

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER
CARILLON ASSISTED LIVING OF WAKE FORE

STREET ADDRESS, CITY, STATE, ZIP CODE
**3218 HERITAGE TRADE DR
WAKE FOREST, NC 27587**

(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 and complaint investigation on June 29, 30 - July 1, 2016.	D 000		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to assure documentation of accurate physician orders for 1 of 5 sampled residents (#1) who had orders for daily weights to be taken and reported weekly. The findings are: Review of Resident #1's current FL-2 dated 02/29/16 revealed diagnoses included chronic kidney disease, stroke, hypertension and dementia. Review of a physician note for Resident #1 dated 4/4/16, revealed an order for daily weight to be faxed weekly. Review of the May 2016 Medication Administration Record (MAR) for Resident #1 revealed: -There was documentation of daily weights	D 276 <u>Plan:</u> The facility will ensure implementation of any written procedures, physician orders and/or orders from other licensed healthcare professionals are documented and maintained in the resident record. The facility will ensure all physician orders are implemented as written to include orders for taking a resident's weight, record and reporting the information to the physician. The facility will and has re-trained staff on the proper procedures for weighing residents who require the use of a wheelchair to ensure accurate weights are recorded and reported accordingly. <u>Monitoring:</u> The Resident Care Director, Resident Care Coordinator and other appropriate Carillon representatives will monitor the weights to ensure proper implementation of the procedures for collecting the resident weights. <u>Responsible Party:</u> Executive Director and Resident Care Director	7/15/16	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Examining Director

(X6) DATE

08.01.2016

Reviewed & Accepted
WE
8/5/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF WAKE FORE		STREET ADDRESS, CITY, STATE, ZIP CODE 3218 HERITAGE TRADE DR WAKE FOREST, NC 27587		
(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 276	<p>Continued From page 1</p> <p>recorded each day, for Resident #1.</p> <p>-Documentation of Resident #1's weights fluctuated from 138 lbs. to 189 lbs. during the month of May.</p> <p>-On 5/2/16 his weight was documented as 138 lbs. and on 5/3/16 his weight was documented as 168 lbs.</p> <p>-His weight remained 168 lbs. with a 1-2 lb. variance 5/3/16 - 5/11/16.</p> <p>-On 5/11/16 his weight was documented as 168 lbs. and on 5/12/16 it was documented as 182 lbs.</p> <p>-His weight was documented 178 on 5/13/16 with 1-3lb variances 5/13/16- 5/16/16, on 5/17/16 his weight was documented as 168 lbs.</p> <p>-On 5/19/16 his weight was documented as 176 lbs.</p> <p>-On 5/24/16 his weight was documented as 178 lbs'</p> <p>-On 5/25/16 his weight was documented as 189 lbs.</p> <p>-On 5/26/16 his weight was documented as 146 lbs, and on 5/27/16 his weight was documented as 177 lbs.</p> <p>Review of the June 2016 MAR for Resident #1 revealed:</p> <p>-There was daily documentation of weights for Resident #1.</p> <p>-Documentation of Resident #1's weights fluctuated from 156 lbs. to 186 lbs. during the month of June.</p> <p>-On 6/1/16 his weight was documented as 180 and remained with a 1lb varlance through 6/4/16.</p> <p>-On 6/5/16, and 6/6/16 his weight was documented as 168, on 6/7/16 it was documented as 156 and on 6/8/16 it was documented as 167.</p> <p>-On 6/10/16 it was documented as 168, on 6/11/16 it was 176, on 6/12/16 it was 182 and on</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER
CARILLON ASSISTED LIVING OF WAKE FORE

