

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD13026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/22/2016
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NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF CONCORD	STREET ADDRESS, CITY, STATE, ZIP CODE 500 PENNY LANE, NE CONCORD, NC 28025
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D 000 Initial Comments

The Adult Care Licensure Section and the Cabarrus County Department of Social Services conducted an annual survey on 7/21/16 and 7/22/16.

D 000

D 139 10A NCAC 13F .0407(a)(7) Other Staff Qualifications

10A NCAC 13F .0407 Other Staff Qualifications
(a) Each staff person at an adult care home shall:
(7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;

D 139

See attachment

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to assure a Criminal Background check was completed prior to hire for 1 of 6 sampled staff (Staff F).

The findings are:

Review of Staff F's personnel records revealed:
-Staff F was hired on 11/02/04 as a Nurse Aide (NA).
-There was no signed consent for a criminal background check to be completed.
-There was no documentation of a criminal background check in Staff A's personnel record.

Interview on 7/21/16 at 4:00 pm with the Business Office Manager (BOM) revealed:
-She had been the BOM since March 2016, but had worked at the facility for 17 years.
-She was responsible for ordering the criminal background checks on potential new employees, but had not been in charge of them when Staff F was hired in 2004.
-She had been auditing the staff personnel records, but had not completed an audit on Staff

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

TITLE

Stannols RN, BSN, EP

(X6) DATE

8/24/16

STATE FORM

6000

NGEZ11

If continuation sheet 1 of 15

Reviewed + Accepted
(Signature) 8-30-16

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D 139	<p>Continued From page 1</p> <p>F's records. -She could not locate a criminal background check consent or results in Staff F's records, but "would contact the Human Resources department (of the Corporate office) to see if one was ever done".</p> <p>Interview on 7/22/16 at 9:10 am with Staff F revealed: -She was hired in 2004 and could not remember if a criminal background check was completed at that time or not. - "The BOM asked for my consent this morning to run a criminal background check now, so I guess they could not find where one was done. It will be done now".</p> <p>A second interview on 7/22/16 at 9:50 am with the BOM revealed: -A criminal background check could not be found on Staff F. -Staff F "was given a consent to sign today for a criminal background check to be completed. It would be run as soon as the consent was returned. There was usually a 2 day wait for results." -Before 2007, the facility did not have consents for criminal background checks. "We just ran them." -A consent for a criminal background check was in the application packet of potential new staff and was completed before the first day of orientation. -She was in the middle of auditing and organizing the staff records. If she found something missing, she would make sure it was completed. If she had audited Staff F's personnel records she would have found the criminal background check was not completed and would have ordered one.</p>	D 139		

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D 139	Continued From page 2 Interview on 7/22/16 at 11:30 am with the Administrator revealed: -A criminal background check was completed before anyone was hired. -"We had already received a consent" from Staff F for a criminal background check to be run. -The BOM was responsible for obtaining the criminal background check. -The BOM was new to the job and was currently auditing all the staff records.	D 139		
D 273	10A NCAC 13F .0902(b) Health Care 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. This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to notify the physician for 1 of 5 sampled residents regarding stool for occult blood not obtained and Gastrointestinal (GI) consult not scheduled (Resident #3). The findings are: Review of Resident #3's current FL2 dated 4/29/16 revealed diagnoses included atrial fibrillation, chronic diarrhea, and diabetes type II. Review of Resident #3's Resident Register revealed an admission date of 4/29/16. 1. Review of Resident #3's Physician dictated note form dated 7/8/16 revealed: -Concerns with frequent loose bowel movements.	D 273	<i>See attachment</i>	

