

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/18/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 WEST HIGH STREET CARY, NC 27513</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	D 000		
D 292	<p>10A NCAC 13F .0904(c)(3) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (c) Menus In Adult Care Home: (3) Any substitutions made in the menu shall be of equal nutritional value, appropriate for therapeutic diets and documented to indicate the foods actually served to residents.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure any substitutions made in the menu to be of equal nutritional value and appropriate for the regular and therapeutic diets were documented to indicate the foods actually served to the residents for 11 of 11 sampled residents.</p> <p>The findings are:</p> <p>Observation of the kitchen on 08/16/2016 at 11:54 a.m. revealed: -There were no menus posted for 08/16/16 in the kitchen or the dining room areas. -There was no diet list or food substitution list posted in the kitchen or the dining room. -There was no food substitution log for the kitchen staff to use. -Therapeutic menus were located in a three ring notebook in the back office of the kitchen on a desk and included menus for a Regular diet, a Mechanical Soft diet, a Pureed diet, a No Added Salt diet, and a No Concentrated Sweets diet.</p>	D 292		

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>HAL092131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/18/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 WEST HIGH STREET CARY, NC 27513</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 292	<p>Continued From page 1</p> <p>Interview with a Dietary Aide on 08/17/16 at 11:10 a.m. revealed:                      -The facility did not have a posted diet list.                      -All therapeutic diet orders were in the residents' records.                      -She was not sure where the therapeutic diet menus were located.                      -When she cooked, she knew by memory what therapeutic diet was needed for each resident.                      -If any changes occurred in the therapeutic menus, she was made aware verbally by the Dietary Manager.                      -The facility did not have a substitution log.</p> <p>Interview with the Dietary Manager/Cook on 08/18/16 at 9:30 a.m. revealed:                      -She had been working at the facility less than a year.                      -The older dietary staff told her what therapeutic diets were to be prepared for each resident.                      -She did the majority of the cooking for all residents when she worked with the dietary staff assistance with serving.                      -She prepared the residents diets from " memory and did not follow a menu. "                      -She said a notebook with therapeutic diet orders was located on a desk in the back office of the kitchen area.                      -She was not aware if there was a substitution log for the facility.                      -She did not document any of the food substitutions made for any of the residents.</p> <p>Review of the Week 1 Day 3 lunch "Victorian Senior Care Cycle I" located in a notebook of the kitchen back office as shown by the Dietary Manager included braised liver and onions, macaroni &amp; cheese, yellow squash with red peppers, wheat dinner roll/bread, margarine, red</p>	D 292		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/18/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 WEST HIGH STREET CARY, NC 27513</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 292	<p>Continued From page 2</p> <p>velvet cake, and beverage of choice for Regular, Mechanical Soft, Pureed, No Added Salt, and No Concentrated Sweets diets.</p> <p>Observation on 08/16/16 at 12:02 p.m. revealed the lunch meal was substituted and there was no substitution list available and the residents were served a hot dog on a bun, mashed potatoes, green beans, water, pink colored juice, and unsweet tea.</p> <p>Review of the Week 1 Day 3 supper "Victorian Senior Care Cycle I" located in a notebook of the kitchen back office as shown by the Dietary Manager included fried popcorn shrimp, cocktail sauce, oven browned potatoes, steamed vegetables, hushpuppies, apricot halves, and beverage of choice for Regular, Mechanical Soft, Pureed, No Added Salt, and No Concentrated Sweets diets.</p> <p>Observation on 08/16/16 at 4:55 p.m. and at 5:19 p.m. revealed the supper meal was substituted and there was no substitution list available and the residents were served chicken salad, a roll, cauliflower and salad, water, grape juice, and unsweet tea.