p> <p>-She did review a fax from the pharmacy on 05/20/16 stating that the request sent for the Advair was too early and could not be requested until 05/22/16.</p> <p>-She documented a care note in Resident #3's record in regards to the medication.</p> <p>-She was not aware of any problems that Resident #3 was having in taking the Advair medication.</p> <p>Interview with a second Medication Aide (MA) on 05/23/16 at 1:50 PM revealed:</p> <p>-When a medication runs out she would notify the Memory Care Coordinator and let them handle</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 273	<p>Continued From page 4</p> <p>getting the medication.</p> <p>-She would call the pharmacy and see when the medication was going to be delivered.</p> <p>-The MA's were to order the medication once the medication started running low.</p> <p>-The pharmacy does not refill medications until they are due to be filled according to the date on the label.</p> <p>-If the pharmacy faxes back and says it is too early to refill the medication she would contact the Memory Care Coordinator and let her take care of getting the medication.</p> <p>-When a medication has been documented that it has not been given for a few days then she just assumes that someone else has already contacted the medical doctor and the pharmacy about the medications.</p> <p>-The medication aides are not responsible for notifying the medical doctor when a medication is not administered.</p> <p>-When she does not administer a medication she would just click awaiting pharmacy on the medication administration record.</p> <p>-When Resident #3's Advair ran out she notified the Memory Care Coordinator (MCC) so that the MCC could notify the medical doctor and the pharmacy to get the medication.</p> <p>-This should be done by the first MA who documented that the medication had ran out and was not available.</p> <p>-Resident #3 was not having any problems with taking the Advair medication.</p> <p>Telephone interview with a third Medication Aide (MA) on 05/23/16 2:06 PM revealed:</p> <p>-When a medication runs out she would contact the pharmacy and tell them the medication needs to be refilled.</p> <p>-The medication aides were to contact the medical doctor if the medication could not be</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 273	<p>Continued From page 5</p> <p>refilled for any reason.</p> <ul style="list-style-type: none"> <li>-The medication aides are to document in the care notes that the pharmacy and medical doctor have been made aware of the situation.</li> <li>-She did administer the Advair Discus to Resident #3 on 05/21/16 at 8:00 AM.</li> <li>-She did not administer the Advair Discus to Resident #3 on 05/22/16 at 8:00 AM due to the medication not being available at this time.</li> <li>-She notified the pharmacy on 05/22/16 that the Advair medication was out and the facility needed a refill.</li> <li>-She did document on the medication administration record that the pharmacy was notified, but she did not document a note in the chart.</li> <li>-Resident #3 was not having any problems with taking the Advair medication.</li> <li>-Sometimes the resident would click the button on the inhaler again because she use to take the medication independently at home on her own.</li> </ul> <p>Telephone interview with a fourth medication aide on 05/23/16 at 2:16 PM revealed:</p> <ul style="list-style-type: none"> <li>-When a medication runs out she would contact the pharmacy to reorder the medications.</li> <li>-When it is just a refill then she would fax it over to the pharmacy.</li> <li>-Most of the medications unless the prescription runs out are on an auto refill.</li> <li>-She has never notified a medical doctor about a medication not being administered because she works on night shift and assumed that the earlier shifts had already notified the medical doctor.</li> <li>-It is policy that the medical doctor be notified if a medication is not to be given.</li> <li>-There is no documentation done on the care notes the MA's just place a copy of the faxed order request to the pharmacy in the residents chart.</li> </ul>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 273	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-She must have made a mistake on her documentation that she did not administer the Advair Discus to Resident #3 on 05/20/16 at 8:00 PM, because the medication was not available at this time.</li> <li>-Another MA had already told her that she had notified the medical doctor about the medication not being available for Resident #3.</li> <li>-The Advair medication had already been out for a few days when she did not administer the 8:00 PM dose on 05/20/16.</li> <li>-She did not feel that Resident #3 had a problem with taking the Advair medication, but that she did try to click the button on the inhaler twice sometimes.