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D 273	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Diagnoses included Irritable bowel syndrome with Diarrhea. -Course of treatment: Irritable bowel symptoms not improving and discussed with resident to see Gastrointestinal (GI) Specialist. -Physician order for GI consult. <p>Interview on 7/21/16 at 9:26 am with Resident #3 revealed:</p> <ul style="list-style-type: none"> -She had resided at the facility for 3 months. -She had been having diarrhea three times a day since admission. -Staff was aware and primary care physician was also aware. -The staff had been giving Resident #3 diarrhea medicine and that was all, "I know that they are doing for my diarrhea". <p>Interview on 7/22/16 at 8:45 am with the facility Nurse Practitioner (NP) revealed:</p> <ul style="list-style-type: none"> -She was not aware of a GI consult until she looked back through the physician dictated notes. -She had not written the notes containing the order. -The previous NP had written the orders dated 7/8/16. -She was not aware if the GI consult had been done or not. <p>Interview on 7/22/16 at 9:10am with the Wellness Director (WD) revealed:</p> <ul style="list-style-type: none"> -She was not aware of any orders for a GI consult. -When asked about the physician dictated notes, the WD thought that the dictated notes did not include physician orders. -The NP usually wrote orders on a Physician Visit Summary and not on the dictated notes. <p>Interview on 7/22 at 9:30am with the Director of</p>	D 273		
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D.273	<p>Continued From page 4</p> <p>Nursing (DON) revealed:</p> <ul style="list-style-type: none"> -The orders were not supposed to be put on the Physician dictated notes. -All physician orders were to be put on the Physician Visit Summary. -The order for the GI consult for Resident #3 on the Physician Dictated Notes dated 7/8/16 were not considered orders and were not done. -The Medication Aides (MA) would not have been aware of a GI consult because it was not written on the Physician Visit Summary where all physician orders were written. <p>Second interview on 7/22/16 at 9:40am with NP revealed:</p> <ul style="list-style-type: none"> -The orders written by the previous NP dated 7/8/16 on the Physician Dictated Notes were considered physician orders. -The GI consult should have been done. <p>Interview on 7/22/16 at 10:55am with the facility Receptionist revealed:</p> <ul style="list-style-type: none"> -She was responsible for scheduling all of the residents' appointments and sending memos to the MAs to alert them of all appointments scheduled for that day. -She was not aware of a GI appointment for Resident #3. <p>2. Review of Resident #3's record revealed a physician's order dated 6/3/16 for a stool culture and stool for occult blood x3.</p> <p>Interview on 7/21/16 at 9:26 am with Resident #3 revealed:</p> <ul style="list-style-type: none"> -She had resided at the facility for 3 months. -She had been having diarrhea three times a day since admission. -Staff was aware and primary care physician was also aware. 	D 273		
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D 273	<p>Continued From page 5</p> <p>-The staff had been giving Resident #3 diarrhea medicine and that was all, "I know that they are doing for my diarrhea".</p> <p>Interview on 7/22/16 at 10:34 with the facility Nurse Practitioner (NP) revealed: -She was not aware of any results from a stool for occult blood. -A lab result for a negative stool culture was noted in the resident's record on 6/9/16, but she was unable to find any lab results for stool occult blood x 3. -She had not been contacted by the facility regarding any inability to obtain stool specimens for occult blood.</p> <p>Interview on 7/22/16 at 11:11am with a Medication Aide (MA) revealed: -All lab orders to be obtained were written in a lab schedule book. -A copy of the order would be made and sent to the Wellness Director (WD). -The Wellness Director (WD) was responsible to assure that the labs were done. -The Personal Care Aides (PCAs) were responsible for collecting stool specimens in the specimen cups and then giving them to the MA for sending to the lab. -There were no cards available at the facility for the occult blood test or developer.</p> <p>Observation on 7/22/16 at 11:15am of the medication room storage closet revealed a cardboard box containing multiple sterile collection cups.</p> <p>Interview on 7/22/16 at 11:15 am with a Personal Care Aide (PCA) revealed: -She had collected a stool sample from Resident #3 sometime in June 2016, but it was only one</p>	D 273		
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D 273	<p>Continued From page 6</p> <p>stool sample for a different test. -She was not aware that Resident #3 needed any more stool samples.</p> <p>Interview on 7/22/16 at 11:21 am with a second PCA revealed: -She had not received a verbal or written notice about collecting stool samples for Resident #3. -The MA was supposed to notify the PCAs of labs that needed to be collected. -If a resident provided a stool sample the PCAs would let the MAs look at the sample first before they collected it.</p>	D 273		
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: (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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to assure medications were administered as ordered for 1 of 5 sampled residents with physician orders for Neosporin, Tramadolone, Citrucel, and Zoloff (Resident #3).</p> <p>The findings are: Review of Resident #3's current FL2 dated 4/29/16 revealed diagnoses included atrial</p>	D 358	<i>See attachment</i>	