</p> <p>Interview with the Administrator on 08/17/16 at 1:45 p.m. revealed: -She usually worked with the new dietary staff including the Dietary Manager in preparing the residents' meals. -The current Dietary Manager was new to the facility. -She said the new Dietary Manager needed additional training and thought the former Dietary Manager had trained her before leaving. -She would work with the new Dietary Manager and train her.</p>	D 292		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/18/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 WEST HIGH STREET</b> <b>CARY, NC 27513</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 292	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-She was not aware there was not a substitution listing or substitution log in the kitchen for dietary staff to follow.</li> <li>-She expected the Dietary Manager and Kitchen staff to follow the therapeutic menus for each resident.</li> <li>-The meals were supposed to be prepared according to the menu cycle located in the kitchen.</li> <li>-She was not aware food substitutions were not being documented for the residents.</li> <li>-The facility did not have a substitution log but she would follow up and put one in place.</li> </ul> <p>Observation on 08/18/16 at 9:30 a.m. of the kitchen revealed a new substitution log posted with 8/16/16 lunch and dinner meal substitutions recorded on a typed list on a clipboard which was hung up against the cooler door.</p>	D 292		
D 309	<p>10A NCAC 13F .0904(e)(3) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (3) The facility shall maintain an accurate and current listing of residents with physician-ordered therapeutic diets for guidance of food service staff.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure an accurate and current listing of residents with physician ordered therapeutic diets for guidance for food service staff was maintained for 4 of 7 sampled residents (#1, #8, #9, #11).</p> <p>The findings are:</p>	D 309		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/18/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 WEST HIGH STREET CARY, NC 27513</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 309	<p>Continued From page 4</p> <p>Observation of the kitchen area on 08/16/2016 at 11:54 a.m. revealed: -There were no facility listing of therapeutic diets posted in the kitchen or the dining room areas. -Therapeutic diet menus were located in a three ring notebook in the back office of the kitchen on a desk.</p> <p>Review of Resident #1's record and review of the facility diet list provided on 8/16/16 revealed: -A physician's order for a therapeutic diet located in the resident's record dated 1/27/16 noted a regular diet with " liquid diet (honey thick consistency) and place food in cups/bowls only to drink" handwritten on the form. -The facility diet list had Resident #1 to receive a mechanical soft diet with honey thickened liquids with magic cups.</p> <p>Review of Resident #8's record and review of the facility diet list provided on 8/16/16 revealed: -A physician's order for a therapeutic diet located in the resident's record dated 5/25/16 noted a pureed diet with salt substitute allowed. -The facility diet list had Resident #8 to receive a regular no added salt, no concentrated sweets, pureed diet.</p> <p>Review of Resident #9's record and review of the facility diet list provided on 8/16/16 revealed: -A physician's order for a therapeutic diet located in the resident's record dated 2/08/16 noted a regular no added salt diet. (This diet order was modified on 8/17/16 to a regular no added salt diet with "single portions now" handwritten on the form. -The facility diet list had Resident #9 to receive a regular no added salt diet with double portions.</p>	D 309		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/18/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 WEST HIGH STREET</b> <b>CARY, NC 27513</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 309	<p>Continued From page 5</p> <p>Review of Resident #11's record and review of the facility diet list provided on 8/16/16 revealed: -A physician's order for a therapuetic diet located in the resident's record dated 1/27/16 noted a no concentrated sweets diet with salt substitute allowed. -The facility diet list had Resident #11 to receive a no concentrated sweets diet with "encourage vegetables and H2O" noted.