</li> </ul> <p>Review of a faxed medication request form to the pharmacy revealed the last time the Advair Discus was requested by the facility for refill was faxed on 05/15/16 at 4:27 PM.</p> <p>Telephone interview with the facility's pharmacy provider on 05/23/16 at 12:25 PM revealed:</p> <ul style="list-style-type: none"> <li>-The last time the Advair Discus for Resident #3 was requested to be refilled was received on 05/16/16 but it was too early to be refilled at this time.</li> <li>-The pharmacy faxed the facility and told them that it was too early and they would have to wait and request a refill for the medication on 05/22/16 to be refilled.</li> <li>-There is a label on the medication that tells the staff at the facility when the medication can be refilled.</li> <li>-The last date the medication was dispensed was on 04/28/16 for a 30 day supply.</li> <li>-There was an order request that was sent to the pharmacy today on 05/23/16 at 12:19 PM requesting the Advair medication be refilled.</li> <li>-There was also a request sent in to the back-up</li> </ul>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 273	<p>Continued From page 7</p> <p>pharmacy today on 05/23/16 at 12:19 PM requesting a refill on the Advair medication.</p> <p>Telephone interview with the primary Medical Doctor (MD) on 05/23/16 at 11:56 AM revealed: -There was no documentation that neither the MD nor his staff had been notified that Resident #3 was out of her Advair medication. -There was a note from 05/23/16 at 11:30 AM that the Memory Care Coordinator had called and requested that the medication be discontinued due to Resident #3 not being able to take the medications correctly. -He felt that she should be contacted immediately by the facility when the resident does not take any medications.</p> <p>A second telephone interview with the primary Medical Doctor (MD) on 05/23/16 at 1:21 PM revealed: -Resident #3 was prescribed the Advair medication for her diagnoses of intermittent chronic asthmatic bronchitis. -When the resident was living independently her family member was assisting her with taking all her medications and there were no problems. -He was not sure if he would be discontinuing this medication or not because he felt that Resident #3 needed the medication.</p> <p>Telephone interview with the Power of Attorney on 05/24/16 at 9:14 AM revealed that she would go along with whatever the primary medical doctor said; if he said that Resident #3 needed to be on the medication then she needed to be on the medication.</p> <p>Interview with the Memory Care Coordinator (MCC) on 05/23/16 at 12:45 PM revealed: -The medication aides were to call the pharmacy</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 273	<p>Continued From page 8</p> <p>when a medication runs out to see why they do not have the medication.</p> <ul style="list-style-type: none"> <li>-If an order is needed then they notify the medical doctor.</li> <li>-The medication aides were to notify the medical doctor about any missed medication doses.</li> <li>-The medication aides were to also document a care note about the medication not being available and the medical doctor was notified.</li> <li>-Request for refills on medication should be sent 5 days prior to the medication running out.</li> <li>-There are dates on the medication labels as to when the facility can request a refill from the pharmacy.</li> <li>-If the pharmacy says it is too early to refill the medication then the mediation aides are responsible for notifying the medical doctor and telling him that it is too early to refill the medication.</li> <li>-The medication aides are then to order the medication from a back-up pharmacy and the facility will pay for the medication so that the resident does not go without the medication.</li> <li>-The medications should be ordered from a back-up pharmacy the same day that the medication ran out until the other prescription can be filled by the main pharmacy.</li> </ul> <p>Interview with the Administrator on 05/23/16 at 2:37 PM revealed:</p> <ul style="list-style-type: none"> <li>-The Memory Care Coordinator (MCC) is responsible for making sure that all medications are available in the facility.</li> <li>-If the Memory Care Coordinator has trouble getting the medication then the Wellness Care Coordinator (WCC) becomes responsible for getting the medication.</li> <li>-The medication aides are responsible for letting the MCC know that the medication is needed, and then the MCC should contact the pharmacy.</li> </ul>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 273	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>-The medication aides, MCC, and WCC are all responsible for making sure the medical doctor is aware when a medication is not available.</li> <li>-The medication aides were to do a 24 hour medication request every morning and the MCC was to monitor and evaluate that report every day.