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NAME OF PROVIDER OR SUPPLIER: **MORNINGSIDE OF CONCORD**
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D 358	<p>Continued From page 7</p> <p>fibrillation, chronic diarrhea, and diabetes type II.</p> <p>Review of Resident #3's Resident Register revealed an admission date of 4/29/16.</p> <p>1. Review of Resident #3's record revealed a physician's order dated 5/12/16 for Citrucel 500mg 2 capsules twice a day (Citrucel is used to restore and maintain bowel regularity).</p> <p>Review of Resident #3's May 2016 Medication Administration Record (MAR) revealed: -An entry for Citrucel 500mg 2 tablets twice daily at 8:00am and 7:00pm. -Documentation of administration as ordered from 5/12/16-5/31/16.</p> <p>Review of Resident #3's Record revealed: -A physicians order dated 6/3/16 for Citrucel on hold while on Banatrol (Used to treat diarrhea). Banatrol 1 packet 3 times a day for 7 days, then continue Citrucel.</p> <p>Review of a document faxed from the contracted pharmacy to the facility dated 6/6/16 revealed: -An order from the Nurse Practitioner (NP) to discontinue Banatrol. -Resident #3's insurance does not cover Banatrol.</p> <p>Review of Resident #3's June 2016 MAR revealed: -An entry for Citrucel 500mg 2 tablets twice daily at 8:00am and 7:00pm. -Documentation the Citrucel was held from 6/4/16 -6/13/16. -An entry for Banatrol 1 packet 3 times a day for 7 days starting on 6/6/16 and stopped on 6/13/16. -Documentation on the MAR for Banatrol dated 6/8/16 was to be stopped.</p>	D 358		

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D 358	<p>Continued From page 8</p> <ul style="list-style-type: none"> -Documentation Banatrol was not administered as ordered. -Documentation of administration of Citrucel restarted on 6/14/16 at 8:00am.. -Documentation on the MAR where Banatrol was ordered from the pharmacy on 6/3/16 and to be delivered by the pharmacy on 6/4/16 but not delivered at all. <p>Review of Resident #3's July MAR revealed an entry for Citrucel 500mg 2 tablets twice daily at 8:00am and 7:00pm and administered from 7/1/16-7/22/16 at 8:00am.</p> <p>Review of medications on hand for Resident #3 on 7/22/16 at 9:35 am revealed Citrucel was available for administration.</p> <p>Interview on 7/21/16 at 9:26 am with Resident #3 revealed:</p> <ul style="list-style-type: none"> -She had resided at the facility for 3 months. -She had been having diarrhea three times a day since admission. -Staff was aware and primary care physician was also aware. -The staff had been giving Resident #3 diarrhea medicine and that is all, "I know that they are doing for my diarrhea". <p>Interview on 7/22/16 at 8:10am with Director of Nursing (DON) revealed:</p> <ul style="list-style-type: none"> -She checked MARs weekly for medication changes. -She did not notice on the June 2016 MAR that the Citrucel was not restarted on 6/8/16 when the Banatrol had been discontinued. <p>Interview on 7/22/16 at 9:40am with NP revealed:</p> <ul style="list-style-type: none"> -The Banatrol was discontinued because the medication was not covered by the insurance. 	D 358		

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D.358	<p>Continued From page 9</p> <ul style="list-style-type: none"> -The facility staff should have restarted the Citrucel on 6/8/16 when the Banatrol was discontinued. -The Citrucel should not have been held through 6/14/16 before it was started back. -It was the expectation for the staff to have started the Citrucel back after the Banatrol was discontinued. <p>Interview on 7/22/16 at 10:00 am with a representative from the contact pharmacy revealed:</p> <ul style="list-style-type: none"> -There was no current order for Banatrol for Resident #3. -The policy was to call the facility when there were any issues or concerns related to medication orders or for medications the pharmacy could not get. -The facility was responsible for contacting the physician. -The contract pharmacy representative had contacted the facility twice around the first of June 2016 and had spoken with 2 different MAs and told them that the resident's insurance would not cover the cost of the Banatrol. -Banatrol was discontinued on 6/8/16 after a memo was sent to the prescribing practitioner by the facility because the resident's insurance would not cover the cost of the medication. -The Citrucel should have been restarted on 6/8/16 when the Banatrol was discontinued. <p>2. Review of Resident #3's record revealed a Physician Dictated Note form dated 7/8/16 for Zoloff 50 mg 1/2 tablet daily times 7 days, then 1 tablet daily (used to treat depression).</p> <p>Review of Resident #3's July 2016 Medication Administration Record (MAR) revealed no entry for Zoloff on the MAR.</p>	D 358		
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D 358, Continued From page 10