</p> <p>Interview with a Dietary Aide on 08/17/16 at 11:10 a.m. revealed: -The facility did not have a posted diet listing of residents. -All therapeutic diet orders were in the residents' record. -She was not sure where the therapeutic diet menus or facility diet listing were located. -When she cooked, she knew by memory what therapeutic diet were needed for each resident. -If any changes occurred in the therapeutic menus, she was made aware verbally by the Dietary Manager. -The facility did not have a diet listing of the residents for kitchen staff to use.</p> <p>Interview with the Dietary Manager/Cook on 08/18/16 at 9:30 a.m. revealed: -She had been working at the facility less than a year. -The older dietary staff told her what therapeutic diets were to be prepared for each resident. -She was not aware of a facility diet listing of the residents. -She prepared the residents diets from " memory and did not follow a menu or list. " -She said a notebook with therapeutic diet orders was located on a desk in the back office of the kitchen area.</p>	D 309		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/18/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 WEST HIGH STREET</b> <b>CARY, NC 27513</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 309	Continued From page 6  Interview with the Administrator on 08/17/16 at 1:45 p.m. revealed: -She usually worked with the new dietary staff including the Dietary Manager in preparing the residents' meals. -The current Dietary Manager was new to the facility. -She said the new Dietary Manager needed additional training and thought the former Dietary Manager had trained her before leaving. -She was not aware there was not a current resident diet listing in the kitchen for dietary staff to follow. -She expected the Dietary Manager and Kitchen staff to follow the therapeutic menus for each resident. -She would follow-up with the dietary manager and update the facility resident diet listing to reflect the current physician diet orders for each resident.	D 309		
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: TYPE B VIOLATION	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/18/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 WEST HIGH STREET CARY, NC 27513</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 7</p> <p>Based on interviews and record review, the facility failed to assure that 1 of 7 (Resident #7) received medication (Lantus insulin) as ordered by the prescribing practitioner. The findings are:</p> <p>Review of Resident #7's Resident Register revealed an admission date of 06/01/2016.</p> <p>Review of Resident #7's current FL-2 dated 08/04/2016 [change of primary care provider] revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included altered mental status and diabetes mellitus (unspecified).</li> <li>-An order for finger stick blood sugar (FSBS) checks to be done before meals and at bedtime.</li> <li>-An order for sliding scale coverage with Humalog (fast acting) insulin at each FSBS check with insulin injections starting at 151mg/dl.</li> <li>-An order for Lantus (slow acting) insulin, 10 units to be given at bedtime (8:00pm).</li> </ul> <p>Review of Resident #7's Medication Administration Record (MAR) for June 2016 revealed:</p> <ul style="list-style-type: none"> <li>-Lantus insulin, 10 units inject subcutaneously at 8:00pm was not given 26 of 30 days.</li> <li>-An exception [time documented when insulin was not given] dated 06/01/2016 revealed the Lantus was not given because there were no parameters included in the order.</li> <li>-An exception dated 06/02/2016 the Lantus was not given because the 8:00pm blood sugar, 106mg was less than 150mg.</li> <li>-An exception dated 06/04/2016, the Lantus was not given because the 8:00pm blood sugar was 139mg.</li> <li>-An exception dated 06/06/2016, the Lantus was not given because the 8:00pm blood sugar (129mg) was less than 150mg.</li> <li>-An exception dated 06/07/2016, the Lantus was</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/18/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 WEST HIGH STREET</b> <b>CARY, NC 27513</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 8</p> <p>not given because the 8:00pm blood sugar (129mg) was less than 150mg.</p> <p>-An exception dated 06/14/2016, the Lantus was not given because the 8:00pm blood sugar was 110mg.</p> <p>-An exception dated 06/15/2016, the Lantus was not given because the 8:00pm blood sugar (126mg) was less than 150mg.</p> <p>-An exception dated 06/17/2016, the Lantus was not given because Resident #7 refused the 8:00pm blood sugar check.</p> <p>-An exception dated 06/19/2016, the Lantus was not given because the 8:00pm blood sugar (110mg) was less than 150mg.</p> <p>-An exception dated 06/20/2016, the Lantus was not given because the 8:00pm blood sugar (117mg) was less than 150mg.</p> <p>-An exception dated 06/21/2016, the Lantus was not given because the 8:00pm blood sugar (129mg) was less than 150mg.