</li> </ul> <hr/> <p>The facility's failure to notify the residents medical doctor of Advair Discus not being available and the resident missing 8 doses of the Advair placed Resident #3 at risk of disease management exacerbation and possible side effects for not receiving the Advair Discus as ordered and was detrimental to the health, safety, and welfare of the resident</p> <hr/> <p>The facilities Plan of Correction dated for 05/23/16 revealed:</p> <ul style="list-style-type: none"> <li>-Immediately all Medication Aides will be in-serviced on ordering and re-ordering medications.</li> <li>-Properly notifying supervisor that will notify medical doctor and family if medication is unable to be obtained by next schedules dose.</li> <li>-Pharmacy will be notified of request of back up medications.</li> <li>-Medications exception report will be pulled daily and be reviewed by Wellness Director, Resident Care Coordinator, and Executive Director daily after morning medication pass.</li> <li>-Weekly char audits will be done by the Resident Care Coordinator.</li> <li>-Medications to be ordered 5-7 days prior to running out of supply.</li> <li>-Once request has been faxed to the pharmacy the staff will contact pharmacy to make sure that faxed was received.</li> </ul>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 273	Continued From page 10  -The staff will note who they spoke with at the pharmacy and when the medication will be received.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 8, 2016.	D 273		
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: Based on observation, interview, and record review the facility failed administer medications as ordered by the primary practitioner, including a medication (Advair Discus) not being administered due to not being available on hand for 1 of 3 sampled resident's (Resident #3).  The findings are:  Review of Resident #3's current FL-2 dated for 04/22/16 revealed: -Diagnosis of Vascular Dementia, Pacemaker, history of Breast Cancer, Hearing Loss, Mitral Stenosis, and no blood pressures in the arm of cancer site. -A physicians order for Advair Discus (a bronchodilator used to relax muscles in the airways to help with breathing) 100/50	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 11</p> <p>micrograms take 1 puff every 12 hours and then rinse mouth and spit after use.</p> <p>Review of the May 2016 Medication Administration Record revealed additional diagnoses listed on the MAR that were not on the FL-2 including Asthma and Chronic Obstructive Pulmonary Disease.</p> <p>Review of Resident #3's Medication Administration Record (MAR) for May 2016 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Advair Discus 100/50 micrograms to be administered every 12 hours at 8:00 AM and 8:00 PM take 1 puff and then rinse and spit after use.</li> <li>-On May 18 2016 Resident #3 did not receive her 8:00PM dose of Advair Discus.</li> <li>-On May 19 2016 Resident #3 did not receive her 8:00 AM or her 8:00PM dose of Advair Discus.</li> <li>-On May 20 2016 Resident #3 did not receive her 8:00AM dose of Advair Discus.</li> <li>-On May 20 2016 Resident #3 MAR's documentation showed she did receive her 8:00PM dose of Advair Discus.</li> <li>-On May 21 2016 Resident #3 MAR's documentation showed she did receive her 8:00AM dose of Advair Discus.</li> <li>-On May 21 2016 Resident #3 did not receive her 8:00PM dose of Advair Discus.</li> <li>-On May 22 2016 Resident #3 did not receive her 8:00 AM or her 8:00PM dose of Advair Discus.</li> <li>-On May 23 2016 Resident #3 did not receive her 8:00AM dose of Advair Discus.</li> </ul> <p>Review of a faxed medication request form to the pharmacy revealed the last time the Advair Discus was requested by the facility for refill was on 05/15/16 at 4:27 PM.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 12</p> <p>Observation of Resident #3 on 05/24/16 at 8:18 AM revealed:</p> <ul style="list-style-type: none"> <li>-The resident was able to follow commands when prompted to take the medication.</li> <li>-She did hit the button on the side of the inhaler a second time.</li> <li>-Resident #3 was able to take the medication without any other problems.</li> </ul> <p>Interview with 3 of 4 medication aides revealed the medical doctor was to be contacted when medication is not administered.</p> <p>Interview with a Medication Aide (MA) on 05/23/16 at 12:10 PM revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3's Advair was out when she returned to work after being off for a couple of days.</li> <li>-The last day she remembers that she administered the medication was on 05/17/16.</li> <li>-When she returned on 05/20/16 the medication was out and she was unable to administer on this day.</li> <li>-She did notify the Memory Care Coordinator that the medication was not in the facility.</li> </ul> <p>Interview with a second Medication Aide (MA) on 05/23/16 at 1:50 PM revealed:</p> <ul style="list-style-type: none"> <li>-When Resident #3's Advair ran out she notified the Memory Care Coordinator (MCC) so that the MCC could notify the medical doctor and the pharmacy to get the medication.