- Review of medications on hand for Resident #3 on 7/22/16 at 9:35 am revealed there was no Zoloft available for administration.
- Interview on 7/22/16 at 8:45am with the facility Nurse Practitioner (NP) revealed:
 - She had not written the notes containing the orders dated 7/8/16.
 - The previous NP who visited the facility had written the orders dated 7/8/16.
 - She was not aware that the orders had not been done.
 - They were considered valid physician orders since the dictated notes were electronically signed by the previous NP.
- Interview on 7/22/16 at 9:10am with the Wellness Director (WD) revealed:
 - She was not aware of any orders for Zoloft.
 - When asked about the physician dictated notes, the WD thought that the dictated notes did not include physician orders.
 - The NP usually wrote orders on a Physician Visit Summary and not on the dictated notes.
- Interview on 7/21/16 at 9:26 am with Resident #3 revealed:
 - She had resided at the facility for 3 months.
 - She had become depressed since the death of a family member.
 - The "doctor" at the facility had arranged counseling for her and it had helped her to be able to talk to someone about it.
 - She was unaware of what medications she was taking, but she knew she was taking "a lot".
- Interview on 7/22 at 9:30am with the Director of Nursing (DON) revealed:
 - The orders were not supposed to be put on the

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D 358	<p>Continued From page 11</p> <p>Physician dictated notes.</p> <ul style="list-style-type: none"> -All physician orders were to be put on the Physician Visit Summary. -The order for the Zoloft for Resident #3 on the Physician Dictated Notes dated 7/8/16 were not considered orders and were not done. -The Medication Aides (MA) would not have been aware of the Zoloft because it was not written on the Physician Visit Summary where all physician orders were written. <p>Interview on 7/22/16 at 10:00 am with a representative from the contact pharmacy revealed:</p> <ul style="list-style-type: none"> -There was no current order for Resident #3 for Zoloft. -The policy was to call the facility when there were any issues or concerns related to medication orders or for medications the pharmacy could not get. -The facility was responsible for contacting the physician. <p>3. Review of Resident #3's Physician dictated note form dated 7/8/16 revealed:</p> <ul style="list-style-type: none"> -A new onset rash on both lower extremities and arms of Resident #3. -Resident #3 has a blackhead on her lower abdomen and has been receiving warm compresses. -The resident was able to squeeze pus out of this blackhead earlier this week. -Diagnoses included macular erythematous rash, and blackhead. -Course of treatment: Attempt topical Triamcinolone ointment 0.25% (used to treat redness, itching, inflammation and discomfort of various skin conditions) to upper and lower extremities twice a day times 10 days and monitor for improvement. 	D 358		
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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
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D 358	<p>Continued From page 12</p> <ul style="list-style-type: none"> -Continue warm compresses to blackhead and apply Neosporin (antibiotic skin cream) to lower abdomen times 1 week. Review of the July 2016 Medication Administration Record (MAR) revealed no entries for Triamcinolone ointment or Neosporin on the MAR. Review of medication on hand for Resident #3 on 7/22/16 at 9:35 am revealed there was no Triamcinolone or Neosporin available for application. Interview on 7/21/16 at 9:26 am with Resident #3 revealed: <ul style="list-style-type: none"> -She had resided at the facility for 3 months. -She has had a rash on her legs and arms since she was admitted. -Staff was aware and the primary care physician was also aware of the rash. -She was not aware of any treatment ordered for her rash. Observation on 7/21/16 at 9:30am the Resident #3's rash revealed a red raised rash covering both legs and both arms. Interview on 7/22/16 at 8:45am with the facility Nurse Practitioner (NP) revealed: <ul style="list-style-type: none"> -She was aware of the blackhead and the rash. -She had not written the notes containing the orders dated 7/8/16. -The previous NP who visited the facility had written the orders dated 7/8/16. -She was not aware that the orders had not been done. -They were considered valid physician orders since the dictated notes were electronically signed by the previous NP. 	D 358		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/22/2016