</p> <p>-An exception dated 06/22/2016, the Lantus was not given because the 8:00pm blood sugar (112mg) was less than 150mg.</p> <p>-An exception dated 06/28/2016, the Lantus was not given because the 8:00pm blood sugar (120mg) was less than 150mg.</p> <p>-An exception dated 06/29/2016, the Lantus was not given because Resident #7 did not eat a snack (blood sugar was 115mg).</p> <p>-An exception dated 06/30/2016, the Lantus was not given because the 8:00pm blood sugar was 96mg.</p> <p>Review of Resident #7's July 2016 MAR revealed:</p> <p>- Lantus insulin, 10 units inject subcutaneously at 8:00pm was not given 6 of 31 days.</p> <p>-An exception dated 07/07/2016, the Lantus was not given because the 8:00pm blood sugar (146mg) was less than 150mg.</p> <p>-An exception dated 07/17/2016, the Lantus was</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/18/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 WEST HIGH STREET CARY, NC 27513</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 9</p> <p>not given because the 8:00pm blood sugar (126mg) was less than 150mg.</p> <p>Review of Resident #7's August 2016 MAR revealed the Lantus insulin was given as ordered.</p> <p>There was no documentation of the prescribing practitioner being notified of the held doses.</p> <p>Interview with medication aide (MA) #1 on 08/17/2016 at 3:50pm revealed: -She normally doesn't work in the Special Care Unit (SCU). -She is confused about the parameters for Lantus insulin. -MA #1 is also confused about holding insulin if a snack isn't eaten by a resident.</p> <p>Interview with MA #2 on 08/17/2016 at 2:43pm revealed: -If the blood sugar is less than 150mg, don't give the insulin. -If the resident refused a snack don't give the insulin. - " If he doesn't eat I know it will lower the blood sugar. " -Thinks that a previous Resident Care Coordinator (RCC) taught her about when to hold and when to give insulin. -If insulin is held [not given], you do not have to notify the doctor.</p> <p>Interview with MA #3 on 08/17/16 at 3:55pm revealed: -A previous RCC instructed the MA's to hold all insulins if the blood sugar was less than 150mg and the resident refused a bedtime snack. -She has worked at the facility for about a year.</p> <p>Interview with the RCC on 08/17/2016 at 2:55pm</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/18/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 WEST HIGH STREET CARY, NC 27513</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 10</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-She has worked at the facility for about 4 months.</li> <li>- "I don't teach diabetic care. "</li> </ul> <p>Telephone interview with the providing pharmacy on 08/17/2016 at 11:07am revealed:</p> <ul style="list-style-type: none"> <li>-Lantus insulin is long-acting.</li> <li>-The onset of Lantus is 3-4 hours and it has a duration of 18 to 24 hours.</li> <li>-The manufacturer did not recommend parameters for administration.</li> </ul> <p>Telephone interview with the prescribing provider on 08/17/2016 at 1:25pm revealed:</p> <ul style="list-style-type: none"> <li>-Lantus insulin worked very slowly.</li> <li>-If a resident's blood sugar was as low 90mg, she expected the Lantus to be given.</li> </ul> <hr/> <p>Review of the Plan of Protection dated 08/17/2016 revealed:</p> <ul style="list-style-type: none"> <li>-Re-training of staff on administering medications according to physician's orders will begin immediately.</li> <li>-MAR's will be audited beginning 08/17/2016 to ensure that medications are being given according to physician's orders and documented correctly.</li> <li>-The Executive Director and the RCC will randomly audit medication passes to ensure that medications are administered correctly.</li> </ul> <p>THE DATE OF CORRECTION FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 2, 2016.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/18/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX ASSISTED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 WEST HIGH STREET CARY, NC 27513</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
D912	Continued From page 11	D912		
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure each resident received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to medication administration.</p> <p>The findings are:</p> <p>Based on interviews and record review, the facility failed to assure that 1 of 7 (Resident #7) received medication (Lantus insulin) as ordered by the prescribing practitioner [Refer to Tag 358 10ANCAC 13F .1004(a) Medication Administration (Type B Violation)].</p>	D912		