</li> <li>-This should be done by the first MA who documented that the medication had ran out and was not available.</li> </ul> <p>Telephone interview with a third Medication Aide (MA) on 05/23/16 2:06 PM revealed:</p> <ul style="list-style-type: none"> <li>-She did administer the Advair Discus to Resident #3 on 05/21/16 at 8:00 AM.</li> <li>-She did not administer the Advair Discus to</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 13</p> <p>Resident #3 on 05/22/16 at 8:00 AM due to the medication not being available at this time. -She said she notified the pharmacy on 05/22/16 that the Advair medication was out and the facility needed a refill. -She did document on the medication administration record that the pharmacy was notified, but she did not document a note in the chart.</p> <p>Telephone interview with a fourth medication aide on 05/23/16 at 2:16 PM revealed: -She must have made a mistake on her documentation that she did not administer the Advair Discus to Resident #3 on 05/20/16 at 8:00 PM, because the medication was not available at this time. -Another MA had already told her that she had notified the medical doctor about the medication not being available for Resident #3. -The Advair medication had already been out for a few days when she did not administer the 8:00 PM dose on 05/20/16.</p> <p>Telephone interview with the facility's pharmacy provider on 05/23/16 at 12:25 PM revealed: -The last date the medication was dispensed was on 04/28/16 for a 30 day supply. -There was an order request that was sent to the pharmacy today on 05/23/16 at 12:19 PM requesting the Advair medication be refilled. -There was also a request sent in to the back-up pharmacy today on 05/23/16 at 12:19 PM requesting a refill on the Advair medication.</p> <p>Interview with the Memory Care Coordinator (MCC) on 05/23/16 at 12:45 PM revealed: -The medication aides were to call the pharmacy when a medication runs out to see why they don't have the medication.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 14</p> <ul style="list-style-type: none"> <li>-If an order is needed then they notify the medical doctor.</li> <li>-The medication aides were to notify the medical doctor about any missed medication doses.</li> <li>-The medication aides were to also document a care note about the medication not being available and the medical doctor was notified.</li> <li>-Request for refills on medication should be sent 5 days prior to the medication running out.</li> <li>-There are dates on the medication labels as to when the facility can request a refill from the pharmacy.</li> <li>-If the pharmacy says it is too early to refill the medication then the medication aides are responsible for notifying the medical doctor and telling him that it is too early to refill the medication.</li> <li>-The medication aides are then to order the medication from a back-up pharmacy and the facility will pay for the medication so that the resident does not go without the medication.</li> <li>-The medications should be ordered from a back-up pharmacy the same day that the medication ran out until the other prescription can be filled by the main pharmacy.</li> </ul> <p>Interview with the Administrator on 05/23/16 at 2:37 PM revealed:</p> <ul style="list-style-type: none"> <li>-The Memory Care Coordinator (MCC) is responsible for making sure that all medications are available in the facility.</li> <li>-If the Memory Care Coordinator had trouble getting the medication then the Wellness Care Coordinator (WCC) becomes responsible for getting the medication.</li> <li>-The medication aides are responsible for letting the MCC know that the medication is needed, and then the MCC should contact the pharmacy.</li> <li>-The medication aides, MCC, and WCC are all responsible for making sure the medical doctor is</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE COURTYARDS AT BERNE VILLAGE MEMORY CA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 AMHURST BOULEVARD NEW BERN, NC 28562</b>
--	---

(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 15  aware when a medication is not available. -The medication aides were to do a 24 hour medication request every morning and the MCC was to monitor and evaluate that report every day.	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 observations, interviews and record reviews the facility failed to assure residents records, care, and services; which are adequate, appropriate, and in compliance with relevant federal and state rules and regulations related to health care.  The findings are:  Based on observation, interview, and record review the facility failed to notify the primary practitioner regarding a medication (Advair Discus) not being available for administration for 1 of 3 sampled resident's (Resident #3). [Refer to Tag 273, 10A NCAC 13F .0902(b) Health Care. (Type B Violation)]	D912		