STREET ADDRESS, CITY, STATE, ZIP CODE
**3218 HERITAGE TRADE DR
WAKE FOREST, NC 27587**

(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 276	<p>Continued From page 2</p> <p>6/13/16 It was documented as 167. -On 6/14/16 and 6/15/16 it was documented as 187 lbs. -On 6/16/16 it was documented as 183, with a documented refusal on 6/17/16 and 180 on 6/18/16 and 6/19/16. -His weight was documented as 176 on 6/20/16 and 187 on 6/21/16. -On 6/22/16 and 6/23/16 it was documented as 182, and on 6/24/16 it was documented as 166. -His weight was documented as 186 on 6/25/16, 183 on 6/26/16, 178 on 6/27/16, 180 on 6/29/16 and 186 on 6/30/16.</p> <p>Interview with the Resident Care Coordinator (RCC) on 6/30/16 at 4:05pm revealed: -The medication aide was responsible for weighing residents. -If the weight was "off" the medication aide was to reweigh the resident, and figure out why the weight was "off" or if it was fluid build-up. -Sometimes an initial weight would vary because they would not have subtracted the weight of the wheelchair or the foot rest. -The wheelchair and or foot rest, pillows, etc., was to be weighed empty (without the resident in it) and the weight of the resident in the wheelchair and or foot rest, pillows, etc., was to be subtracted from the weight of the resident prior to documentation on the MAR. -The weight documented on the MAR should reflect the actual weight of the resident. -The Nurse was responsible for pulling the weekly reported weights and faxing them to the physician.</p> <p>Interview with the Asslstant Resident Care Director ARCD on 7/1/16 at 10:20am revealed: -She was the facility nurse. -The supervisor or medication aide was</p>	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092183	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF WAKE FORE		STREET ADDRESS, CITY, STATE, ZIP CODE 3218 HERITAGE TRADE DR WAKE FOREST, NC 27587		
(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 276	<p>Continued From page 3</p> <p>responsible for faxing weights to the physician, she was only informed when the physician wrote a response.</p> <ul style="list-style-type: none"> -They were supposed to make her aware if there was a significant change in the weight of a resident. -She had not been made aware of any significant changes in weight for Resident #1. -Resident #1 got a new wheelchair 2-3 weeks ago. -His weight also fluctuated if the foot rest was on and it depended on how he was placed on the scale. -The weight documented on the MAR was supposed to reflect the residents' weight after the wheelchair or foot rest was subtracted. <p>Confidential interviews with staff revealed:</p> <ul style="list-style-type: none"> -When they weigh wheelchair bound residents they weigh the empty chair after the resident, and subtract the weight of the wheelchair before they document the resident's weight on the MAR. -If the resident has a foot rest or cushion on the wheelchair, they weight that along with the wheelchair, so that when they subtract the weight of those items from the resident's weight, they will have a true weight. -Resident #1 was weighed with the weight documented on the MAR daily. -His weights were faxed to the physician weekly. -Sometimes he would not stand on the scale and they would have to weigh him in his wheelchair. -Sometimes the medication aides have forgotten to subtract the weight of the wheelchair from their documentation. <p>Interview with the Resident Care Director (RCD) on 7/1/16 at 11:00am revealed:</p> <ul style="list-style-type: none"> -Resident #1 had a dietician, and the dietician informed her the physician reviewed Resident 	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF WAKE FORE		STREET ADDRESS, CITY, STATE, ZIP CODE 3218 HERITAGE TRADE DR WAKE FOREST, NC 27587		
(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 276	<p>Continued From page 4</p> <p>#1's weights daily.</p> <ul style="list-style-type: none"> -The medication aides were to weigh residents with their wheelchair and document the weight with the wheelchair subtracted. -Everyone needs to be consistent with the documented weights. -She had just in-serviced the medication aides on 7/1/16, on how to be consistent when documenting resident weights. <p>Interview with the Administrator on 7/1/16 at 11:48am revealed:</p> <ul style="list-style-type: none"> -Resident #1 was not always compliant removing his shoes, prior to being weighed. -Resident #1 did not transfer out of his chair to be weighed. -Resident #1's wheelchair was weighed separately. -Resident #1 has had a cushion in his chair a number of times. It could have been the gel cushion. <p>Interview with Resident #1's Dietician on 7/1/16 at 12:05pm revealed:</p> <ul style="list-style-type: none"> -She had just weighed Resident #1 today (7/1/16), he stood on a scale. -Resident #1's weight was 163lbs on 7/1/16. -This was her second visit with Resident #1, she did not weight him on her previous visit on 5/18/16. -Resident #1 was carrying a "couple extra pounds on his legs, but he was still in the ball park of his daily weight". -She had not seen Resident #1 at a time when he looked to weigh 189 lbs. -She had not seen the weekly weights, but his physician had informed told her about the "very big discrepancies" in Resident #1's weight. -The physician was concerned about the fluctuations. 	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER
CARILLON ASSISTED LIVING OF WAKE FORE

STREET ADDRESS, CITY, STATE, ZIP CODE
**3218 HERITAGE TRADE DR
WAKE FOREST, NC 27587**

(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 276	<p>Continued From page 5</p> <ul style="list-style-type: none"> -She felt the fluctuations in Resident #1's weights were related to the manner in which he was weighed. -She thought maybe the wheelchair was not being deducted. -Resident #1 was being weighed daily to monitor fluid status, he has a history of fluid retention. <p>Interview with a family member of Resident #1 on 7/1/16 at 12:15pm revealed:</p> <ul style="list-style-type: none"> -The physician had mentioned to her the last time they were there, that Resident #1's weights had not been accurate. -Resident #1 had not ever appeared to have lost weight down to 138 lbs. or to have gained weight to 189 lbs. -Resident #1's weights had been consistently around 168 lbs. throughout his life. -She was present when the dietician weighed Resident #1 (7/1/16) His weight was 5 lbs. lower than usual today, but nothing to be alarmed about. <p>Attempts to reach Resident #1's physician for interview were not successful.</p>	D 276		