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NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF CONCORD	STREET ADDRESS, CITY, STATE, ZIP CODE 500 PENNY LANE, NE CONCORD, NC 28025
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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 358	<p>Continued From page 13</p> <p>Interview on 7/22/16 at 9:10am with the Wellness Director (WD) revealed:</p> <ul style="list-style-type: none"> -She was not aware of any orders for the Neosporin or the Triamcinolone. -When asked about the physician dictated notes, the WD thought that the dictated notes did not include physician orders. -The NP usually wrote orders on a Physician Visit Summary and not on the dictated notes. <p>Interview on 7/22 at 9:30am with the Director of Nursing (DON) revealed:</p> <ul style="list-style-type: none"> -The orders were not supposed to be put on the Physician dictated notes. -All physician orders were to be put on the Physician Visit Summary. -The order for the Neosporin and the Triamcinolone for Resident #3 on the Physician Dictated Notes dated 7/8/16 were not considered orders and were not done. -The Medication Aides (MA) would not have been aware of Neosporin and Triamcinolone because it was not written on the Physician Visit Summary where all physician orders were written. <p>Interview on 7/22/16 at 10:00 am with a representative from the contact pharmacy revealed:</p> <ul style="list-style-type: none"> -There were no current orders for Resident #3 for Triamcinolone or Neosporin. -The policy was to call the facility when there were any issues or concerns related to medication orders or for medications the pharmacy could not get. -The facility was responsible for contacting the physician. <p>Second interview with Wellness Director (WD) on 7/22/16 at 11:00am revealed:</p>	D.358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD13026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/22/2016
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NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF CONCORD	STREET ADDRESS, CITY, STATE, ZIP CODE 500 PENNY LANE, NE CONCORD, NC 28025
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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 358	Continued From page 14 -She had not put any Neosporin on the blackhead on Resident #3 lower abdomen or applied Triamcinolone to the rash to Resident #3's arms or legs. -She had looked at the blackhead one day last week and it was healed.	D 358		

Plan of Correction for Morningside of Concord 8/19/16

D139 10A NCAC13F- other staff qualifications- All new employees will have a completed background check prior to first day of work per company policy.

Business office manager is process of auditing all current employee files for completion. Audit to be completed by 11-1-16.

Executive director will also randomly pull employee files every 3 months for auditing purposes.

D273 10A NCAC13F- Health Care

1. Morningside of Concord met with our doctor group on 7-27-16. Reviewed with the practice that they need to complete the doctor order form when visiting with residents and not include new orders on their dictation. They agreed with this practice.

Morningside wellness coordinator or designee will review all doctor's orders and also now review the dictated notes to ensure that they both match and all orders are being carried out. The wellness coordinator or designee now will do all the filing of the dictation. RSD or designee will also review all doctor's orders weekly.

New MD would be visiting with a sampling of residents every 2 weeks and would be more available for questions or concerns related to the practice.

2. Letter to be mailed out to all resident families by September 15, 2016 in regards to resident appointments. The letter will emphasize the importance of notifying the receptionist of any appointments made so that proper follow up can take place.

In regards to specimen collection, the wellness coordinator or designee will be reviewing all MD orders and if an order is received for specimen collection she will ensure that all collections are made or notify the MD if specimens cannot be obtained. We will also place a sign in the resident's room notifying all staff that specimens are needed. RSD or designee will also review lab/specimen orders for completion.

D358 10A NCAC13F- Medication Administration

Wellness coordinator or designee will check Mars twice weekly. Med Tech inservice to be completed on 8/30/16 for training in areas of order transcription, new orders, what to do if medication not available or if family refuses to purchase medication, placing medications on hold and restarting medications, specimen collection orders and chart documentation.